

APPROVED

**CACHE COUNTY
COUNCIL MEETING
MINUTES
MAY 28, 2013**

**CACHE COUNTY COUNCIL
MAY 28, 2013**

AMENDMENTS TO PERSONNEL POLICY & PROCEDURES MANUAL, Section 6 Proposed Volunteer Policy	2
APPOINTMENT – Bedingfield, John-Cache County Reserve Deputy Sheriff	1
APPOINTMENT – Frances, Jeremy-Cache County Deputy Sheriff	1
APPOINTMENT – Jensen, Skyler-Cache County Deputy Sheriff	1
APPOINTMENT – Marchant, Jared-Cache County Deputy Sheriff	1
APPOINTMENT – York, Nathaniel-Cache County Deputy Sheriff	1
BEAR RIVER MENTAL HEALTH SERVICES FISCAL YEAR 2014 AREA PLAN.....	6
BEDINGFIELD, JOHN – Appointment-Cache County Reserve Deputy Sheriff.....	1
BOARD OF EQUALIZATION	2
BUDGET – Public Hearing-May 28, 2013-6:00 p.m.-Open 2013 Budget-Resolution No. 2013-09	3,5
CACHE HUMANE SOCIETY REZONE – Public Hearing-May 28, 2013-5:45 p.m.	3
CACHE COUNTY CODE, Chapter 3.60, Real Property Tax Settlements and Deferrals-Amending the.....	4
CANAL RESTORATION PROJECT RIBBON CUTTING – Media Day	6
DAUGS MINOR SUBDIVISION REZONE – Public Hearing-May 28, 2013-5:30 p.m.	2
EQUIPMENT LEASE AGREEMENT – Resolution No. 2013-08-Authorization to Execute.....	4
FIRE TENDERS – Resolution No. 2013-08-Authorization to Execute Equipment Lease Agreement.....	4
FRANCES, JEREMY – Appointment-Cache County Deputy Sheriff	1
GRAVEL PIT HILLSIDE PROPERTY – Proposal to sell	4
HARDSHIP APPLICATION	5
JENSEN, SKYLER – Appointment-Cache County Deputy Sheriff.....	1
LOGAN CANYON GATEWAY TRAIL RIBBON CUTTING	2,6
MARCHANT, JARED – Appointment-Cache County Deputy Sheriff.....	1
OPTIONS FOR INDEPENDENCE – Property Tax Exemption Request.....	2
ORDINANCE NO. 2013-09 – Amending the Cache County Code, Chapter 3.60, Real Property Tax Settlements and Deferrals.....	4
PERSONNEL POLICY & PROCEDURES MANUAL – Section 6 Proposed Volunteer Policy - Amendments to.....	2
PROPERTY – Proposal to sell 0.29 acres of a gravel pit hillside located in Nibley to adjacent property owner.....	4
PROPERTY TAX DEFERRAL REQUESTS	5
PROPERTY TAX EXEMPTION REQUEST – Options for Independence	2
PROPERTY TAX SETTLEMENTS AND DEFERRALS – Ordinance No. 2013-09-Amending the Cache County Code, Chapter 3.60.....	4
PUBLIC HEARING – May 28, 2013-5:30 p.m.-Daug's Minor Subdivision Rezone.....	2
PUBLIC HEARING – May 28, 2013-5:45 p.m.-Cache Humane Society Rezone.....	3
PUBLIC HEARING – May 28, 2013-6:00 p.m.-Open 2013 Budget	3
RESOLUTION NO. 2013-08 – Authorization to Execute Equipment Lease Agreement	4
RESOLUTION NO. 2013-09 – 2013 Budget Amendments.....	5
RESOLUTION NO. 2013-10 – Pay for Stay Program (TABLED).....	5
REZONE – Public Hearing-May 28, 2013-5:30 p.m.-Daug's Minor Subdivision.....	2
REZONE – Public Hearing-May 28, 2013-5:45 p.m.-Cache Humane Society.....	3
RIVER RESTORATION PROJECT UPDATE	2
USACCC SUMMER CONFERENCE.....	2
USACCC SUMMER CONFERENCE – Lagoon Coupons	6
YORK, NATHANIEL – Appointment-Cache County Deputy Sheriff.....	1

**CACHE COUNTY COUNCIL MEETING
May 28, 2013**

The Cache County Council convened in a regular session on May 28, 2013 at 5:00 p.m. in the Cache County Council Chamber at 199 North Main, Logan, Utah.

ATTENDANCE:

Chairman: Val Potter
Vice Chairman: H. Craig Petersen
Council Members: Craig "W" Buttars, Kathy Robison, Cory Yeates & Gordon Zilles. **Jon White absent**
County Executive: M. Lynn Lemon
County Clerk: Jill N. Zollinger
County Attorney: James Swink

The following individuals were also in attendance: Janeen Allen, Roland Bringhurst, Denise Ciebien, Darla D. Clark, Chris Harrild, Sharon L. Hoth, Dave Nielsen, Director Josh Runhaar, Steve Stowers **Media:** Charles Geraci (Herald Journal), Jennie Christensen (KVNU).

OPENING REMARKS AND PLEDGE OF ALLEGIANCE

Council member Zilles gave the opening remarks and led those present in the Pledge of Allegiance.

REVIEW AND APPROVAL OF AGENDA

ACTION: Motion by Council member Yeates to approve the agenda as written. Zilles seconded the motion. The vote was unanimous, 6-0. White absent.

REVIEW AND APPROVAL OF MINUTES

ACTION: Motion by Council member Yeates to approve the minutes of the May 14, 2013 Council Meeting as written. Robison seconded the motion. The vote was unanimous, 6-0. White absent.

REPORT OF THE COUNTY EXECUTIVE: M. LYNN LEMON

APPOINTMENTS:

John Bedingfield	Cache County Reserve Deputy Sheriff
Jeremy Frances	Cache County Deputy Sheriff
Skyler Jensen	Cache County Deputy Sheriff
Jared Marchant	Cache County Deputy Sheriff
Nathaniel York	Cache County Deputy Sheriff

ACTION: Motion by Council member Yeates to approved the recommended appointments. Zilles seconded the motion. The vote was unanimous, 6-0. White absent.

WARRANTS: There were no warrants.

OTHER ITEMS:

- ❑ **Logan Canyon Gateway Trail Ribbon Cutting** is Saturday, June 1, 2013 at 9:30 a.m. and Executive Lemon invited Council members to attend. Attendees will meet at the Ray Hugie Hydro Park and proceed to the ribbon cutting location from there.
- ❑ **USACCC Summer Conference – June 21, 2013-Davis Conference Center** – Executive Lemon remarked that the agenda lists topics of interest and benefit to Council members and he urged them to attend.

UNIT OR COMMITTEE REPORTS

- ★ **Amendments to Personnel Policy & Procedures Manual, Section 6 Proposed Volunteer Policy** – Jim Smith gave the background and history of this portion of the County Code and pointed out the recommended changes. *(See Attachment 4 to Resolution No. 2013-11 for details.)*
- ★ **River Restoration Project Update – Director Josh Runhaar** reviewed flood mitigation work on the Logan, Little Bear and Blacksmith Fork Rivers. Millville and Nibley cities have joined with Cache County in the projects on the Blacksmith Fork River and Runhaar praised their efforts noting the Zollinger Gravel Pit has been very accommodating and helpful as well.

(Attachment 1)

PUBLIC HEARINGS, APPEALS AND BOARD OF EQUALIZATION MATTERS

ACTION: Motion by Council member Yeates to convene as a Board of Equalization. Robison seconded the motion. The vote was unanimous, 6-0. White absent.

THE COUNCIL CONVENED AS A BOARD OF EQUALIZATION

- **Property Tax Exemption Request – Options for Independence** – Executive Lemon recommended approval. *(Details are on file in the office of the Cache County Auditor.)*

ACTION: Motion by Council member Buttars to approve the property tax exemption request for Options for Independence. Yeates seconded the motion. The vote was unanimous, 6-0. White absent.

ACTION: Motion by Council member Yeates to adjourn from the Board of Equalization. Zilles seconded the motion. The vote was unanimous, 6-0. White absent.

THE COUNCIL ADJOURNED FROM THE BOARD OF EQUALIZATION

PUBLIC HEARING: MAY 28, 2013 – 5:30 P.M. – DAUGS MINOR SUBDIVISION REZONE – Nathan Daugs requesting approval for a rezone of the Daugs Minor Subdivision from the Agricultural (A-10) Zone to the Rural 2 (RU-2) Zone located on 12.82 acres at approximately 1800 South 2400 West, Young Ward – Chris Harrild said the Planning Commission recommended approval by a split 5-2 vote. The main concern

Cache County Council
05-28-2013

was the possibility of future expansion. Harrild observed the density will change from one home per 2.5 acres to one home per 2 acres.

Chairman Potter opened the public hearing and invited public comment.

Nathan Daugs, applicant for the rezone, stated the rezone will not change the nature of the area and asked for approval.

Executive Lemon asked if there is any opposition from area property owners. Harrild replied there is not.

There was no other comment.

ACTION: Motion by Vice Chairman Petersen to close the Public Hearing-May 28, 2013-5:30 p.m.-Daug's Minor Subdivision Rezone. Yeates seconded the motion. The vote was unanimous, 6-0. White absent.

Harrild asked for direction from the Council on the Daug's rezone request. The Council directed Harrild to draft an ordinance for the rezone to be approved at a future Council meeting.

PUBLIC HEARING: MAY 28, 2013 – 5:45 P.M. – CACHE HUMANE SOCIETY REZONE –Roland Bringhurst requesting approval for the rezone of 1.42 acres from the Agricultural (A-10) Zone to the Commercial (C) Zone located approximately 2370 West 200 North, west of Logan City – Harrild indicated that because of amendments to the county ordinance, expansion of “grandfathered” businesses in the Agricultural Zone requires a rezone request. The Planning Commission supports the request.

Chairman Potter opened the Public Hearing and invited public comment.

Roland Bringhurst, Executive Director of the Cache Humane Society, said in order to build a needed shed the rezone is required. Bringhurst asked the Council to approve the rezone and also asked for the rezone application fee to be waived because they are a nonprofit organization.

ACTION: Motion by Vice Chairman Petersen to close the Public Hearing-May 28, 2013-5:45 p.m.-Cache Humane Society Rezone. Yeates seconded the motion. The vote was unanimous, 6-0. White absent.

The Council directed Harrild to draft the needed ordinance to be presented to the Council. The Council is also supportive of waiving the fee, if it is permissible.

Vice Chairman Petersen left the meeting.

PUBLIC HEARING: MAY 28, 2013 – 6:00 P.M. – OPEN 2013 BUDGET – Executive Lemon reviewed the budget adjustments and explained that Attachment A consists of purchase orders from 2012 that are being closed and reopened in 2013 and the transfer of RAPZ/Restaurant Tax applications for the county; Attachment B is the capital budget for 2013; Attachment C is the canal project funding information. *(See Attachment 3 to Resolution No. 2013-09 for details.)*

Chairman Potter opened the Public Hearing and invited public comment.

There was no public comment.

ACTION: Motion by Council member Yeates to close the Public Hearing-May 28, 2013-6:00 p.m.-Open 2013 Budget. Robison seconded the motion. The vote was unanimous, 5-0. Petersen & White absent.

Council member Yeates asked if the county knows what unused RAPZ/Restaurant Tax awarded funds there are and what happens to that money. Lemon said if the awarded monies are not used within two years, the county takes the money back.

PENDING ACTION

- Resolution No. 2013-08 – Authorization to Execute Equipment Lease Agreement** – Executive Lemon reminded the Council this is for five fire tenders and was discussed at the last Council meeting.

(Attachment 2)

ACTIOM: Motion by Council member Yeates to waive the rules and approve Resolution No. 2013-08- Authorization to Execute Equipment Lease Agreement. Robison seconded the motion. The vote was unanimous, 5-0. Petersen & White absent.

- Ordinance No. 2013-09 – Amending the Cache County Code, Chapter 3.60, Real Property Tax Settlements and Deferrals** – Executive Lemon said he prefers the ordinance read “up to \$500.00 cumulative penalties and interest”, but the Treasurer and Auditor thought it should be “up to \$100.00 per parcel”.

Council member Robison asked if Lemon had found out how much money is involved in such deferrals each year. Lemon said he had not.

(Attachment 3)

ACTION: Motion by Council member Zilles to amend Ordinance No. 2013-09- Amending the Cache County Code, Chapter 3.60, Real Property Tax Settlements and Deferrals to authorize the County Executive, in conjunction with the County Treasurer and Auditor, to waive up to \$100.00 per parcel of penalties and interest not to exceed \$500.00 cumulative amount and the County Council is to be notified of said waivers in a timely manner. Yeates seconded the motion. The vote was unanimous, 5-0. Petersen & White absent.

Ordinance No. 2013-09: The motion passed 5-0. Petersen & White absent.

	<u>BUTTARS</u>	<u>PETERSEN</u>	<u>POTTER</u>	<u>ROBISON</u>	<u>WHITE</u>	<u>YEATES</u>	<u>ZILLES</u>	<u>VOTES CAST</u>
AYE	X		X	X		X	X	5
NAY								0
ABSTAINED								0
ABSENT		X			X			2

- **Proposal to sell 0.29 acres of a gravel pit hillside located in Nibley to adjacent property owner** – Executive Lemon observed this is a hillside portion of the county gravel pit that can no longer be excavated. Steve Stowers, adjacent property owner, will use the land to graze horses and raise hay. Council member Zilles asked if Stowers understands he will be liable for rollback taxes if he sells any portion of the property in the future. Stowers acknowledged he is aware of that.

ACTION: Motion by Council member Yeates to approve the sale of 0.29 acres of the county gravel pit hillside located in Nibley to the adjacent property owner. Buttars seconded the motion. The vote was unanimous, 5-0. Petersen & White absent.

INITIAL PROPOSAL FOR CONSIDERATION

- **Resolution No. 2013-09 – 2013 Budget Amendments**

(Attachment 4)

ACTION: Motion by Council member Buttars to waive the rules and approve Resolution No. 2013-09 – 2013 Budget Amendments. Robison seconded the motion. The vote was unanimous, 5-0. Petersen & White absent.

- **Resolution No. 2013-10- Pay for Stay Program (TABLED)**
- **Resolution No. 2013-11 – Amending Personnel Policy & Procedures Manual, Section 6**

(Attachment 5)

ACTION: Motion by Council member Zilles to waive the rules and approve Resolution No. 2013-11 – Amending Personnel Policy & Procedures Manual, Section 6. Yeates seconded the motion. The vote was unanimous, 5-0. Petersen & White absent.

- **Hardship Application** – Executive Lemon recommended approval. *(Details are on file in the office of the Cache County Auditor.)*

ACTION: Motion by Council member Yeates to approve the hardship application. Buttars seconded the motion. The vote was unanimous, 5-0. Petersen & White absent.

- **Property Tax Deferral Requests** – Executive Lemon explained that each of the seven applicants is willing to pay the taxes due and penalties and interest are not being waived. *(Details are on file in the office of the Cache County Auditor.)*

ACTION: Motion by Council member Yeates to approve the property tax deferral requests. Robison seconded the motion. The vote was unanimous, 5-0. Petersen & White absent.

Executive Lemon informed the Council he wants to send letters to all the property owners who received deferrals this year to explain that the County Council's position is

that the deferrals were granted on a one-time basis and will not be granted again. The Council concurred.

OTHER BUSINESS

- ✓ **USACCC Summer Conference Lagoon Coupons** – Janeen Allen said the dates are June 9-13, 2013 for elected officials.
- ✓ **Gateway Trail Ribbon Cutting – June 1, 2013**
- ✓ **Canal Restoration Project Ribbon Cutting – Media Day** – Denise Ciebien reminded Council members to let her know if they are attending so there will be sufficient room on the buses which will transport attendees to the point of diversion and then to a few different points on the canal. Landscaping along the canal project will not be completed until this summer.

ITEMS OF SPECIAL INTEREST

- **Bear River Mental Health Services Fiscal Year 2014 Area Plan** – Reed Ernstrom was misinformed about the date of this report and was not in attendance.

(Attachment 6)

ACTION: Motion by Council member Yeates to approve the Bear River Mental Health Services Fiscal Year 2014 Area Plan. Zilles seconded the motion. The vote was unanimous, 5-0. Petersen & White absent.

COUNCIL MEMBER REPORTS

Craig “W” Buttars asked for information about the Council summer social.

Chairman Potter asked Allen to contact Vice Chairman Petersen and ask him to bring several possible dates for the social to the next Council meeting.

ADJOURNMENT

The Council meeting adjourned at 6:55 p.m.

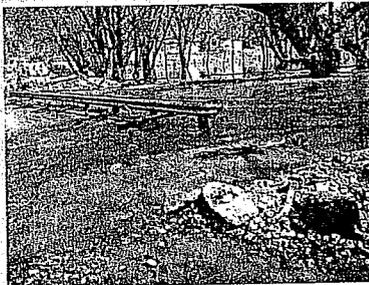
ATTEST: Jill N. Zollinger
County Clerk

APPROVAL: Val Potter
Chairman

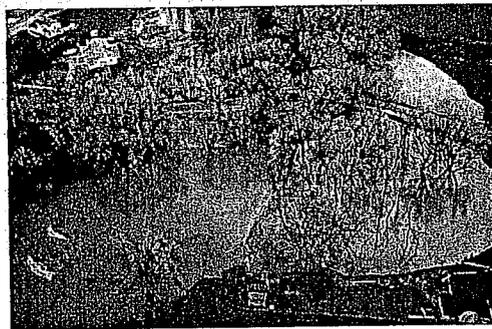
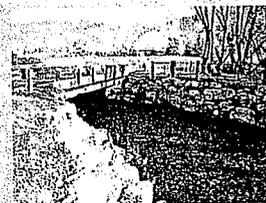
FLOOD MITIGATION EWP

LOGAN, LITTLE BEAR, BLACKSMITH FORK RIVERS

FMEWP ISSUES TO ADDRESS



Flooding Damage from 2011
2900 South Bridge became a focal point



FMEWP ISSUES TO ADDRESS

COMPARISON: 2009

2012



FMEWP ISSUES TO ADDRESS



FMEWP ISSUES TO ADDRESS

- 1983, 1997, 2005, 2011: Declared Flood Emergencies
 - 7-8 years: Average time between major flood events
- 1985: Change in stream alteration permitting and code from Clean Water Act (no comprehensive permitting since)
- Winter/Spring 2011 – Record Snowpack and Runoff
 - \$275,000+ Spent by County, Logan, Millville, & Nibley in response to Runoff
- April 2012 – EWP Funding Agreement (County)
 - Cultural, Historic, and Biological Assessments completed by NRCS Consultants
 - NRCS Nationwide Permit (NWP-37)
 - Army Corps of Engineers: Preconstruction Notice
 - State of Utah: Stream Alteration Permits (GP40)
- 2 Public Involvement Meetings
 - Property owners, interested citizens, agency supports

FMEWP ISSUES TO ADDRESS

1. **No Action:**
 - Continuation of Debris & Sediment issues
 - Movement of river channels
2. **Improve River Channels:**
 - Channel Maintenance
 - Debris & Sediment Removal
 - Removal of unstable vegetation
 - Bank Protection & Erosion Control
 - Remove flow obstructions
3. **Build Debris Basin:**
 - Catch & Remove debris in a designated location

BLACKSMITH FORK RIVER

EXAMPLES OF WORK



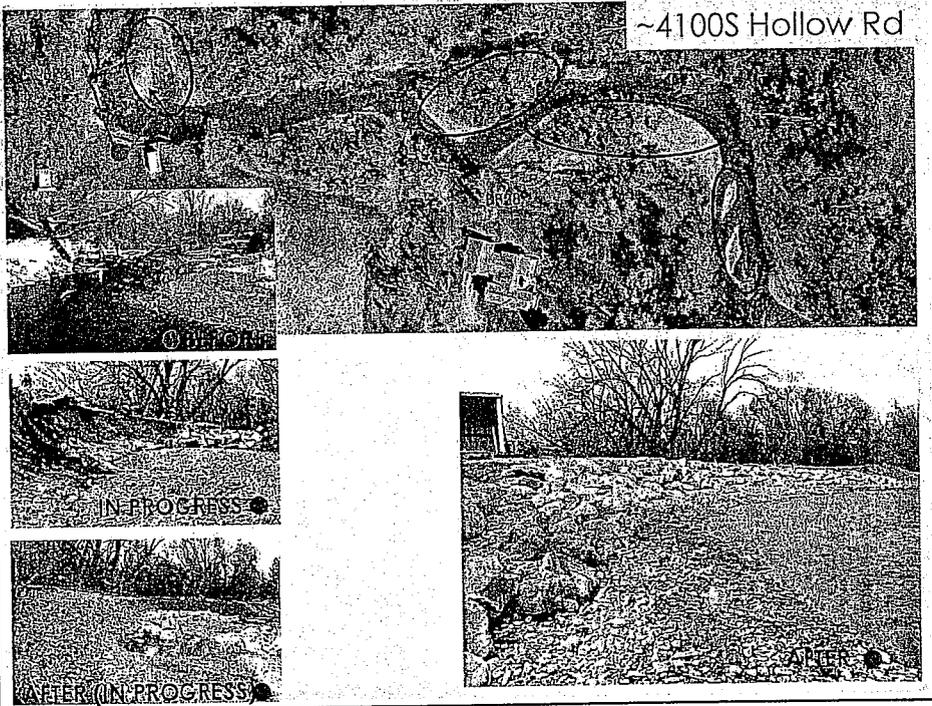
Railroad Bridge near
1700 S & Hwy 89/91

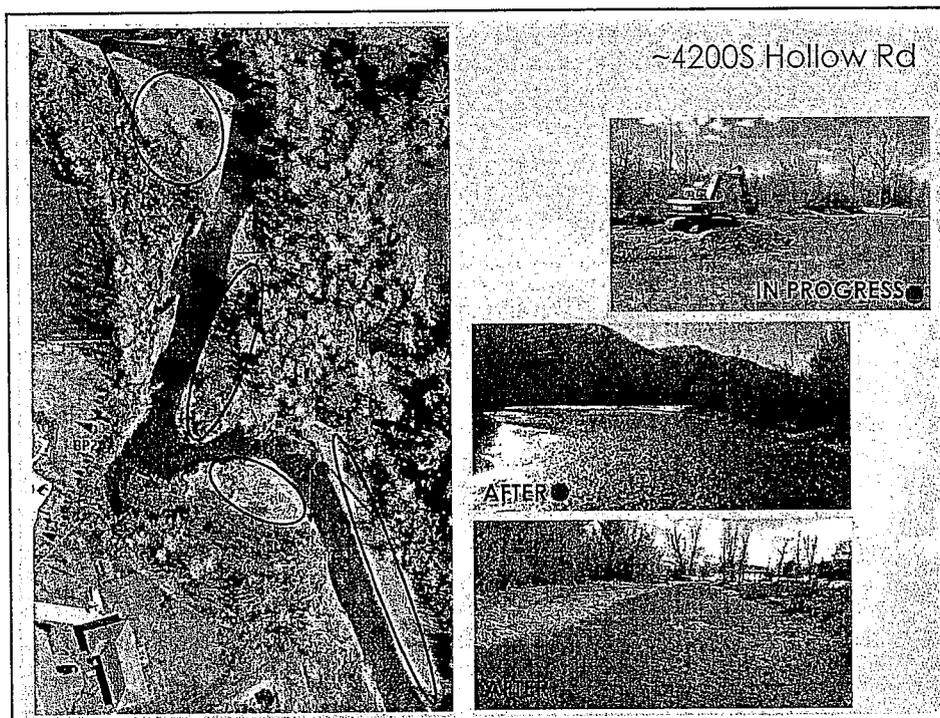
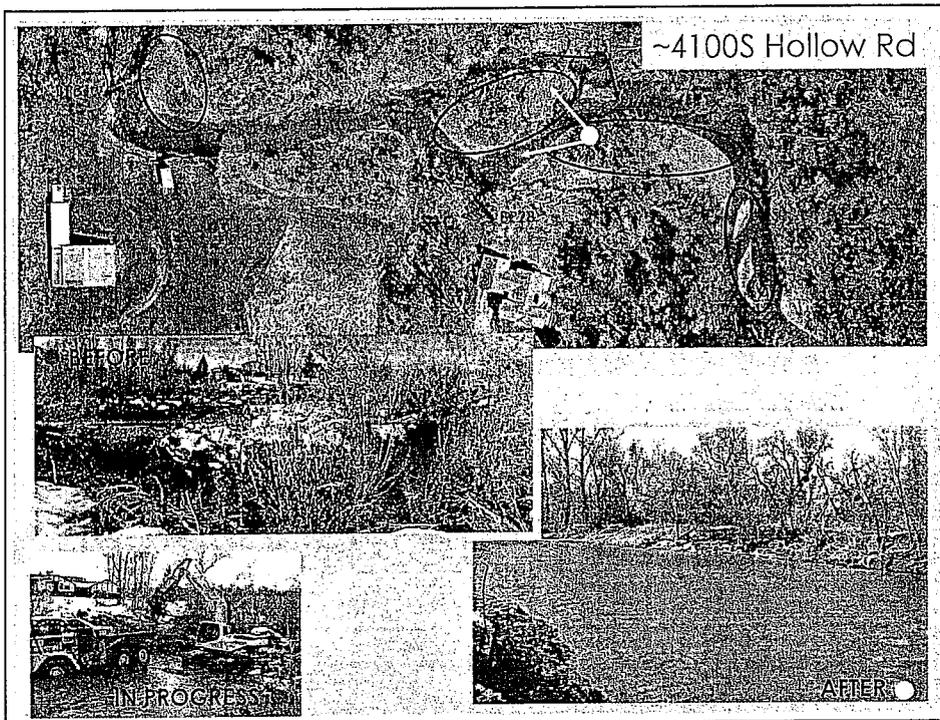


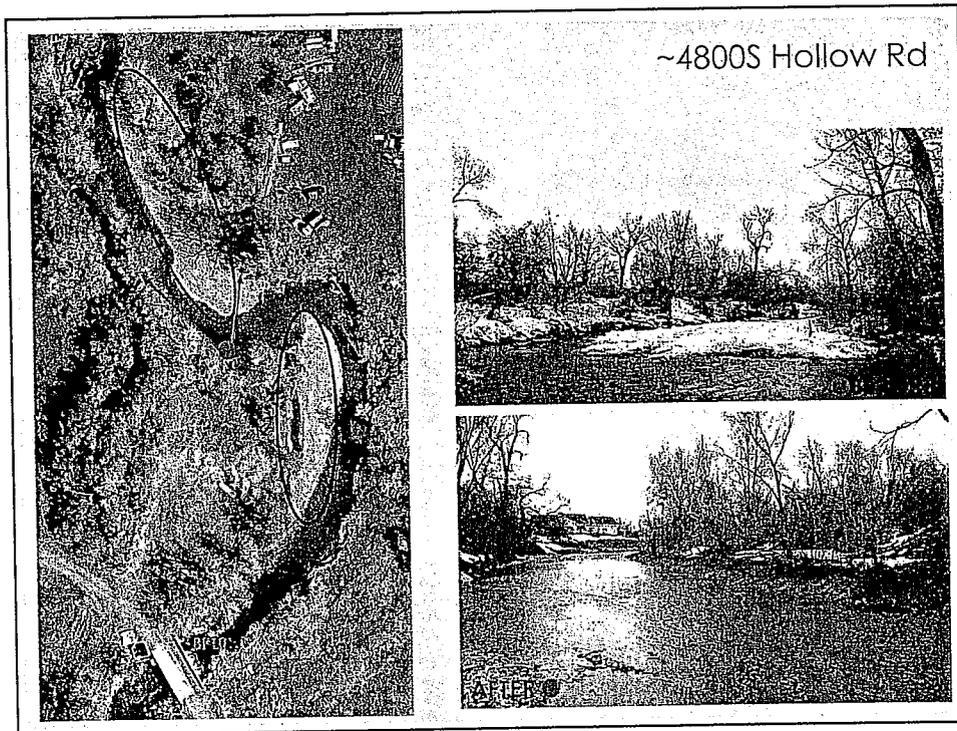
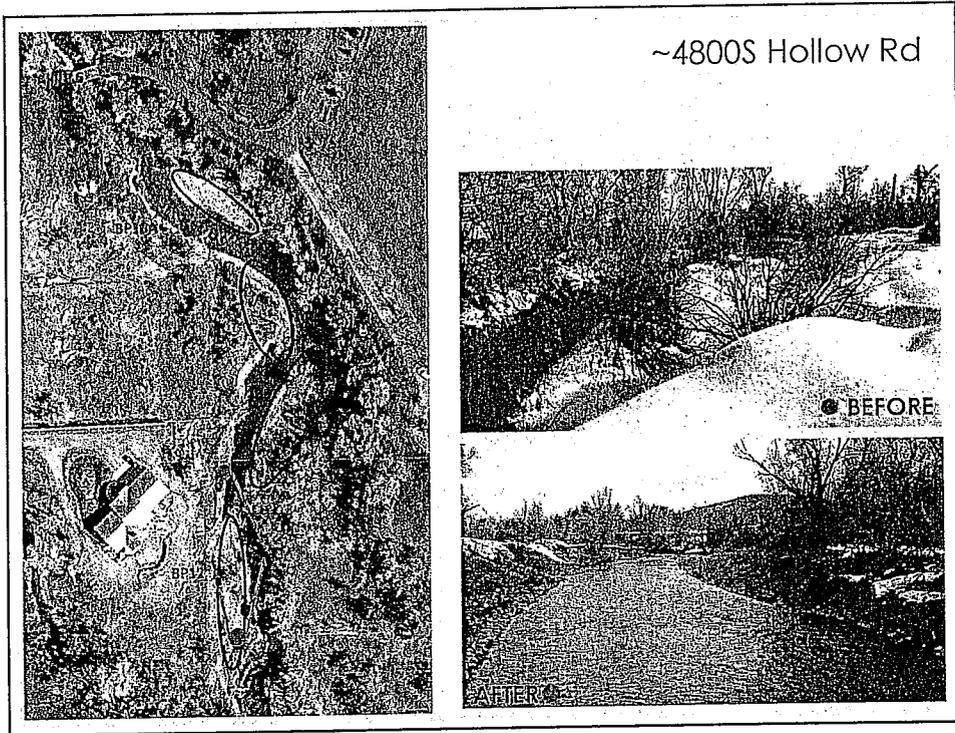


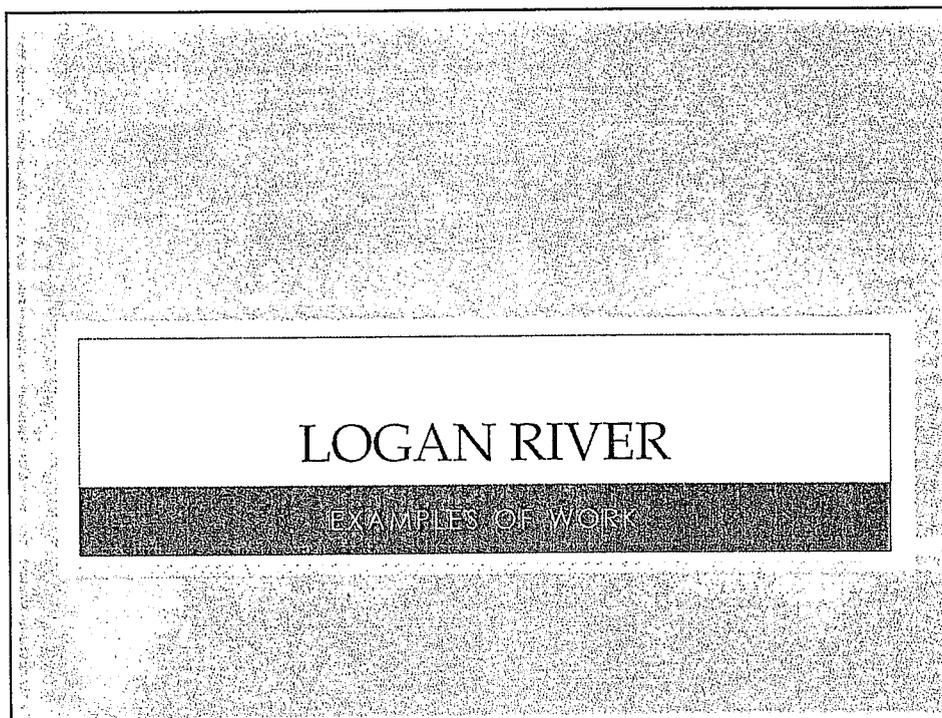
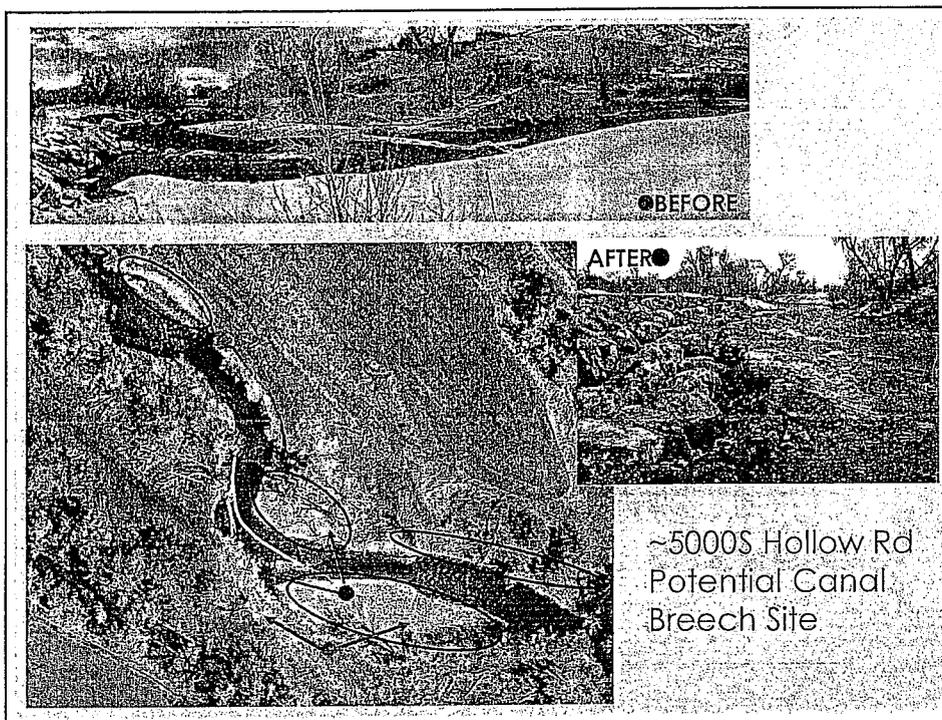
Nibley City Property
Near Hwy 165 & 2600S

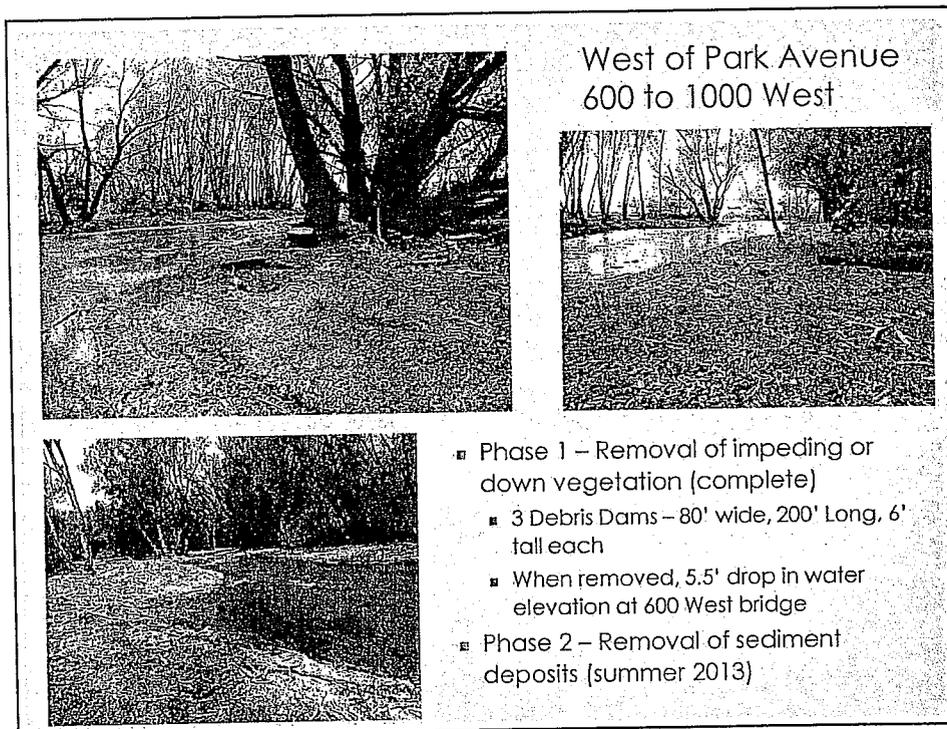
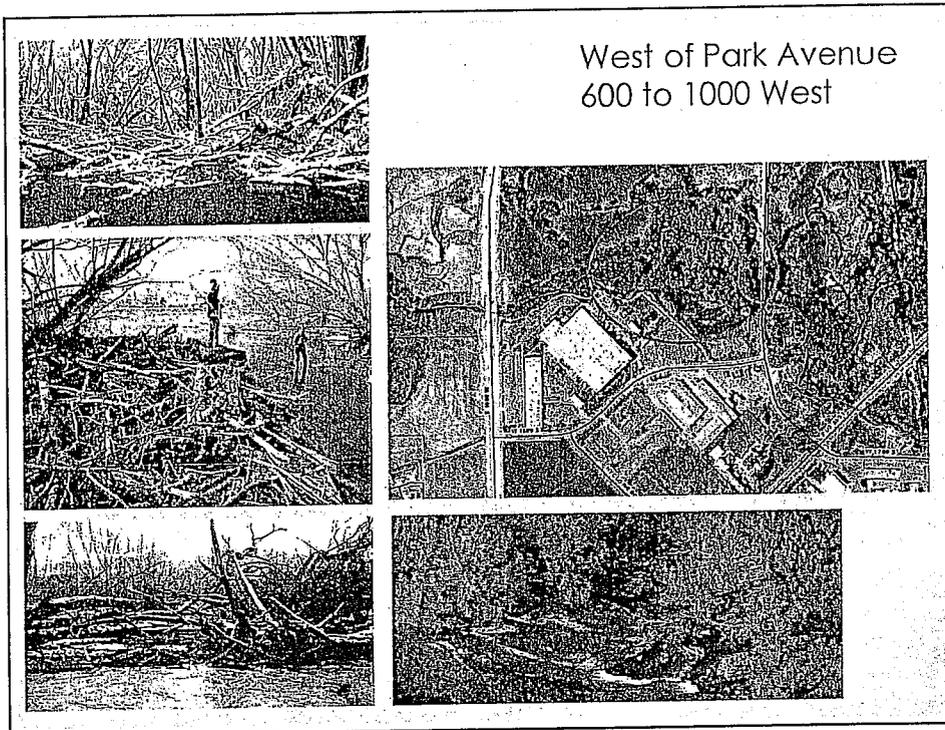
Detroit Riprap – The use of once operating vehicles as imbedded material for bank stabilization measures











FMEWP SOLUTIONS

■ Additional Projects of Note

- Country Manor
 - Purchase of 18 Units and 1 parcel of open space
 - Reconstruction of a wider floodplain and levy
- McMurdy Hollow and South Canyon Slides
 - Work in progress, completion estimated by June 15th
- Regional Debris Basins
 - Work with property owners is ongoing to locate 2 debris basins on the Blacksmith Fork River
- 1700 South Bridge
 - Replacement being done under EWP – Environmental covered and helps match the overall project



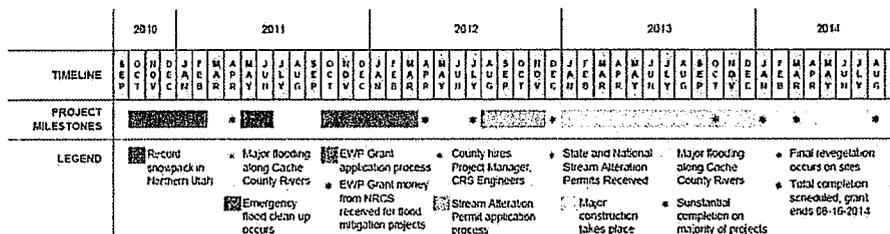
FMEWP SOLUTIONS

■ Cost/Funding Breakdowns

- Total Project Costs
 - Technical Assistance = \$700,000
 - Financial Assistance = \$7M with \$2.3M in required match
 - Potential to obtain an additional \$2M for projects needs
- County Budgets
 - Slide areas = \$1.14M (\$284,000 match – Class B)
 - Misc. Debris, BPs, Debris Basins ~ \$440k (\$110k match – other)
 - In-Kind Match – \$100k Admin, \$320k Class B, up to \$200k from other sources
 - Debris removed from river, screen & sorted, then used on slide areas, BPs, and even the Canal EWP
 - In 5 weeks (early Feb until mid-March) 12,500 cu. yds. of sediment removed from the BSFR alone

FMEWP SOLUTIONS

PROJECT TIMELINE



FMEWP SOLUTIONS

Project Benefits

- Better control for future flood events
- Protecting private property, public infrastructure, and utilities
- Identified and targeted "clean-out" sites
- Hazard reduction (falling trees, Detroit riprap, concrete removal, canal breach/intrusion, etc.)
- Future permitting for maintenance
- Multi-Agency Cooperation
 - NRCS, State Agencies, County, Logan, Nibley, Millville
 - Property owners are supportive of solutions
- Future cost savings (flood mitigation, lost property, damaged infrastructure, etc.)

CACHE COUNTY
RESOLUTION NO. 2013-08

A RESOLUTION APPROVING THE FORM OF THE EQUIPMENT LEASE AGREEMENT WITH ZIONS FIRST NATIONAL BANK, SALT LAKE CITY, UTAH. FINDING THAT IT IS IN THE BEST INTERESTS OF CACHE COUNTY, UTAH TO ENTER INTO SAID AGREEMENT, AND AUTHORIZING THE EXECUTION AND DELIVERY THEREOF.

Whereas, the Cache County Council (the "Governing Body") has determined that a true and very real need exists for the leasing of the equipment described in the Equipment Lease Agreement presented to this meeting; and

Whereas, the Governing Body has reviewed the form of the Equipment Lease Agreement and has found the terms and conditions thereof acceptable to Cache County, Utah; and

Whereas, the Governing Body has taken the necessary steps including any legal bidding requirements, under applicable law to arrange for the leasing of such equipment under the Equipment Lease Agreement.

Therefore, Be it resolved by the Governing Body of Cache County, Utah as follows:

Section 1. The terms of said Equipment Lease Agreement are in the best interests of Cache County, Utah for the leasing of the equipment described therein.

Section 2. The Cache County Executive and Cache County Clerk are hereby authorized to execute and deliver the Equipment Lease Agreement and any related documents necessary to the consummation of the transactions contemplated by the Equipment Lease Agreement for and on behalf of Cache County, Utah.

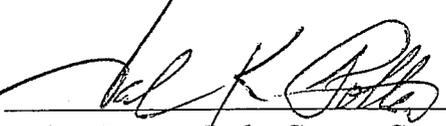
Section 3. The officers of the Governing Body and Cache County, Utah are hereby authorized and directed to fulfill all obligations under the terms of the Equipment Lease Agreement.

Adopted and approved this 28th day of May, 2013.

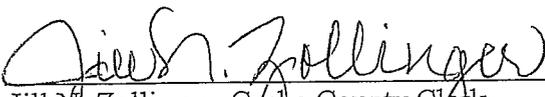
ATTEST:



By


Val K. Potter, Cache County Council Chair

By


Jill N. Zollinger, Cache County Clerk

**CACHE COUNTY
ORDINANCE NO. 2013 – 09**

**AN ORDINANCE OF THE COUNTY COUNCIL OF CACHE COUNTY, UTAH,
AMENDING THE CACHE COUNTY CODE, CHAPTER 3.60, REAL PROPERTY TAX
SETTLEMENTS AND DEFERRALS**

WHEREAS, the Cache County Code Chapter 3.60 establishes Policy and Procedures for Property Tax Settlements and Deferrals, and

WHEREAS, Section 3.60.070 establishes the Policy and Procedures for Settlements, and

WHEREAS, in order to serve the public in an effective and efficient manner,

NOW, THEREFORE, the Cache County Council amends The Cache County Code, Chapter 3.60 and adds the following to Section 3.60.070 as it relates to the settlement of penalty and interest.

3.60.070 SETTLEMENTS

C. The Cache County Auditor or the Cache County Treasurer with the approval of the Cache County Executive may process a waiver or reduction of penalty and/or interest up to an amount not to exceed \$100.00 per parcel or \$500.00 cumulative. Such waivers or reductions shall be documented and reported as a cancellation on the "Parcels with Abatements" report form which is presented annually to the County Council for approval.

Effective Date.

This ordinance shall become effective fifteen (15) days after its passage and upon proper publication in a newspaper published and having general circulation in Cache County. Following its passage but prior to the effective date, a copy of the Ordinance shall be deposited with the County Clerk and a short summary of the ordinance shall be published in a newspaper of general circulation within the County as required by law.

PASSED BY THE COUNTY COUNCIL OF CACHE COUNTY, UTAH THIS MAY 28, 2013.

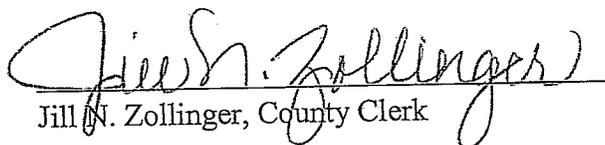
	In Favor	Against	Abstained	Absent
Val K. Potter	x			
H. Craig Petersen				x
Craig "W" Buttars	x			
Kathy Robison	x			
Jon White				x
Cory Yeates	x			
Gordon A. Zilles	x			
Total	5			2

CACHE COUNTY

By: 
Val K. Potter, Chairman



ATTEST:


Jill N. Zollinger, County Clerk

Publication Date: June 12, 2013

RESOLUTION NO. 2013- 09

A RESOLUTION INCREASING THE BUDGET APPROPRIATIONS FOR CERTAIN COUNTY DEPARTMENTS.

The Cache County Council, in a duly convened meeting, pursuant to Sections 17-36-22 through 17-36-26, Utah Code Annotated, 1953 as amended, finds that certain adjustments to the Cache County budget for 2013 are reasonable and necessary; that the said budget has been reviewed by the County Auditor with all affected department heads; that a duly called hearing has been held and all interested parties have been given an opportunity to be heard; that all County Council has given due consideration to matters discussed at the public hearing and to any revised estimates of revenues; and that it is in the best interest of the County that these adjustments be made.

NOW THEREFORE, it is hereby resolved that:

Section 1.

The following adjustments are hereby made to the 2013 budget for Cache County:

see attached

Section 2.

Other than as specifically set forth above, all other matters set forth in the said budget shall remain in full force and effect.

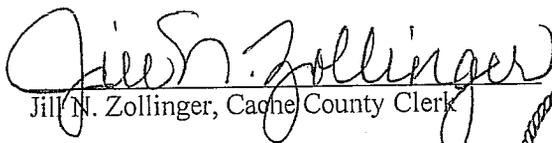
Section 3.

This resolution shall take effect immediately upon adoption and the County Auditor and other county officials are authorized and directed to act accordingly.

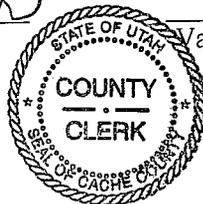
This resolution was duly adopted by the Cache County Council on the 28th day of May, 2013.

ATTESTED TO:

CACHE COUNTY COUNCIL


Jill N. Zollinger, Cache County Clerk


Val K. Potter, Chairman



ATTACHMENT A

Resolution #: 2013-09
Hearing: May 28, 2013

FUND 100 GENERAL FUND REVENUES

ACCOUNT	DESCRIPTION	Current Budget	Recommended Decrease DEBIT	Increase CREDIT	Amended Budget	Reason for Change
100-38-90000	APPROP SURPLUS	\$ (2,052,000)		\$ (370,137)	\$ (2,422,137)	TO FUND CARRYOVER PO'S 2010 VEHICLE CLAIM INSURANCE SETTLEMENT & SHERIFF CAR ACCIDENT CLAIM
100-36-90000	SUNDRY REVENUE	\$ (139,500)		\$ (15,731)	\$ (155,231)	2013 RTA AWARD
100-38-76000	TRANSFER IN FROM RESTAURANT TAX	\$ (147,000)		\$ (12,000)	\$ (159,000)	2013 RAPZ AWARD & ADMIN ADJ
		\$ (17,146)		\$ (130,041)	\$ (147,187)	
	Totals		\$ -	\$ (527,909)	\$ (527,909)	
	Net Adjustment				\$ (527,909)	

FUND 100 GENERAL FUND EXPENDITURES

ACCOUNT	DESCRIPTION	Current Budget	Recommended Increase DEBIT	Decrease CREDIT	Amended Budget	Reason for Change
100-4126-310	Public Defender - Prof & Tech	\$ 310,000	\$ 32,605		\$ 342,605	PO 25104; PO 25092
100-4136-740	ITS - Capitalized Equipment	\$ 150,400	\$ 38,476		\$ 188,876	PO 25374
100-4136-999	A & C ALLOCATION - ITS 85%	\$ (611,665)		\$ (32,705)	\$ (644,370)	ADJUST FOR BUDGET CHANGES
100-4141-250	AUDITOR - EQ SUPPLY & MAINT	\$ 12,000	\$ 18,438		\$ 30,438	PO 25202
100-4141-251	AUDITOR - NON CAPITALIZED EQUIP	\$ 1,000	\$ 5,000		\$ 6,000	RECONFIGURE DESKS & FILING CABS
100-4141-999	A & C ALLOCATION - AUDITOR 46%	\$ (163,717)		\$ (10,782)	\$ (174,499)	ADJUST FOR BUDGET CHANGES
100-4145-311	ATTORNEY - SOFTWARE	\$ 14,000	\$ 5,400		\$ 19,400	PO 25394
100-4145-999	A & C ALLOCATION - ATTORNEY 9%	\$ (119,539)		\$ (486)	\$ (120,025)	ADJUST FOR BUDGET CHANGES
100-4160-720	BLDG & GRDS - BLD IMPROVEMENTS	\$ 20,000	\$ 3,850		\$ 23,850	PO 25185
100-4160-999	A & C ALLOCATION - BLDG & GRDS 31%	\$ (73,465)		\$ (7,394)	\$ (80,859)	ADJUST FOR BUDGET CHANGES
100-4210-140	SHERIFF - UNIFORM ALLOW	\$ 44,200	\$ 812		\$ 45,012	PO 25361
100-4210-480	SHERIFF - SPEC DEPT SUPPLIES	\$ 43,000	\$ 11,000		\$ 54,000	PO 25402 PO 25423
100-4210-999	A & C ALLOCATION - SHERIFF 10%	\$ (345,816)		\$ (1,581)	\$ (347,397)	ADJUST FOR BUDGET CHANGES
100-4211-250	SUPPORT SERVICES - EQ SUPP & MAINT	\$ 28,225	\$ 1,245		\$ 29,470	PO 25423
100-4211-480	SUPPORT SERVICES - SPEC DEPT SUPPLIES	\$ 14,500	\$ 3,000		\$ 17,500	PO 25402
100-4216-330	SEARCH & RESCUE - EDUCATION & TRAINI	\$ 9,000	\$ 1,658		\$ 10,658	PO 25443
100-4230-140	JAIL - UNIFORM ALLOW	\$ 50,700	\$ 5,000		\$ 55,700	PO 25423
100-4230-250	Jail - Equip Supply & Maint	\$ 38,000	\$ 5,731		\$ 43,731	Crown Victoria insurance claim repair
100-4230-450	JAIL - SPEC DEPT SUPPLIES	\$ 30,000	\$ 10,812		\$ 40,812	PO 25402
100-4230-720	JAIL - BUILDING	\$ -	\$ 68,211		\$ 68,211	CVE & PHARMACY REMODEL PO 25411; PO 25446; PO 25447; PO 25448
100-4230-740	JAIL - CAPITALIZED EQUIP	\$ 7,000	\$ 144,341		\$ 151,341	25448
100-4255-744	EMERG MGT-HLS CAPITALIZED EQUIP	\$ 40,000	\$ 7,445		\$ 47,445	PO 25459
100-4511-260	FAIRGROUNDS - BLDG & GRDS	\$ 60,000	\$ 3,590		\$ 63,590	PO 25426
100-4511-730	Fairgrounds - Improvements	\$ -	\$ 28,280		\$ 28,280	So End RAPZ project -carry over
100-4511-730	FAIRGROUNDS -IMPROVEMENTS	\$ 28,280	\$ 130,000		\$ 158,280	2013 RAPZ AWARD
100-4630-586	AG PROMOTION	\$ 51,500	\$ 39,824		\$ 91,324	PO 25387
100-4960-600	SUNDRY EXPENSE	\$ 99,360	\$ 16,139		\$ 115,499	PO 25458
	Totals		\$ 580,857	\$ (52,948)	\$ 527,909	
	Net Adjustment				\$ -	

FUND 150 ASSESSING & COLLECTING REVENUES

ACCOUNT	DESCRIPTION	Current Budget	Recommended Decrease DEBIT	Increase CREDIT	Amended Budget	Reason for Change
150-38-92000	APPROP SURPLUS A&C	\$ (123,059)		\$ (110,184)	\$ (233,243)	TO FUND CARRYOVER PO'S
	Totals		\$ -	\$ (110,184)	\$ (110,184)	
	Net Adjustment				\$ (110,184)	

FUND 150 ASSESSING & COLLECTING EXPENDITURES

ACCOUNT	DESCRIPTION	Current Budget	Recommended Increase DEBIT	Decrease CREDIT	Amended Budget	Reason for Change
150-4146-740	ASSESSOR -CAPITALIZED EQU IP	\$ 60,000	\$ 60,840		\$ 120,840	PO 25399
150-4136-999	A & C ALLOCATION - ITS 85%	\$ 611,665	\$ 32,705		\$ 644,370	ADJUST FOR BUDGET CHANGES
150-4141-999	A & C ALLOCATION - AUDITOR 46%	\$ 163,717	\$ 8,482		\$ 172,199	ADJUST FOR BUDGET CHANGES
150-4145-999	A & C ALLOCATION - ATTORNEY 9%	\$ 119,539	\$ 763		\$ 120,302	ADJUST FOR BUDGET CHANGES
150-4160-999	A & C ALLOCATION - BLDG & GRDS 31%	\$ 73,465	\$ 7,394		\$ 80,859	ADJUST FOR BUDGET CHANGES
	Totals		\$ 110,184	\$ -	\$ 110,184	
	Net Adjustment				\$ -	

ATTACHMENT A

FUND 200 MUNICIPAL SERVICES FUND REVENUES

ACCOUNT	DESCRIPTION	Current Budget	Recommended Decrease DEBIT	Increase CREDIT	Amended Budget	Reason for Change
200-33-44000	State Grants	\$ -		\$ (62,000)	\$ (62,000)	Project continues to 2013 -Log Canyon Tra
200-38-92000	Approp Surplus - MSF	\$ (34,235)		\$ (77,301)	\$ (111,536)	Project continues to 2013 -Log Canyon Tra
200-38-92000	Approp Surplus - MSF	\$ (111,536)		\$ (6,711)	\$ (118,247)	APPROP PR YR PO BALANCES
200-38-92000	Approp Surplus - MSF	\$ (130,247)		\$ (1,581)	\$ (131,828)	ADJ FOR SHERIFF MSF COSTS
200-38-93000	Approp Surplus	\$ (95,000)		\$ (126,645)	\$ (221,645)	Project continues to 2013 -Log Canyon Tra
200-38-90000	APPROP SURPLUS - CLASS B	\$ (1,091,605)		\$ (12,000)	\$ (1,103,605)	APPROP PR YR PO BALANCES
200-38-76000	TRANSFER IN FROM RAPZ TAX	\$ -		\$ (9,995)	\$ (9,995)	2013 RAPZ POPULATION AWARD
	Totals		\$ -	\$ (296,233)		
	Net Adjustment				\$ (296,233)	

FUND 200 MUNICIPAL SERVICES FUND EXPENDITURES

ACCOUNT	DESCRIPTION	Current	Recommended Increase	Decrease	Amended Budget	Reason for Change
200-4180-310	Zoning - PROF & TECH	\$ 1,000	\$ 5,500		\$ 6,500	PO 25462
200-4180-620	Zoning - MISC SUPPLIES	\$ 6,000	\$ 1,211		\$ 7,211	PO 25461
200-4210-999	MUNICIPAL SERV ALLOC -SHERIFF 10%	\$ 345,816	\$ 1,581		\$ 346,216	TO BALANCE BUDGET ADJ IN GEN FUND
200-4415-250	CLASS B - EQUIP SUPP & MAINT	\$ 458,200	\$ 12,000		\$ 470,200	PO 25429
200-4780-481	Logan Canyon Trail	\$ 30,000	\$ 275,941		\$ 305,941	Project continues to 2013 -Log Canyon Tra
	Totals		\$ 296,233	\$ -		
	Net Adjustment				\$ 296,233	
					\$ -	

FUND 230 VISITORS BUREAU REVENUE

ACCOUNT	DESCRIPTION	Current Budget	Recommended Decrease DEBIT	Increase CREDIT	Amended Budget	Reason for Change
230-38-90000	APPROP SURPLUS	\$ -		\$ (29,315)	\$ (29,315)	TO FUND CARRYOVER PO'S
230-38-76000	TRANSFER IN FROM RESTAURANT TAX	\$ -		\$ (100,000)	\$ (100,000)	2013 RTA AWARD
	Totals		\$ -	\$ (129,315)		
	Net Adjustment				\$ (129,315)	

FUND 230 VISITORS BUREAU EXPENDITURE

ACCOUNT	DESCRIPTION	Current Budget	Recommended Increase DEBIT	Decrease CREDIT	Amended Budget	Reason for Change
230-4780-490	VISITORS BUREAU - ADVERTIZING	\$ 184,063	\$ 129,315		\$ 313,378	see list; 2012 RTA award
	Totals		\$ 129,315	\$ -		
	Net Adjustment				\$ 129,315	
					\$ -	

FUND 260 RESTAURANT TAX FUND REVENUES

ACCOUNT	DESCRIPTION	Current Budget	Recommended Decrease DEBIT	Increase CREDIT	Amended Budget	Reason for Change
260-38-90000	APPROP FROM FUND BALANCE	\$ (152,244)		\$ (704,020)	\$ (856,264)	TO FUND CARRYOVER PO'S
	Totals		\$ -	\$ (704,020)		
	Net Adjustment				\$ (704,020)	

FUND 240 COUNCIL ON AGING REVENUE

ACCOUNT	DESCRIPTION	Current Budget	Recommended Decrease DEBIT	Increase CREDIT	Amended Budget	Reason for Change
240-33-10000	FED GRANTS CNS RSVP GRANT	\$ (51,750)		\$ (1,500)	\$ (53,250)	1 TIME AUGMENTATION GRANT
240-38-90000	APPROP SURPLUS	\$ (37,716)	\$ 13,643		\$ (24,073)	REVERSE APRIL BUDGET AMEND
	Totals		\$ 13,643	\$ (1,500)		
	Net Adjustment				\$ 12,143	

FUND 240 COUNCIL ON AGING FUND EXPENDITURES

ACCOUNT	DESCRIPTION	Current Budget	Recommended Increase DEBIT	Decrease CREDIT	Amended Budget	Reason for Change
240-4971-730	CENTER NON-MANDATED - IMPROVEMEN	\$ 17,528		\$ (8,764)	\$ 8,764	ADJ TO ORIG BUDGET
240-4971-720	CENTER NON-MANDATED - BUILDING	\$ 9,758		\$ (4,879)	\$ 4,879	ADJ TO ORIG BUDGET
240-4973-230	RSVP - TRAVEL	\$ 2,429	\$ 1,500		\$ 3,929	1 TIME AUGMENTATION GRANT
	Totals		\$ 1,500	\$ (13,643)		
	Net Adjustment				\$ (12,143)	
					\$ -	

FUND 260 RESTAURANT TAX REVENUE

ACCOUNT	DESCRIPTION	Current Budget	Recommended Decrease DEBIT	Increase CREDIT	Amended Budget	Reason for Change
260-38-90000	APPROP FROM FUND BALANCE	\$ (152,244)		\$ (704,020)	\$ (856,264)	TO FUND CARRYOVER PO'S
	Totals		\$ -	\$ (704,020)		
	Net Adjustment				\$ (704,020)	

ATTACHMENT A
FUND 260 RESTAURANT TAX FUND EXPENDITURES

ACCOUNT	DESCRIPTION	Current Budget	Recommended Increase DEBIT	Decrease CREDIT	Amended Budget	Reason for Change
260-4780-620	RESTAURANT TAX - MISC SERVICES	\$ 1,173,334	\$ 704,020		\$ 1,877,354	SEE PO LIST
	Totals		\$ 704,020	\$ -	\$ 704,020	
	Net Adjustment				\$ -	

FUND 265 RAPZ TAX FUND REVENUES

ACCOUNT	DESCRIPTION	Current Budget	Recommended Decrease DEBIT	Increase CREDIT	Amended Budget	Reason for Change
265-38-70000	APPROP FROM FUND BALANCE	\$ -		\$ (675,461)	\$ (675,461)	TO FUND CARRYOVER PO'S
	Totals		\$ -	\$ (675,461)	\$ (675,461)	
	Net Adjustment				\$ -	

FUND 265 RAPZ TAX FUND EXPENDITURES

ACCOUNT	DESCRIPTION	Current Budget	Recommended Increase DEBIT	Decrease CREDIT	Amended Budget	Reason for Change
265-4780-480	RAPZ ALLOCATION BY POPULATION	\$ 168,890	\$ 37,012		\$ 205,902	SEE PO LIST
265-4780-482	RAPZ ALLOCATIONS - PROJECTS	\$ 844,451	\$ 638,449		\$ 1,482,900	SEE PO LIST
	Totals		\$ 675,461	\$ -	\$ 675,461	
	Net Adjustment				\$ -	

FUND 277 AIRPORT FUND REVENUES

ACCOUNT	DESCRIPTION	Current Budget	Recommended Decrease DEBIT	Increase CREDIT	Amended Budget	Reason for Change
277-38-70000	APPROP SURPLUS	\$ (86,319)		\$ (2,015)	\$ (88,334)	APPROP FOR 2012 INV BILLED IN JAN
	Totals		\$ -	\$ (2,015)	\$ (2,015)	
	Net Adjustment				\$ -	

FUND 277 AIRPORT FUND EXPENDITURES

ACCOUNT	DESCRIPTION	Current Budget	Recommended Increase DEBIT	Decrease CREDIT	Amended Budget	Reason for Change
277-4460-260	AIRPORT-BUILDING&GROUNDS	\$ 14,510	\$ 2,015		\$ 16,525	ELECTRICAL SUPPLIES MAINT
	Totals		\$ 2,015	\$ -	\$ 2,015	
	Net Adjustment				\$ -	

FUND 390 CAPITAL PROJECTS REVENUE

ACCOUNT	DESCRIPTION	Current Budget	Recommended Decrease DEBIT	Increase CREDIT	Amended Budget	Reason for Change
390-38-90000	APPROP SURPLUS	\$ -		\$ (47,624)	\$ (47,624)	TO FUND CARRYOVER PO'S
	Totals		\$ -	\$ (47,624)	\$ (47,624)	
	Net Adjustment				\$ -	

FUND 390 CAPITAL PROJECTS EXPENDITURE

ACCOUNT	DESCRIPTION	Current Budget	Recommended Increase DEBIT	Decrease CREDIT	Amended Budget	Reason for Change
390-4470-310	EWS RIVER PROJECT - PROF & TECH		\$ 47,624		\$ 47,624	PO 25457
	Totals		\$ 47,624	\$ -	\$ 47,624	
	Net Adjustment				\$ -	

FUND 400 CAPITAL PROJECTS-CANAL REVENUE

ACCOUNT	DESCRIPTION	Current Budget	Recommended Decrease DEBIT	Increase CREDIT	Amended Budget	Reason for Change
400-38-70000	APPROP SURPLUS	\$ (53,200)		\$ (7,334,426)	\$ (7,387,626)	TO COVER CARRY OVER PO'S
	Totals		\$ -	\$ (7,334,426)	\$ (7,334,426)	
	Net Adjustment				\$ -	

FUND 400 CAPITAL PROJECTS CANAL FUND EXPENDITURES

ACCOUNT	DESCRIPTION	Current Budget	Recommended Increase DEBIT	Decrease CREDIT	Amended Budget	Reason for Change
400-4115-481	NRC5 CANAL PROJECT - PROF & TECH TA		\$ 693,746		\$ 693,746	PO 25431; PO 25433
400-4115-481	NRC5 CANAL PROJECT - FA		\$ 6,640,680		\$ 6,640,680	PO 25430, PO 25432
	Totals		\$ 7,334,426	\$ -	\$ 7,334,426	
	Net Adjustment				\$ -	

ATTACHMENT A
 FUND 460 CAPITAL PROJECTS ROADS REVENUE

ACCOUNT	DESCRIPTION	Current Budget	Recommended Decrease DEBIT	Increase CREDIT	Amended Budget	Reason for Change
460-38-90000	APPROP FUND BALANCE	\$ -		\$ (8,093,130)	\$ (8,093,130)	TO FUND CARRYOVER PO'S
	Totals		\$ -	\$ (8,093,130)		
	Net Adjustment				\$ (8,093,130)	

FUND 460 CAPITAL PROJECTS ROADS EXPENDITURE

ACCOUNT	DESCRIPTION	Current Budget	Recommended Increase DEBIT	Decrease CREDIT	Amended Budget	Reason for Change
460-4420-760	NEW ROAD CONSTRUCTION		\$ 8,093,130		\$ 8,093,130	SEE PO LIST
	Totals		\$ 8,093,130	\$ -		
	Net Adjustment				\$ 8,093,130	
					\$ -	

ATTACHMENT B

Resolution #: 2013-09
Hearing: 5/28/2013 6:00PM

FUND 100 GENERAL FUND REVENUES

ACCOUNT	DESCRIPTION	Current Budget	Recommended Decrease DEBIT	Increase CREDIT	Amended Budget	Reason for Change
100-38-90000	APPROP SURPLUS	\$ (2,422,137)		\$ (662,226)	\$ (3,084,363)	CAPITAL NEEDS - APPROPRIATIONS
	Totals		\$ -	\$ (662,226)		
	Net Adjustment				\$ (662,226)	

FUND 100 GENERAL FUND EXPENDITURES

ACCOUNT	DESCRIPTION	Current Budget	Recommended Increase DEBIT	Decrease CREDIT	Amended Budget	Reason for Change
100-4136-740	ITS CAPITALIZED EQUIPMENT	\$ 188,876	10,000		\$ 198,876	BACK UP SERVER
100-4136-999	ITS A&C ALLOC - ITS 85%	\$ (644,370)		(8,500)	\$ (652,870)	TO ADJ TO ACTUAL
100-4145-740	ATTY CAPITALIZED EQUIPMENT	\$ 0	18,600		\$ 18,600	COMPUTER NEEDS
100-4145-999	ATTY A&C ALLOC - ATTORNEY 9%	\$ (120,025)		(1,674)	\$ (121,699)	TO ADJ TO ACTUAL
100-4160-730	BLDG & GRDS IMPROVEMENTS	\$ -	30,000		\$ 30,000	IMPROVEMENTS
100-4160-999	BLDG & GRDS A&C ALLOC - BLDG & GROL	\$ (80,859)		(3,100)	\$ (83,959)	TO ADJ TO ACTUAL
100-4210-740	SHERIFF CAPITALIZED EQUIPMENT	\$ -	410,000		\$ 410,000	CARS & EQUIP
100-4210-999	SHERIFF MUNICIPAL SERV ALLOCATION 1%	\$ (347,397)		(41,000)	\$ (388,397)	TO ADJ TO ACTUAL
100-4211-740	SUPPORT SERV CAPITALIZED EQUIPMENT	\$ -	91,300		\$ 91,300	COMPUTERS & 1 VEHICLE
100-4220-740	FIRE CAPITALIZED EQUIPMENT	\$ 462,600	10,000		\$ 472,600	EQUIPMENT
100-4230-740	JAIL CAPITALIZED EQUIPMENT	\$ 7,000	107,600		\$ 114,600	EQUIPMENT
100-4511-740	FAIRGROUNDS CAPITALIZED EQUIPMENT	\$ -	39,000		\$ 39,000	BOBCAT SKID LOADER
	Totals		\$ 716,500	\$ (54,274)		
	Net Adjustment				\$ 662,226	
					\$ -	

FUND 150 ASSESSING & COLLECTING REVENUES

ACCOUNT	DESCRIPTION	Current Budget	Recommended Decrease DEBIT	Increase CREDIT	Amended Budget	Reason for Change
150-38-92000	APPROP SURPLUS A&C	\$ (233,243)		\$ (13,274)	\$ (246,517)	ADJUST FOR EQUIP EXPENSES
	Totals		\$ -	\$ (13,274)		
	Net Adjustment				\$ (13,274)	

FUND 150 ASSESSING & COLLECTING EXPENDITURES

ACCOUNT	DESCRIPTION	Current Budget	Recommended Increase DEBIT	Decrease CREDIT	Amended Budget	Reason for Change
150-4136-999	A&C ALLOC - ITS 85%	\$ 644,370	8,500		\$ 652,870	TO ADJUST TO ACTUAL
150-4145-999	A&C ALLOC - ATTORNEY 9%	\$ 120,302	1,674		\$ 121,976	TO ADJUST TO ACTUAL
150-4160-999	A&C ALLOC - BLDG & GROUNDS 31%	\$ 80,859	3,100		\$ 83,959	TO ADJUST TO ACTUAL
	Totals		\$ 13,274	\$ -		
	Net Adjustment				\$ 13,274	
					\$ -	

FUND 200 MUNICIPAL SERVICES FUND REVENUES

ACCOUNT	DESCRIPTION	Current Budget	Recommended Decrease DEBIT	Increase CREDIT	Amended Budget	Reason for Change
200-38-93000	Approp Surplus	\$ (221,645)		\$ (41,000)	\$ (262,645)	TO ADJUST FOR CAPITAL EXPENSES
	Totals		\$ -	\$ (41,000)		
	Net Adjustment				\$ (41,000)	

FUND 200 MUNICIPAL SERVICES FUND EXPENDITURES

ACCOUNT	DESCRIPTION	Current Budget	Recommended Increase	Decrease	Amended Budget	Reason for Change
200-4210-999	MUNICIPAL SERV ALLOCATION 10%	\$ 346,216	\$ 41,000		\$ 387,216	TO ADJ TO ACTUAL
	Totals		\$ 41,000	\$ -		
	Net Adjustment				\$ 41,000	
					\$ -	

ATTACHMENT C

Resolution #: 2013-09
Hearing: 5/28/2013 6:00PM

FUND 400 CAPITAL PROJECTS-CANAL REVENUE

ACCOUNT	DESCRIPTION	Current Budget	Recommended Decrease DEBIT	Increase CREDIT	Amended Budget	Reason for Change
400-33-15550	FED GRANT - NRCS-CANAL PROJ FA	\$ (8,000,000)		\$ (2,560,000)	\$ (10,560,000)	UPDATED PROJECT ESTIMATE
400-33-70015	GRANTS OTHER- CACHE HIGHLINE	\$ (2,606,800)		\$ (853,000)	\$ (3,459,800)	UPDATED PROJECT ESTIMATE
	Totals		\$ -	\$ (3,413,000)		
	Net Adjustment				\$ (3,413,000)	

FUND 400 CAPITAL PROJECTS CANAL FUND EXPENDITURES

ACCOUNT	DESCRIPTION	Current Budget	Recommended Increase DEBIT	Decrease CREDIT	Amended Budget	Reason for Change
400-4115-482	CANAL REBUILD - CONSTRUCTION	\$ 9,460,000	3,413,000		\$ 12,873,000	UPDATED PROJECT ESTIMATE
	Totals		\$ 3,413,000	\$ -		
	Net Adjustment				\$ 3,413,000	

CACHE COUNTY, UTAH
RESOLUTION NO. 2013 - 11

A RESOLUTION AMENDING THE CACHE COUNTY CORPORATION PERSONNEL POLICY AND PROCEDURES MANUAL, SECTION 6

WHEREAS, the Cache County Council on May 28, 2013, in a regular meeting of which lawful notice had been given, considered amending Section 6 of the Cache County Corporation Personnel Policy and Procedures Manual, which describes Employee Classification and Status; and

WHEREAS, on May 28, 2013, the Cache County Council unanimously approved the proposed amendments to Section 6 of the Cache County Corporation Personnel Policy and Procedures Manual; and

WHEREAS, the Cache County Council finds that it is necessary, appropriate, and in the best interest of the County and its personnel that the Cache County Corporation Personnel Policy and Procedures Manual be amended;

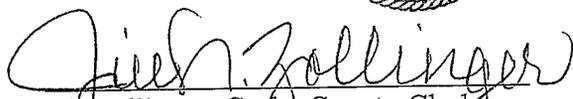
NOW, THEREFORE, BE IT RESOLVED that the County Council of Cache County approves the adoption of the following resolution:

1. Amendments: The Cache County Corporation Personnel Policy and Procedures Manual is hereby amended as set forth in the attached Exhibit A.
2. Application: The amendment to the County Corporation Personnel Policy and Procedures Manual shall apply to all current and future county employees.
3. Prior Resolutions and Policies: This Resolution and the amendments specified in Exhibit A to the Cache County Corporation Personnel Policies and Procedures Manual supersede all previously adopted resolutions and policies to the extent that they are in conflict with the specific provisions of this Resolution and the attached Exhibit A.
4. Effective Date: This Resolution shall be effective immediately upon its adoption.

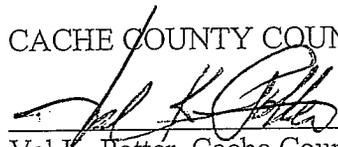
Adopted by the County Council of Cache County, Utah, this 28th day of May, 2013.

ATTEST:




Jill Zollinger, Cache County Clerk

CACHE COUNTY COUNCIL


Val K. Potter, Cache County Council Chair

CACHE COUNTY

EXHIBIT A

Section VI -- Employee Classifications/Status and Volunteers

A. EXEMPT AND CLASSIFIED POSITIONS:

All positions in the county government shall be either exempt or classified. Exempt positions shall be those positions which are to be filled by election or appointment as provided herein, and such other positions which are responsible for the formulation or execution of policy where the nature of the policy formulated or the latitude for execution of policy clearly required unity of purpose and philosophy with the county executive and the heads of offices, departments, agencies, boards and commissions. All other positions shall be classified. (Organic Act 1984; amd. Ord. 2000-05)

1. Exempt or classified (non-exempt) employees are identified as one of the following:
 - Elected Official
 - Appointed Department Head
 - Merit Employee
 - Merit Employee on Probation
 - Part-time Merit Employee
 - Part-time Non-merit Employee
 - Seasonal Employee

B. PERSONNEL RULES AND REGULATIONS:

The office of county executive shall prepare for adoption by the county council rules and regulations to effectively administer personnel. The rules shall classify all positions for pay setting purposes. The rules shall set forth policies regarding qualifications, selection, disciplinary action, removal, grievance procedures, vacation, sick leave, personnel records, etc. (Organic Act 1984; amd. Ord. 2000-05)

C. POLITICAL ACTIVITIES:

No classified county employee may hold any elective political office of the county during his or her employment. (Organic Act 1984; amd. Ord. 2000-05)

1. A county employee can hold only one position classification at a time as identified in section A.1 above.

D. PERSONNEL:

Cache County may adopt the county personnel management act as described in Utah Code Annotated title 17, chapter 33, as and for its county merit system for all county employees. The county executive shall exercise all of the powers and functions therein reserved to the "governing body" by definition. (Organic Act 1984; amd. Ord. 2000-05)

E. GENERAL ADMINISTRATION:

Except where otherwise provided in this title or by the county council, the county executive shall appoint all officers and heads of departments upon the advice and consent of the county council, the same being approved by the affirmative vote of four (4) council members. (Organic Act 1984; amd. Ord. 2000-05)

1. Elected Official

An Elected Official is defined as one who is selected by popular vote at officially designated elections held within Cache County. Any person appointed to fill an elected position which has been vacated is also deemed to be an Elected Official.

- a. All elected officials who work 40 hours or more in a week (Full-time Status) will be eligible for benefits.

2. Merit Employee

An employee who is hired in accordance with the provisions of the recruitment and hiring procedures (see Section V) for Cache County and has a regular work schedule of thirty (30) hours or more per week is considered a Merit Employee. A Merit Employee must satisfactorily complete the Probation Period.

3. Merit Employee on Probation

An employee who meets the criteria of a merit employee and is still within the first six (6) months of their hire date or twelve (12) months of their hire date if in a Public Safety position, are considered working within their Probationary Period as explained in Section V. A Probationary Period is required of all employees hired as merit employees. No employee may be hired as a merit employee and classified as a merit employee without successfully completing probation as a merit employee.

A. Service as a Part-time Non-merit or Seasonal Employee will not be given credit towards the Probationary Period of a merit employee. If a Part-time--Non-merit employee is hired as a merit employee, the Probationary Period for that employee begins when the employee is re-hired as a merit employee.

1. Public Safety Employees (sworn Law Enforcement Officers (LEO) and Basic Correction Officers (BCO)) are required to serve a twelve (12) month Probation Period and they must successfully achieve the required LEO or BCO certification(s).

2. Public Employees (all other merit employees) are required to serve a six (6) month Probation Period and they must successfully achieve any licenses or certification(s) required to function within their job classification.

B. Any Merit Employee transferring within the County to another job position/function is required to serve a six (6) month Probation Period. If the employee is unable to successfully perform the duties of the position they transferred into, the County may allow the employee to move back into a position they qualify for, if such a position is available at the time. If no such position is available the employee will be released from their duties and their employment with the County will be terminated.

C. A Merit Employee on probationary status will accrue Personal Leave hours as a probationary employee (refer to Personal Leave). A new Merit Employee may use their accrued leave during their probationary period with the Department Head's prior approval.

4. Appointed Department Head

An Appointed Department Head is defined as an employee who is not elected to the position but is hired in accordance with the provisions of the recruitment and hiring procedures (see Section V) and has a regular work schedule of forty (40) hours or more per week and is appointed by the County Executive and approved by the County Council to supervise, manage, or direct the business affairs of a department or section within the county's organizational structure.

A. Appointed Department Heads are considered an "At-Will" employee (see sub-section D below).

B. An Appointed Department Head is eligible for benefits when hired under the county guidelines as outlined in Section V -- Recruitment and Hiring.

5. Part-time Merit Employee

An employee whose hiring is required to be in accordance with the provisions of the recruitment and hiring procedures outlined in Section V and who works 30 hours per week or more is considered a Part-time Merit employee.

- A. A Part-time Merit employee is eligible for benefits such as medical or dental insurance, holiday pay, personal leave, military leave, 401k, or retirement benefits. Benefits will be administered on a pro-rated basis based on their average hours worked per week.

6. Part-time Non-Merit Employee

An employee who works less than 30 hours per week and whose hiring is not required to be in accordance with the provisions of the recruitment and hiring procedures outlined in Section V is considered a Part-time--Non-merit employee.

- A. A Part-time--Non-merit employee cannot become a Merit Employee without going through the recruitment and hiring procedures, and completing the required probation period for the position, as outlined in Section V.
- B. A Part-time--Non-merit employee is not eligible for benefits such as medical or dental insurance, holiday pay, personal leave, military leave, 401k, or retirement benefits. Time-off from a regularly scheduled work day may be granted to the non-merit employee by the Department Head, but such leave will be without pay.

7. Seasonal Employee

An employee working on a seasonal basis, not to exceed six (6) months or 1040 hours in a given budget year (Section IV B), whose hiring is not required to be in accordance with the provisions of the recruitment and hiring procedures for Cache County is considered a Seasonal employee.

- A. A Seasonal Employee cannot become a Merit Employee without going through the recruitment and hiring procedures, and completing the required probation for the position, as outlined in Section V.
- B. A Seasonal Employee is not eligible for county benefits. Time-off from a regularly scheduled work day may be granted to a Seasonal Employee by the Department Head, but such leave will be without pay.

F. Full-Time or Part Time Status

A Merit Employee hired on full-time status is expected to work 40 hours or more per week. All elected officials, with the exception of County Council members, are considered to be full-time status and are expected to work a minimum of 40 hours per week. A merit employee on part-time status is expected to regularly work more than 30 hours but less than 40 hours per week, based on approved departmental budget allocations.

G. Elected Officials and Exempt Employees

The Fair Labor Standards Act (FLSA) sets minimum wage, overtime pay, equal pay, record keeping, and child labor standards for employees who are covered by the Act and are not exempt from specific provisions. Elected Officials are not covered by FLSA rules. Exempt employees are exempt from the minimum wage and overtime provisions of the FLSA. Unlike Elected Officials, exempt employees are still covered by part of the record keeping requirements. Exempt employees do not have to be paid overtime when they work more than forty (40) hours in a workweek. *In accordance with the FLSA, exempt employees who are away from work for a full day period or more are required to use personal leave, unless the nature of the absence is due to county business (refer to the Fair Labor Standards Act - Exempt Employees).*

1. Exempt employees generally fall into one of three major categories: executive, administrative and professional. This includes Department Heads, supervisors or managers who meet the Long or Short Test for exempt employees. Exempt status is established by resolution of the County Council and determined when a job position is established.

2. Office of County Attorney

There shall be an office of county attorney, which shall be headed and directed by the county attorney.

The county attorney shall be elected by the qualified voters as provided by law. His duties shall be prescribed by the legislature of the state and shall include all duties assigned to county attorneys. The office of county attorney shall have all the functions, responsibilities and powers provided by law and such other duties as shall be assigned by the county council and county executive. (Organic Act 1984; amd. Ord. 2000-05)

a. The County attorney may:

1. Assign and reassign deputy attorneys to different positions on his staff. The salary of a deputy attorney reassigned to a different position will not be decreased by reason of reassignment.
2. Hire special deputy county attorneys to represent the county in particular lawsuits or legal matters.
3. Establish the salary or determine salary increases of any deputy attorney within the county attorney's office budget in conjunction with the county executive.(Ord. 89-03)
4. Dismiss or demote a deputy county attorney when it shall advance the good of public service; where funds have expired or funds no longer exist; or for such causes as dishonesty, inefficiency, insubordination, disloyalty to the orders of a superior, misfeasance, malfeasance, or nonfeasance in office, or disbarment or suspension from the state bar. There shall be no dismissal for reasons of race, national origin, religion or political affiliation.

D. At-Will Employee

Appointed employees, temporary employees, non-merit employees, and merit employees on probation, are "At-Will" employees and can be terminated at any time without cause.

1. Appointed Department Heads are considered "At-Will" employees and serve at the discretion of the County Executive. The following is a list of Department Head positions deemed "At-Will":

- Director, Human Resources
- Director, Children's Justice Center
- Director, Information Technology
- Director, Cache Valley Visitors' Bureau
- Director, Finance
- Director, Sr. Citizen Center
- Road Superintendent
- Chief Building Official
- Fire Chief
- Lead Surveyor
- Water Manager
- Director, Development Services
- Airport Manager

E. Independent Contractor

Occasionally, as the need arises, the county may contract with an individual for specialized skills, knowledge, or service. The terms of the contract will outline the services to be rendered by the Independent Contractor, along with the compensation, and the time frame in

which the work will be performed. Before the county enters into a contractual agreement with an individual to perform services for the county, the contractor will provide the county with a workers' compensation certificate of insurance, which includes a hold harmless clause. This, along with all other terms of the contract must be reviewed and approved by the County Attorney, the Human Resource Director, and the County Executive before the contractor begins working.

F. Transfers, Promotions and Demotions

1. Transfers: occasionally an employee may voluntarily pursue a transfer from one department to another or from one job function to another. The employee must meet the qualifications and requirements of the job or position in which they are being considered. Human Resources, in conjunction with the Department Head, will review the background and credentials of the employee to determine if they meet the requirements of the position. When a transfer initiated by an employee occurs, any adjustments to an employee's wage/salary shall become effective at the beginning of the pay period following the transfer. Such employee is subject to being placed on probationary status as outlined in subsection 3.b. of this section.
2. Promotions: a promotion is defined as an advancement or progression upward in rank or job function and responsibility. It is the desire of Cache County to promote employees from within the organization or county when there is a qualified employee who applies, and whenever it is practical and possible. If the Department Head and the Director of Human Resources determine there is not an adequate number of qualified employees within the county to consider for the position, the Department Head may opt to consider outside applicants along with current qualified employees.
 - a. A promotion normally includes a change of job title, duties and responsibilities, and may include a change in rate of pay. Rate of pay will not exceed the average rate of pay for that position as established by Human Resources, nor will it exceed the department's salary budget.
 - b. All adjustments to an employee's wage/salary shall become effective at the beginning of the pay period following the promotion.
 - c. An employee who is promoted is subject to being placed on probationary status as outlined in subsection E.3.b. of this section.
3. Demotions: a demotion is the act or instance of reducing or downgrading an employee's duties, responsibilities, or job title. When an employee's performance warrants such, as determined in the performance appraisal process, the employee will be demoted. A demotion will be determined by the Department Head and the Director of Human Resources with the approval of the County Executive.
 - a. Any adjustments to an employee's wage/salary shall become effective at the beginning of the pay period following the demotion.

G. Termination

Employment with the County may be terminated by one of the following methods:

1. Resignation

When resigning from employment with Cache County, an employee should provide advanced written notification of their intent to resign. A notice of one month is requested from Department Heads and high profile positions. A notice of two weeks is requested from most other employees.

- a. An employee missing three (3) consecutive working days without appropriate notification to their Department Head or supervisor will be considered to have resigned.

2. Reduction in Force

A Reduction in Force (RIF) is the termination of an employee because of inadequate funds, a change of work load or a lack of work, or the position occupied by the employee is being discontinued.

- a. When a RIF becomes necessary, Cache County will reduce its work force based upon valid work-related criteria besides length of service, including employee performance as determined by current or past performance appraisals and evaluations, or other extenuating circumstances related to an employee's behavior, skills, or ability to perform the duties of the job.
- b. Whenever possible, the County will try and notify an employee designated for a RIF at least 30 calendar days in advance. In lieu notice, the County may provide up to a 30 day severance package.

3. Involuntary Termination

Involuntary termination may be implemented when:

- a. An employee becomes physically, mentally, or emotionally unable to perform their essential functions even with a reasonable accommodation
- b. A major violation of Cache County rules and regulations has occurred
- c. Unsatisfactory performance continues and cannot or will not be resolved through the performance improvement policy
- d. If an employee becomes unable to perform their duties and responsibilities, the Department Head and the Director of Human Resources will determine if the situation is temporary, or if reasonable accommodations can be made
 1. If the situation is deemed long-term or permanent by a County approved medical professional, and/or reasonable accommodations cannot be made, then the employee will be allowed to resign. If the employee does not resign within a reasonable time, not to exceed 30 calendar days, the employee will be terminated
 2. An employee may be terminated immediately or following a series of steps when a violation of Cache County rules and regulations has occurred. The time frame for such an involuntary termination will depend on the severity of the violation and/or the number of violations, current or previous
 3. If an employee's performance continues to be unsatisfactory and is rated as Needs Improvement or less following the performance appraisal process or during the performance improvement process, the employee will be terminated immediately
- e. It is the responsibility of the Department Head to initiate any involuntary termination action. The Department Head shall recommend such action to the Director of Human Resources who will review the facts and reasons for such action. The County Executive must approve any final action on involuntary termination.

H. Suspension

If an employee is suspended in accordance with the performance improvement policy (reference section VII) and they become compliant with directives outlined in the corrective action plan the employee should be reinstated within the time limit determined. If the time limit passes without reinstatement, the employee will be terminated, immediately.

1. An employee who is on suspension may resign and is not required to provide the desired minimum notice. Written notice of intent to resign must still be provided to the Department Head, who will then coordinate with Human Resources.

I. Exit Interviews

An employee who terminates employment may have an exit interview with their Department Head or immediate supervisor, or a Human Resources representative. Human Resources

should review the rights, obligations, and options for the employee.

1. During the exit interview Human Resources can inform the employee of conversion rights on medical and dental insurance policies and options on retirement benefits.
2. In the State of Utah, the law allows a political subdivision, such as a County, to provide the final paycheck to an employee who has resigned or been terminated at the next regularly scheduled payday.
3. The exit interview with the Department Head will normally be held on the employee's last day of work. The Department Head should meet with the employee and obtain keys, uniforms, equipment, materials, etc. which need to be returned. Comments from the exit interview are to be documented and sent to Human Resources to be included in the employee's personnel file.

J. Volunteer Policy

Cache County and its citizens benefit from the voluntary participation of many people who wish to aid the community as volunteers in County government. Volunteers assist in a variety of areas through several county departments and programs and often render invaluable services.

Because of unavoidable issues such as liability, responsibility, the protection of both the county and volunteers and in light of current law and other risks of litigation, the following county policy regarding volunteers and their functions and status is required. Some county departments have longstanding volunteer programs and traditions. This policy is not intended to specify qualifications, operational rules, or guidelines for any specific department or program but rather to declare a general policy for volunteers in Cache County government that will apply to volunteers in all departments and programs.

1. Summary of Current State Law

Several Utah statutes provide for volunteers:

- a. Section 63-30b-2, *Utah Code Ann.*, provides that any person performing volunteer services on behalf of a public entity is immune from liability unless the acts or any omissions of that volunteer were grossly negligent, not made in good faith, or made maliciously.
- b. The *Volunteer Government Worker's Act*, as set forth in Title 67, Chapter 20, *Utah Code Ann.*, provides in Section 67-20-3 that a volunteer is considered a government employee for purposes of receiving workers' compensation medical benefits, the operation of motor vehicles if the volunteer is licensed, or liability protection and indemnification normally afforded paid government employees.

In addition, *Section 67-20-4 provides that a volunteer and the services performed by the volunteer must be approved by the county in order to come under the provisions of this act. This of necessity requires a policy and procedure for the County to approve volunteers.*

- c. Sections 78-19-1 through 78-19-3, *Utah Code Ann.*, provide liability protection for volunteers performing services for non-profit organizations. Services provided to a public entity are specifically excepted from these sections.

There are a few cases addressing volunteers rendering services to public entities. However, there is a significant 1994 case to be considered. The Utah Supreme Court held in *Gourdin v. SCERA*, 845 P.2d 242, that volunteers are not covered by Workers' Compensation unless such coverage is specifically authorized by statute. *Because of this case, it is important that all volunteers be approved and come within the provisions of the Volunteer Government Workers Act.*

2. Volunteer Policy Background

This policy shall supersede any of the provisions of existing volunteer policies within Cache County government to the extent that this policy specifically contradicts or conflicts with any provision of those policies.

3. Compensation

Volunteers shall not receive compensation for their services to or on behalf of the county. This does not prohibit a volunteer from being reimbursed for expenditures associated with volunteer service when approved by a county department head in advance.

4. Status

A volunteer is not, and shall not be deemed to be, an employee of the county. Volunteers shall not be entitled to any employee privileges granted by the county to its compensated merit or other employees. Volunteers shall not be deemed to be nor are they authorized to act as deputies of the county with the exception of those volunteers qualifying and acting as reserve officers or auxiliary deputies in the Cache County Sheriff's Office in accordance with Sheriff's Office policy.

5. County Approval Process

Any person desiring to be a volunteer for any department or program of Cache County or to attain volunteer status under applicable State law must complete a *Volunteer Registration Agreement* form which will include the volunteer's name, address, telephone number, contact person in the event of an emergency, county department and nature of the anticipated volunteer services and any other information required by the department, program, or the County Human Resource Department that may be necessary for a background check or determination of the qualifications and suitability of the individual.

6. Department Guidelines Required

Each County department or program desiring to recruit and utilize volunteers shall establish written guidelines and procedures for applications, tests, qualifications, evaluations, and selection of volunteers. The guidelines and procedures must be reviewed by Human Resources and approved by the County Executive.

7. Volunteer Job Descriptions

For more routine, on-going volunteer jobs, a brief written volunteer job description may be prepared by each department utilizing volunteers. The volunteer job description shall set out, with particularity, the various duties and qualifications required of any particular volunteer position. The Human Resources Department shall approve and maintain final versions of job descriptions. Volunteers must satisfy the minimum requirements of the job description along with the following as outlined:

a. Criminal Record Checks

As a matter of safety and security, complete criminal records checks may be required of some volunteers and court-ordered community service volunteers before approving and accepting them as county volunteers and assigning them to a department. These volunteers will be required to provide a Bureau of Criminal Investigations (BCI) report to the county before the begin volunteering.

b. Record Keeping Requirements

Each county department and program accepting and approving persons as volunteers will maintain a record of that approval and maintain a confirmation of the approval of that volunteer. That confirmation shall contain information identified on the *Volunteer*

Registration Agreement form which includes such information as the volunteer's name, address, telephone number, the department or program, date of approval, volunteer service period, and volunteer position or function and other pertinent as needed.

c. Reporting

Each department utilizing volunteers should maintain records of volunteer activities. Such records should address recruitment, volunteer job descriptions, evaluations, terminations, and reports on activities and expenses. Records shall be maintained for three years after the volunteer serves and then shall be destroyed.

8. Workers' Compensation

Workers' Compensation benefits, which shall be limited to medical benefits, are provided to all county volunteers who become injured on the job and cannot perform their normal duties or who contract occupational diseases as covered under the Workers' Compensation Act. *Persons who are not duly approved as volunteers in the manner set forth in this policy will not qualify for any entitlements or benefits under the Workers' Compensation Act. Each department shall ensure that any claimant for benefits under the Workers' Compensation Act is, in fact, documented as a volunteer for the County.*

a. Volunteers are eligible for worker's compensation insurance when:

1. the accident, injury, or occupational illness was incurred by the volunteer in the course of, or arising from, the performance of the duties of the volunteer's job description;
2. the volunteer was supervised by an approved officer of Cache County or their designee; and
3. the volunteer completed a *Volunteer Registration Agreement* form and was approved and accepted by Cache County as a volunteer.

9. Authority

Volunteers have no authority to officially represent or bind the County with respect to any contractual or enforcement matters. Volunteers represent the County to the public through their conduct and performance of services and must be circumspect and act competently and reasonably as circumstances may require.

10. Badges and Uniforms

Volunteers shall not wear any county badges or uniforms unless specifically authorized by the written policies and guidelines of the department for which they are volunteers.

11. Standards of Conduct

The rules and standards of conduct which apply to county officers and employees shall also apply to all volunteers. If a volunteer conducts himself or herself in a manner which discredits the county or is in violation of those rules and standards of conduct, the administrative officer shall terminate that volunteer's status as a county volunteer.

12. Liability

Because the *Utah Governmental Immunity Act* as set forth in Title 63, Chapter 30, *Utah Code Ann.*, includes volunteers for purposes of liability, all county volunteers must be duly approved and given official status as a county volunteer as set forth in this policy.

a. Defense Against Claims

The county shall, within the requirements of law, defend any action brought against the volunteer arising from any act or omission of the volunteer occurring during the performance of the volunteer's duties and within the scope of the volunteer's officially approved arrangement with the county for volunteer services.

Before the county will defend any volunteer against a claim, the volunteer must make a written request to the county for a legal defense and submit it within ten (10) calendar days after the service of any process upon the volunteer. The request may be filed within a longer period if the delay does not prejudice the county in any manner in maintaining a defense of the volunteer.

b. Defense Declined

The county may decline to defend any action against a volunteer if the county or a court determines that the act or omission in question did not occur during the performance of the volunteer's duties or within the scope of his officially approved volunteer arrangement or status; that the injury or damage resulted from the fraud or malice of the volunteer; that the injury or damage on which the claim was based resulted from the volunteer's driving a vehicle or being in actual physical control of the vehicle in violation of Utah Code 41-6a-502 et al; any other conduct which violates criminal code or serious traffic violations may not be defended by the county.

13. Budgets and Expenditures

If there is a fiscal impact attributable to volunteers within a department, that department's budget should include a fiscal plan within the general budget of that department stating the anticipated expenditures that pertain to that department's volunteer programs.

14. Termination

Any volunteer may terminate his or her volunteer status and relationship to the County at any time. The County also may terminate the volunteer's status as a volunteer and terminate any relationship with the volunteer, with or without cause, at any time.

15. Equal Opportunity

Cache County is an equal employment opportunity resource for volunteers to the same extent that equal employment is provided to employees and applicants for employment. Persons shall be accepted for volunteer services by the County regardless of race, gender, or other protected status.

16. Minimum Age

Federal and state laws and regulations establish restrictions on the types of work-related activities in which young people, from ages 10 to 18, may participate. The same minimum age standards will be used to govern the work activities of minor volunteers. The *Volunteer Registration Agreement* must be signed by a parent or legal guardian of a minor volunteer.

17. Youth Group Volunteers

Youth volunteer activities sponsored by a recognized group may be permitted. Minor volunteers must be supervised by responsible adults with at least one (1) responsible adult for each seven (7) minors. Group-sponsored youth volunteer activities must be approved in advance by the administrative officer. Youth group volunteer leaders shall complete a form indicating who is responsible for the youth, the names of the leaders and youth, and other pertinent information. A copy of the form shall be maintained by the department for which the volunteer is associated with.

18. Court Ordered Community Service

Cache County may provide volunteer opportunities, at its discretion, for court-ordered volunteers in community service. All court-ordered community service volunteers must be screened and interviewed by the administrative officer, or the authorized representative of the administrative officer, and approved before service begins (see section G). Court-ordered

community service volunteers must sign a *Volunteer Registration Agreement* form and disclose the charges for which the Court has ordered community service, the number of hours of court-ordered community service, the Court issuing the order, and the contact person for the Court. No County department or office is required to accept a court-ordered volunteer, especially if the circumstances under which the volunteer's services are inappropriate or undesirable.

19. Volunteer Services by County Employees

County employees may, under appropriate circumstances, volunteer to provide uncompensated services to Cache County. Employees who are subject to the *Fair Labor Standards Act* and volunteer to provide services to the county which are similar to activities within their compensated job descriptions shall have their volunteer service hours considered compensable hours. The provision of such volunteer services is subject to the approval of the Human Resource Director. Volunteer services to Cache County which are *unrelated* to the employee's compensated job description or which are provided by employees who are exempt under the *Fair Labor Standards Act* shall not be considered compensable.

20. Volunteer Rights

Volunteers are entitled to a workplace which is free from discrimination and harassment, including sexual harassment. Administrative Officers should treat any complaints from volunteers of discrimination or harassment seriously and cause appropriate investigations to be conducted and remedies pursued.

21. Drug Testing

Volunteers may be subject to drug testing in accordance with Cache County Personnel Policies and Procedures.

Volunteer Registration Agreement



Each volunteer must complete this form
STATE ISSUED PHOTO ID REQUIRED

PLEASE PRINT

Today's Date: / /

Name:	DOB:
(Last) (First) (Middle)	dd / mm / yyyy

Previously used name(s) (maiden, etc.):

(Last) (First) (Middle)

Mailing address:

(Street) (City) (State) (Zip)

Driver's license:	(Number)	(State)	(Height)	(Weight)	(Eye Color)	(Hair Color)	(Gender)
-------------------	----------	---------	----------	----------	-------------	--------------	----------

Cell: ()	Home: ()	Work: ()
(phone number)	(phone number)	(phone number)

Emergency contact:	Phone: ()
(last name) (first name)	(phone number)

NOTICE: Your service is appreciated. However, it is essential that you follow some basic ground rules. By signing below you are agreeing to the following:

- I WILL follow any and all instructions given by designated personnel.
- Personal safety is a priority for everyone. I WILL NOT attempt a task for which I am not physically or emotionally prepared.
- I WILL NOT leave the team or area to which I am assigned.
- I WILL check in each time I return from a field assignment and account for any special equipment issued.
- With this type of effort, there is an element of risk. ***I agree to be responsible for my own safety and conduct. Should I be injured, no individuals or groups connected with this effort will be held liable.***
- I agree that any information acquired during my service will not be used for any personal gain and will be held confidential.
- I understand that my involvement in this effort in no way allows me to ignore or violate any local, state or federal laws.
- I give my permission for any and all images or voice recordings obtained by any and all media format or audio means to be used as the organization sees fit for promotion, publication or advertisement.
- I hereby make application to review my Utah Computerized Criminal History record and release any record found to the Child Abduction Response Team (CART) Law Enforcement Official. By signing this form, I authorize the Utah Bureau of Criminal Identification (BCI) to access and review state and federal criminal history records and make reasonable efforts to determine whether I have been convicted or, are under pending indictment for a crime that bears upon my fitness to be a volunteer in a search effort. I do hereby release Utah BCI, all persons or government agencies from any damages of, or resulting from, furnishing such information.
- I further understand that my work and assistance associated with the county is voluntary and I am not entitled to any compensation and that I may be released from my volunteer status at any time with or without cause.

Signature of Volunteer: _____ Date: _____

Signature of Parent (if volunteer is a minor): _____ Date: _____

For Cache County Use:

County Department Volunteer is to be assisting: _____

County Program / Project or Court-Ordered: _____

County Approval Signature: _____

(name) (job title) (date)

DISTRICT 1
LOCAL MENTAL HEALTH AUTHORITY
FY 2014 AREA PLAN

TABLE OF CONTENTS

INTRODUCTION

GOVERNANCE AND OVERSIGHT NARRATIVE/FINANCIAL ELEMENTS

- Access and Eligibility for Mental Health and/or Substance Abuse Clients
- Form A - FY 2014 Projected Budget
- Form A(1) – Proposed Cost And Clients Served
- Form A(2) – FY2014 Mental Health Early Intervention Plan and Budget
- Sliding-Fee Policy
- Sliding-Fee Schedule
- BRMH Administrative / Clinical Organizational List

MENTAL HEALTH BUDGET NARRATIVES – FORM A

- a – Adult Inpatient
- b – Children/Youth Inpatient
- c – Adult Residential Care
- d – Children/Youth Residential Care
- e – Adult Outpatient Care
- f – Children/Youth Outpatient Care
- g – Adult 24-Hour Crisis Care
- h – Children/Youth 24-Hour Crisis Care
- i – Adult Psychotropic Medication Management
- j – Children/Youth Psychotropic Medication Management
- k – Adult Psychoeducation Services / Psychosocial Rehabilitation
- l – Children/Youth Psychoeducation Services / Psychosocial Rehabilitation
- m – Adult Case Management
- n – Children/Youth Case Management
- o – Adult Community Supports
- p – Children/Youth Community Supports
- q – Adult Peer Support Services
- r – Children/Youth Peer Support Services

- s – Adult Consultation & Education Services
- t – Children/Youth Consultation & Education Services
- u – Services to Incarcerated Persons
- v – Adult Outplacement
- w – Children/Youth Outplacement
- x – Unfunded Adult Clients
- y – Unfunded Children/Youth Clients
- z – Other Non-Mandated Services

MENTAL HEALTH BUDGET NARRATIVES – FORM A(2) CLIENT EMPLOYMENT

- Competitive Employment In The Community
- Collaborative Efforts Involving Other Community Partners
- Employment Of Consumers As Staff
- Peer Specialists / Family Resource Facilitators
- Supported Employment To Fidelity

MENTAL HEALTH BUDGET NARRATIVES – FORM A(3) QUALITY AND ACCESS IMPROVEMENTS

- Evidence Based Practices
- Outcome Based Practices
- Increased Service Capacity
- Increased Access
- Efforts to Respond to Community Input/Need
- Coalition Development

MENTAL HEALTH BUDGET NARRATIVES – FORM A(4) INTEGRATED CARE

MENTAL HEALTH BUDGET NARRATIVES – FORM A(5) CHILDREN/YOUTH MENTAL HEALTH EARLY INTERVENTION

LOCAL AUTHORITY AREA PLAN APPROVAL

- Form D - Official Signatures

INTRODUCTION

The Local Mental Health Authority submits the following Area Plan for the delivery of mental health services within the District 1 geographical area of Box Elder, Cache and Rich counties for Fiscal Year 2014 consistent with the statutory expectations under Utah Code Annotated 62A-15-103(2)(e). These services will be provided by contract through Bear River Mental Health Services, Inc. (BRMH), as the sole source provider for the District 1 Local Mental Health Authority.

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

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

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

Governance and Oversight Narrative

Instructions:

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

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

Who is eligible to receive mental health services within your catchment area? What services (are there different services available depending on funding)?

BRMH identifies the following priorities and populations of primary service eligibility and conditions applicable to initial and continued mental health service delivery:

1. Medicaid:

Verified Utah Medicaid Enrollees (including non-traditional Medicaid recipients) with mental health disorders are eligible to receive all medically necessary Covered Services in terms of amount, duration, and scope reasonably necessary to correct or ameliorate a mental illness or condition, or prevent deterioration of that mental illness or condition.

2. Medicaid Pending:

Individuals who are pending Medicaid eligibility (those having a current verified Medicaid case number and a completed Medicaid application) may be admitted for services with waiver of Center co-pay / sliding-fee. Review of progress toward Medicaid eligibility is required within 60 days of intake. If ultimately determined ineligible for Medicaid, the continuation of service delivery will follow consistent with the priorities set here within and the client will be assessed and back-billed for services already rendered according to the Center's sliding-fee schedule.

The Medicaid pending category includes those Medicaid eligible individuals requesting service delivery but who have, or are, relocating from an area of the state outside the jurisdiction of BRMH, and whose Medicaid card identifies another Center as responsible for mental health services. Such individuals may be admitted for services subsequent to verification of a change of address submitted to Medicaid; otherwise, services must be obtained from the mental health center designated on the Enrollee's current Medicaid card, unless there is an intra-center agreement to the contrary.

3. Medicaid Spend-down:

Spend-down dependent Medicaid eligible individuals who forego payment of their spend-down, regardless of secondary insurance or payment source, will be referred out for alternative service delivery unless they are included in one of the specialty populations identified below. In such a case, the client would be encouraged to meet their spend-down amount if at all possible, however, if not financially feasible (as determined by Center) the client may be allowed a waiver of the spend-down in favor of the Center's sliding-fee payment schedule. If determined feasible but the spend-down is refused, the client will be referred for representative payee services.

4. Third-party:

Privately insured clients are referred elsewhere, unless they are dual eligible for Medicaid and/or included within the "Specialty Populations" listed below.

5. Medicare:

Medicare clients are referred elsewhere, unless they are dual eligible for Medicaid and/or included within the "Specialty Populations" listed below.

6. Private Pay:

Private pay clients are referred elsewhere, unless they are included within the "Specialty Populations" listed below.

7. Specialty Populations:

a. Mental health court clients:

Mental health court (MHC) clients are individuals having both serious and persistent mental illness (SPMI) and criminal justice involvement who have been accepted into the specialty court program. The mental health court program is a cooperative endeavor involving numerous public and private stakeholders working toward the goal of increasing public safety as well as mental health recovery and reducing criminal recidivism. MHC clients are eligible for participation in the Center's sliding-fee payment schedule where existing insurance coverage does not include all services considered medically necessary, or where the client is private pay. Upon graduation from the program, the client may continue to receive services according to their pre-established payment arrangement for a period of 90 days. The continuation of services beyond 90 days is determined on a case-by-case basis, depending on current level of stability, urgency of need, severity of illness, treatment adherence, and other factors critical to the risk of criminal recidivism. Petitions for continued service must be submitted by the client's treatment coordinator to the clinical supervisor and receive both supervisory and executive committee approval. Continued service authorizations are reviewed every succeeding 90 days for subsequent approval or denial. Upon termination from the program however, continuation of services will follow according to the priorities established herein.

b. Civil commitment clients:

BRMH, as the sole source provider for the District 1 Local Mental Health Authority, is by default, the mental health service provider for those individuals currently under a court order of involuntary commitment to the custody of said authority for treatment. Without exception, such individuals are eligible for all medically necessary mental health services regardless of funding. However, involuntary commitment does not exempt such individuals from all payment responsibility, as the dangerousness of the client's behavior ultimately necessitated the involuntary action, and therefore, even in private pay cases, the client is assessed a sliding-fee for services rendered.

c. Crisis:

BRMH will continue to provide 24 hour on-call emergency (crisis) services to area residents upon request irrespective of the priorities outlined in this policy.

d. Jail:

Services in the County Jail are statutorily mandated and will continue as currently delivered and may involve brief crisis/risk management assessments and brief diagnostic assessments for mental health court referrals.

e. Medicaid Disability Determination Evaluations / Form M-20:

BRMH will continue to provide for Medicaid disability determination evaluations (Form M-20) irrespective of the priorities outlined in this policy.

f. Grant funded clients (i.e., 2.7 funding; Early Intervention funding, etc.):

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

As a general rule, services provided to non-Medicaid populations are delivered according to the following predominate hierarchy: (1) group services (predominately) prior to individual services, (2) individual services prior to wrap-around services, and (3) wrap-around services prior to pharmacological services, to the extent possible, depending upon severity of illness and immediacy of need.

How is this amount of public subsidy determined?

Public subsidy of mental health services is determined according to the Center's sliding fee schedule relative to the service population priorities described above.

How is information about eligibility and fees communicated to prospective clients?

Information regarding service eligibility and associated fees are provided generally through the Center's external website as well as through direct contact with the Center's Service Coordinator through the request for service system.

Are you a National Health Service Core (NHSC) provider?

Yes.

FY2014 Mental Health Area Plan and Budget

District 1 Mental Health Authority
Local Authority

FY2014 Mental Health Revenue	State General Fund		County Funds		Mental Health Block Grant (Formula)	Other State Contracts (PASSR, PATH, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Revenue	TOTAL FY2014 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match						
	\$ 12,500	\$ 1,683,680	\$ 179,173	\$ 339,236	\$ 133,229	\$ 28,000	\$ 354,000	\$ 104,750	\$ 176,200	\$ 8,388,311

FY2014 Mental Health Expenditures Budget	State General Fund		County Funds		Mental Health Block Grant (Formula)	Other State Contracts (PASSR, PATH, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures	TOTAL FY2014 Expenditures Budget	Total Clients Served	TOTAL FY2014 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match								
Inpatient Care (170)		170,663		34,387						\$ 750,000	93	\$ 8,065
Residential Care (171 & 173)		87,607		17,652			15,000			\$ 400,000	46	\$ 8,696
Outpatient Care (22-24 and 30-50)		658,791	179,173	132,731	229	28,000	284,000	11,750	41,200	\$ 3,440,811	3,350	\$ 1,027
24-Hour Crisis Care (outpatient based services with emergency_ind = yes)		18,204		3,668	18,000		1,000	1,000		\$ 100,000	375	\$ 267
Psychotropic Medication Management (61 & 62)		253,719		51,122	20,000		53,000	12,000		\$ 1,200,000	1,100	\$ 1,091
Psychosocial Rehabilitation (Vocational 60)		304,122		61,277	55,000		1,000	7,500		\$ 1,400,000	660	\$ 2,154
Psychosocial Rehabilitation (Skills Dev. 100)		166,112		33,470	10,000			5,000	5,000	\$ 750,000	1,375	\$ 545
Case Management (120 & 130)												
Community Supports, including - In-home services (Medicaid location code) - School based services (Medicaid location code) - Housing (174) - Respite services (150)		19,342		3,897			15,000	50,000		\$ 150,000	165	\$ 909
Peer Support Services (140); - Adult Peer Specialist - Family Support Services (FRF Database)		5,120		1,032	5,000			2,500	5,000	\$ 35,000	27	\$ 1,296
Consultation and education services, including case consultation, collaboration with other county service agencies, public education and public information					25,000				75,000	\$ 100,000		
Services to persons incarcerated in a county jail or other county correctional facility									50,000	\$ 50,000	195	\$ 256
Adult Outplacement (USH Liaison)	12,500									\$ 12,500	15	\$ 833
Other Non-mandated MH Services										\$		#DIV/0!
FY2014 Mental Health Expenditures Budget	\$ 12,500	\$ 1,683,680	\$ 179,173	\$ 339,236	\$ 133,229	\$ 28,000	\$ 354,000	\$ 104,750	\$ 176,200	\$ 8,388,311		

FY2014 Mental Health Expenditures Budget	State General Fund		County Funds		Mental Health Block Grant (Formula)	Other State Contracts (PASSR, PATH, FORENSIC, OTHER)	Third Party Collections	Client Collections (eg. co-pays, private pay, fees)	Other Expenditures	TOTAL FY2014 Expenditures Budget	Total FY2014 Clients Served	TOTAL FY2014 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match								
ADULT	12,500	1,224,377	4,173	244,768	102,229	28,000	254,880	69,135	91,200	\$ 5,951,524	2,100	\$ 2,834
YOUTH/CHILDREN		459,303	175,000	94,468	31,000		99,120	35,615	85,000	\$ 2,436,787	1,215	\$ 2,006
Total FY2014 Mental Health Expenditures	\$ 12,500	\$ 1,683,680	\$ 179,173	\$ 339,236	\$ 133,229	\$ 28,000	\$ 354,000	\$ 104,750	\$ 176,200	\$ 8,388,311	3,315	\$ 2,530

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

District 1 Mental Health Authority
Local Authority

Budget and Clients Served Data to Accompany Area Plan Narrative

MH Budgets		Clients Served	FY2014 Expected Cost/Client Served
Inpatient Care Budget			
\$ 629,700	ADULT	80	\$ 7,871
\$ 120,300	CHILD/YOUTH	13	\$ 9,254
Residential Care Budget			
\$ 395,000	ADULT	45	\$ 8,778
\$ 5,000	CHILD/YOUTH	1	\$ 5,000
Outpatient Care Budget			
\$ 2,030,659	ADULT	2,050	\$ 991
\$ 1,410,152	CHILD/YOUTH	1,300	\$ 1,085
24-Hour Crisis Care Budget			
\$ 81,600	ADULT	300	\$ 272
\$ 18,400	CHILD/YOUTH	75	\$ 245
Psychotropic Medication Management Budget			
\$ 998,640	ADULT	850	\$ 1,175
\$ 201,360	CHILD/YOUTH	250	\$ 805
Psychoeducation and Psychosocial Rehabilitation Budget			
\$ 1,087,520	ADULT	350	\$ 3,107
\$ 312,480	CHILD/YOUTH	300	\$ 1,042
Case Management Budget			
\$ 595,575	ADULT	800	\$ 744
\$ 154,425	CHILD/YOUTH	575	\$ 269
Community Supports Budget (including Respite)			
\$ 42,330	ADULT	35	\$ 1,209
\$ 107,670	CHILD/YOUTH	130	\$ 828
Consultation & Education Services Budget			
	ADULT		
\$ 100,000	CHILD/YOUTH		
Services to Incarcerated Persons Budget			
\$ 50,000	ADULT Jail Services	195	\$ 256
Peer Support Services Budget			
\$ 28,000	ADULT	20	\$ 1,400
\$ 7,000	CHILD/YOUTH	7	\$ 1,000
Other Non-mandated Services Budget			
	ADULT		#DIV/0!
	CHILD/YOUTH		#DIV/0!
Outplacement Budget			
\$ 12,500	ADULT	15	\$ 833

Summary

Totals	
\$ 5,951,524	Total Adult
\$ 2,436,787	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)		
\$ 15,000	ADULT	\$ 1,000
\$ 164,000	CHILD/YOUTH	\$ 1,000
Unfunded (all other)		
\$ 104,750	ADULT	\$ 411
\$ 2,695	CHILD/YOUTH	\$ 245

FY2014 Mental Health Early Intervention Plan and Budget

District 1 Mental Health Authority
Local Authority

	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Revenue	TOTAL FY2014 Revenue
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match					
FY2014 Mental Health Revenue									
FY2014 Mental Health Revenue by Source									\$ -

	State General Fund		County Funds		Net Medicaid	Third Party Collections	Client Collections (eg, co-pays, private pay,	Other Expenditures	TOTAL FY2014 Expenditures Budget	Total Clients Served	TOTAL FY2014 Cost/Client Served
	State General Fund	State General Fund used for Medicaid Match	NOT used for Medicaid Match	Used for Medicaid Match							
FY2014 Mental Health Expenditures Budget											
MCOT 24-Hour Crisis Care-CLINICAL											#DIV/0!
MCOT 24-Hour Crisis Care-ADMIN											#DIV/0!
FRF-CLINICAL											#DIV/0!
FRF-ADMIN											#DIV/0!
School Based Behavioral Health-CLINICAL		188,180			26,984				\$ 215,164	135	\$ 1,594
School Based Behavioral Health-ADMIN		26,984			3,869				\$ 30,854		
FY2014 Mental Health Expenditures Budget	\$ -	\$ 215,164	\$ -	\$ -	\$ 30,854	\$ -	\$ -	\$ -	\$ 246,018	135	\$ 1,822

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

Bear River Mental Health Services, Inc.

SLIDING-FEE POLICY

Policy

Client co-payments are charges determined by the client's insurer (including Medicare) to be the portion of the cost of service the insurance beneficiary must pay, or in the case of an uninsured client, the amount of sliding-fee the Center determines as reasonable and necessary based upon client income. The Center's policy is to collect the full amount of insurance co-payments. Clients who qualify under the conditions specified below, will be assigned a sliding-fee amount per encounter, and will be expected to pay the full sliding-fee amount prior to each service appointment at the Center. The Center sliding-fee is not subject to any waiver.

Procedures

1. Client co-payments relative to the Center's sliding-fee schedule are based on monthly gross household income.
 - a. In the instance that single "legal adults" living with immediate family and receiving free room and board request Center services, an income of \$450 may be added to their declared income as "in kind" value of room and board. Any individual who can demonstrate that they are actually paying to live with immediate family could have this value of "in kind" revenue reduced accordingly.
 - b. Before establishing a sliding-fee, Bear River Mental Health Services, Inc. may require written verification of the client's income. Verification may also be requested at any time during the course of the client's treatment.
2. A Center sliding-fee may be contingent on the following conditions:
 - a. To be eligible for payment according to the Center's sliding-fee schedule, individuals must be uninsured and residents of Box Elder, Cache, or Rich Counties. All out-of-county clients will be responsible for the full charge for any service rendered. In addition, insured clients must eligiblize according to the specifications below.
 - b. As the Center does not practice the routine waiver of insurance based co-payments, for insured clients to be eligible for a sliding-fee, they must either (1) have their insurance payment denied for the services requested, or (2) the services requested must be excluded form the client's insurance coverage, or (3) the client must petition and receive approval for a waiver of insurance co-payment under policy. In cases where the client's insurance denies payment, the client must also complete and sign a Waiver of Liability to be eligible for a Center sliding-fee.
 - c. Waivers of liability represent statements and agreements in which the client either chooses to receive services and assume financial responsibility if their insurance (including Medicare) denies payment or chooses to refuse service delivery. Waivers of

liability shift financial responsibility from the Center to the client in the event of a denial of an insurance claim.

- d. The Waiver of Liability should be completed in advance of actual service delivery when a denial of insurance payment is predictable. However, in cases in which a denial of an insurance claim cannot be anticipated or predicted, the client will be approached to sign a Waiver of Liability upon receipt of the denial, and the Center's sliding-fee will be applied retroactively to the clients account.
- e. For Medicare beneficiaries, when it is anticipated that Medicare will deny payment for a particular covered service at a particular time, due to reasons that Medicare will likely consider as not reasonable and necessary (i.e. not consistent with diagnosis, provided by someone other than approved by Medicare, and/or the frequency or duration of the service exceeds the limits imposed by Medicare) the Center will have the client sign a waiver of liability referred to as an Advance Beneficiary Notice, prior to delivery of the service.
- f. Waivers of liability, either in the form of an Advance Beneficiary Notice or in some other form, may be signed by the client's personal representative if the client is a minor child or an incapacitated adult.
- g. Waivers of liability may not be signed in emergency service situations prior to an emergency medical screening (EMS) and stabilization of the client. In addition, a waiver of liability may not be signed when a client is under duress (i.e. emotionally or cognitively impaired such that the client is unable to adequately comprehend the nature and consequences of their decision so as to be unable to make an informed choice).
- h. If a client refuses to sign a waiver of liability, the Center will have a staff person witness the refusal and may consider such action as reasonable cause to refuse to provide the requested service.
- i. Clients must allow Bear River Mental Health Services, Inc. to submit claims to insurance companies when applicable and must also provide all pertinent information necessary with which to process the insurance claim. All insurance payments received by the Center shall be in addition to any client co-payment; however, the Center may not collect more than what is actually charged for the services rendered.
- j. Potential recipients of a Center sliding-fee must apply by completing the Center's standard Fee Agreement. Clients who refuse to state and/or verify their monthly income will be ineligible to receive a sliding-fee and will be responsible for the full charge of any service not covered by their insurance.
- k. For clients who are under the age of majority, the child's parents or legal guardian retain financial responsibility unless the child is legally emancipated or has been placed in the legal custody of a state agency, and the agency has been assigned financial responsibility by statute or court order.

BEAR RIVER MENTAL HEALTH SERVICES, INC.

SLIDING FEE SCHEDULE

MONTHLY FAMILY GROSS INCOME	PER-SESSION CO-PAYMENT
1 - 599	\$8
600 - 1099	\$16
1100 - 1499	\$24
1500 - 1999	\$32
2000 - 3199	\$42
3200 - 3999	\$52
4000 - 5399	\$72
5400 - +	\$84

Note: Monthly Maximums may apply for any client requiring intensive services or who has extenuating circumstances.

BRMH ADMINISTRATIVE / CLINICAL ORGANIZATIONAL LIST

Last Name	First Name	Credential	Work Title	FTE	Totals
Ernstrom	Reed		President / CEO	1.0	6
Johnson	Rob	MBA	Director of Finance	1.0	
Smith	Beth	BS	Director IT / Human Resources	1.0	
Frost	Tim	LCSW	Admin///Box Elder Cty. Program Coordinator	1.0	
Kirkman	Dennis	MSW	Director Corporate Compliance / Program Integrity	1.0	
Woodland	Janiel		Administrative Assistant	1.0	
Canning	Curt	MD	Med team Psychiatrist	0.8	1
Petrick	Blake	APRN	Med team Licensed Nurse Practioner	1.0	2
Harris	Charlotte	APRN	Med team Licensed Nurse Practioner	1.0	
Loy	Jill	RN	Med team Psych. Nurse	1.0	4
Spencer	Carrie	RN	Med team Psych. Nurse	0.6	
Pierson	Tobi	RN	Med team Psych Nurse	1.0	
Bair	Meghan	RN	Med team Psych. Nurse	1.0	
Scott	Susie	CM Certification	Medical Assistant - CM	1.0	2
Moosman	Debra	CM Certification	Medical Assistant - CM	1.0	
Cano	Greg		Residential Aide	0.6	11
Cavalier	Marianne		Residential Aide	0.8	
Cook	Danielle		Residential Aide	0.4	
Gladwell	Jan		Residential Aide	1.0	
Hall	Janet		Residential Aide	0.8	
Jensen	Mona		Residential Aide	0.4	
Jex	Melissa		Residential Aide	0.4	
Law	Patricia		Residential Aide	0.8	
Witcher	Maria		Residential Aide	0.6	
Robinson	Monica		Residential Aide	0.4	
Sanchez	Carlos		Residential Aide	0.8	
Thornock	Jeremy		Skill Dev Spec.	0.4	3
Gibbons	Brenda		Skill Dev Spec.	1.0	
Taylor	Brittany		Skill Dev Spec.	0.6	
Kingsland	James	BS/CM Certification	Community Ctr. Coord./Case Manager	1.0	12
Barrandey	Amanda	CM Certification	Case Manager I	1.0	
Bowman	Adam	CM Certification	Case Manager I	0.9	
Dimitricoff	Chantell	CM Certification	Case Manager I	0.9	
Lundberg	Russell	BS/CM Certification	Case Manager I	1.0	
Mayne	Karen	AS/CM Certification	Case Manager I	1.0	
Jarvis	Claire	CM Certification	Case Manager I	1.0	
Winn	Kevin	CM Certification	Case Manager I	1.0	
Sardines	Evelyn	CM Certification	Case Manager I	1.0	
Christensen	Joni	CM Certification	Case Manager I	1.0	
Sorensen	Cherene	CM Certification	B.E. Commons resident manager	1.0	
Bagwell	Megan	CM Certification	Service Coordinator/Case Manager I	1.0	
Fairbanks	Chad	SSW	Case Manager II	1.0	8
Colvin	Christie	SSW	Case Manager II - Peer Support Specialist	1.0	
Lure	John	SSW	Case Manager II	1.0	
Booth	Callie	SSW	Case Manager II	1.0	
Webb	Camille	SSW	Case Manager II	1.0	
Steinmetz	Scott	SSW	Utilization Coordinator	1.0	
Johnson	Scott	SSW	Case Manager II	1.0	
Cronquist	Ranee	CSW	Clinician/CSW/MH Therapist	1.0	

Lacy	Karen	LCSW	Clinician/LCSW/Licensed MH Therapist	1.0	13
Durfey	LeAnn	LCSW	Clinician/LCSW/Licensed MH Therapist	0.5	
Springer	Kristin	LCSW	Clinician/LCSW/Licensed MH Therapist	1.0	
Barnes	Joanne	LCSW	Clinician/LCSW/Licensed MH Therapist	1.0	
luffaker	Tyler	LCSW	Clinician/LCSW/Licensed MH Therapist	1.0	
Daich	Nathan	LCSW	Clinician/LCSW/Licensed MHTherapist	1.0	
Andreason	Damon	LCSW	Clinician/LCSW/Licensed MH Therapist	1.0	
Faucette	Donavan	LCSW	Clinician/LCSW/Licensed MH Therapist	1.0	
Bingham	Lance	LCSW	Clinician/LCSW/Licensed MH Therapist	1.0	
Brown	LuEllen	LCSW	Clinician/LCSW/Licensed MH Therapist/Supervisor	1.0	
Sorensen	Daniel	LCSW	Clinician/LCSW/Licensed MH Therapist/Supervisor	1.0	
Larkin	Joseph	LCSW	Clinician/LCSW Licensed MH Therapist	1.0	
Elder	Melanie	LCSW	Clinician/LCSW/Licensed MH Therapist	1.0	
Powell	Linda	LPC / LMHT	Clinician/LPC/Licensed MHTherapist	1.0	7
Chertudi	Nik	LPC / LMHT	Clinician/LPC/Licensed MHTherapist	1.0	
Stokes	Shaela	LPC / LMHT	Clinician/MHT/BCHouse Supervisor	1.0	
Mitchell	Tim	LPC / LMHT	Clinician/LPC/Licensed MHTherapist	1.0	
Snyder	Doug	LPC / LMHT	Clinician/LPC/Licensed MHTherapist	0.8	
Steiner	Brian	LPC / LMHT	Clinician/LMFT/Licensed MHTherapist	1.0	
Miggin	Daniel	LPC / LMHT	Clinician/LMFT/Licensed MHTherapist/Supervisor	1.0	
Seigenberg	Russ	PhD	Clinician/Psychologist	1.0	5
Ghadban	Rouaida	PhD	Clinician/Psychologist	1.0	
Costa	Graca	PhD	Clinician/Psychologist	1.0	
Wilkinson	Tom	PhD	Clinician/Psychologist	1.0	
Spencer	Wesley	PhD	Clinician/Psychologist	1.0	
TOTALS					75

SUBCONTRACTED PROVIDERS

Last Name	First Name	Credential	Subcontract Date	TOTALS
FQHC Providers				
Jensen	Brian	PhD	1/8/2010	1
Private Providers				
Redd	Edward	MD	Contracted through Bear River Health Dept.	2
Handcock	Kyle	PhD	7/29/2010	

Form A – Mental Health Budget Narrative

Instructions:

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

1a) Adult Inpatient

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.

Inpatient mental health services for adults, children and youth, are contracted services and not provided directly by the mental health center. Bear River Mental Health and the local authority plan for the continued utilization of Logan Regional Hospital and McKay Dee Hospital as the primary resources to meet the Center's acute adult and child inpatient needs for FY 2014. All inpatient resources utilized by the Center will continue to accommodate both male and female admissions. The Logan Regional Hospital Unit primarily serves mental health consumers 18 years of age and older and has an established capacity of 7 beds. BRMH has an existing contract with Logan Regional Hospital. The McKay Dee Hospital inpatient unit serves an adult population, and has a 22 bed capacity. BRMH has a standing interagency agreement with McKay Dee Hospital. Intermediate and longer-term inpatient hospitalization will continue to be accomplished through utilization of the Utah State Hospital.

The hospitals identified above represent the primary and preferred source of inpatient utilization for area residents. However, other inpatient options (e.g., University of Utah, Lakeview, Davis Hospital, etc.) have and will at times be necessary in order to meet the area's inpatient service needs. In all circumstances, Center personnel will take appropriate steps to facilitate access to adult and child inpatient resources as needed and where needed.

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

The dynamics of inpatient hospitalization are numerous and variable such that any estimate of inpatient utilization retains some degree of uncertainty. Since FY 2010 BRMH has experienced dramatic increases in inpatient bed days (e.g., 592 days in FY 2010, 614 days in FY 2011, 495 days in FY 2012) and has subsequently adjusted its projected inpatient costs accordingly, estimating roughly 540 bed days utilization per year. Given the actual rate of hospitalizations in FY 2013, BRMH does not expect any significant change in inpatient utilization for FY 2014, which comparison seems more realistic than any comparison between estimated projections from one fiscal year to the next.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are planned for FY 2014.

1b) Children/Youth Inpatient

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

As with the adult service population, inpatient services for children and youth are technically a contracted services not provided directly by BRMH. The utilization of inpatient programs and services may be monitored by the mental health center, where Center utilization staff may work directly with inpatient personnel to provide initial or continued authorization of services as well as discharge planning and coordination. Inpatient services for children and youth are primarily provided through the McKay Dee Institute for Behavioral Medicine which serves children 6 years of age through 17 years of age and is in operation seven days a week, twenty-four hours a day, although other inpatient providers throughout the intermountain area may at times be utilized as necessary and appropriate given individual circumstances.

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

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

At present, BRMH does not anticipate any increase or decrease in inpatient bed capacity (i.e., number of available inpatient beds) or bed day utilization for FY 2014.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are planned for FY 2014.

1c) Adult Residential Care

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 (8 male and 4 female) facility located in Logan, Utah. This facility will ensure the continued availability in FY 2013 of transitional and longer-term support options for individuals who demonstrate a need for both structured and supportive living. The facility is operated as a 24-hour supervised group home and will continue to provide Supportive Living as an adjunct to other services such as case management and rehabilitative skills development as applicable to the needs of clients in the facility who are in transition to less restrictive environments, meaning that residential service clients, depending on individual need, may receive other services in addition to supportive living, as they are in the process of transitioning from the 24-hour facility to either semi-independent or independent living in the community.

Supportive living generally includes observation, monitoring, and structured daily living support which necessitates 24-hour staffing to ensure daily resident contact, observation of general behavior and performance of routine personal care and daily living tasks, as well as monitoring of symptomatology associated with the resident's diagnosis and individualized treatment plan.

Additionally, the residential program provides for a structured living environment which ensures the organization of household activities, tasks, and functions according to a specific daily schedule of functional living activities. Meals, medications, household chores, house meetings, visiting and other activities associated with the facility are accomplished through structure and direct supervision. The organization and routine of the household provides an emotionally stabilizing effect that tends to facilitate symptom stabilization.

Currently, plans are in process for sale of the Center's existing residential facility in favor of new residential construction located on site of the Bear River House day program. An architectural firm has been retained and efforts are in being made relative to city approval regarding zoning and land use.

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

In FY 2013, the Center explored the purchase of a 16 bed rehabilitation facility in Brigham City having the potential for either new or expanded residential services co-located with day programming or other on-site services. However, the purchase cost was determined unfeasible and the Center was unable to pursue this particular expansion project. Currently, no significant change is expected in residential service capacity for FY 2014.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are planned for FY 2014.

1d) Children/Youth Residential Care

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

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

Although these specific programs have been utilized in previous years, with respect to FY 2014, Bear River Mental Health does not plan to limit its residential service continuum to select facilities but will endeavor to obtain services from any available and accredited residential treatment resource necessary in order to meet the clinical needs of children and youth within its catchment area and service priority.

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

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

No significant change in utilization or service delivery is expected for FY 2014.

Describe any significant programmatic changes from the previous year.

No programmatic changes are planned for FY 2014.

1e) Adult Outpatient Care

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 provided by directly by BRMH projected for FY 2014, will continue to include mental health assessments, psychological evaluations, psychiatric evaluations, individual, family and group psychotherapy, individual skills development, behavior management, as well as psycho-education and support groups. Case management, group skills development (psychosocial rehabilitation), respite, and medication management, although incorporated within the mental health center's context of outpatient services, are described separately in sections of the Area Plan to follow as they are identified by statute as separate from the outpatient service continuum.

Services are generally provided in the outpatient clinic sites located in Logan, Brigham City, Tremonton, and Garden City, however, these services may be provided at other times and community locations as determined necessary and appropriate to the needs of mental health consumers. Additionally, outpatient services are provided through face-to-face contact with the client, which may at times be delivered through the Center's tele-health system. Additionally, BRMH has two subcontracted provider entities (i.e., Mt. Logan Clinic and Bear Lake Community Health Center), where outpatient therapy services are provided to a small number of Medicaid eligible individuals.

Bear River Mental Health in partnership with the local health department completed the addition of a Tremonton outpatient clinic where behavioral, substance abuse, and physical health care operations and service delivery are now co-located. This site merger is in support of health care integration and facilitates the ease of transition between health care systems to further actualize the comprehensive perspective and delivery of a whole health model of wellness in the Tremonton outpatient setting.

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

Delivery of outpatient services is expected to remain consistent with the previous fiscal year with no anticipated substantive programmatic changes or true expansion of actual services. Utilization of outpatient services may show some minimal increase relative to possible increases in Medicaid eligibility rates.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are planned for FY 2014.

1f) Children/Youth Outpatient Care

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

Direct outpatient services provided to children and youth, as with adult consumers, include mental health assessments, psychological evaluations, psychiatric evaluations, individual, family and group psychotherapy, individual and group skills development, behavior management, as well as psycho-education and support groups. As specified under Adult Outpatient Care, the array of outpatient services are generally provided in the clinic settings located in Brigham City, Tremonton, Logan and Garden City, however, these services may be provided at other times and community locations such as local schools and in-home venues as determined necessary and appropriate to the needs of mental health consumers.

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

Delivery of outpatient services, as with the adult population, is expected to remain consistent with the previous fiscal year with no anticipated substantive programmatic changes or true expansion of actual services. Utilization of outpatient services may show some increase consistent with the possibility of an increase in Medicaid eligibility rates, although as previously indicated, the predictions represented in the Center's Area Plan Budget are merely rough or best-guess estimates based on historical patterns of population growth, and are not as such, statistically reliable.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are planned for FY 2014.

1g) Adult 24-Hour Crisis Care

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

Mental health crisis management will continue to be provided primarily as a direct service and not under subcontract (with exception as described below), as necessary to assist clients who are experiencing immediate and/or debilitating or life threatening complications as a result of serious mental illness. Through a variety of educational formats, all individual clients of the Center are provided with the information necessary in which to access the 24-hour crisis system. In addition, crisis services for Medicaid clients are specifically covered under partnership agreements in which hospitals and other agencies are informed of the Center's commitment in providing a first line response to the crisis needs of this population. Furthermore, access to the Center's crisis team is available to other individuals within the community, as well as public and social service entities including law enforcement. Annually, the Center participates in direct training of law enforcement personnel working as CIT (Crisis Intervention Team) officers as part of a community-wide crisis intervention system. Both CIT officers as well as designated BRMH crisis staff are trained in mental health law policy and practice, including acute and extended inpatient resource utilization and community-based alternatives to hospitalization.

Crisis services will continue to be available seven days a week, 24 hours per day and 365 days a year for FY 2014. During regular business hours, a selection of outpatient staffs in each clinic site will continue to rotate crisis coverage Monday through Friday. For evenings, weekends, and holidays, clinicians who are certified as mental health officers for the State of Utah will fulfill the crisis coverage assignment, again on a rotating schedule. Pagers and cellular phones will be utilized by crisis service staff to allow for quick communication and response. Also, during routine office hours, crisis staff will maintain a flexible work schedule that ensures the possibility of an immediate response to any mental health emergency situation. Assigned crisis staff will be capable of managing both child and adult mental health emergencies and, when necessary, will be trained in the process of making referrals to the Center's inpatient resources as previously described.

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

The Center will likely see some decrease in crisis coverage subsequent to a change in crisis services provided through the Logan Regional Hospital Emergency Department as explained below.

Describe any significant programmatic changes from the previous year.

Beginning May 1, 2013 Logan Regional Hospital will begin providing hospital crisis coverage utilizing its own employed staff as is practiced in other Intermountain Health Care facilities throughout Utah. Bear River Mental Health will be available for consultation relative to Center clients, Medicaid individuals, or civil commitment cases as needed. This change in crisis service delivery was initiated by Logan Regional Hospital administration during recent inpatient rate negotiations, and is pursued by Intermountain Health Care so as to achieve system congruity throughout the state.

Form A – Mental Health Budget Narrative

1h) Children/Youth 24-Hour Crisis Care

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

Crisis services as described in the adult section above equally apply to children and youth. As indicated previously, assigned crisis staff is trained and capable of managing both child and adult mental health emergencies. However, the Center's network of clinical providers with crisis experience and expertise is widespread throughout the community and particularly in each of the school districts in Box Elder and Cache Counties. Mental health therapists, case managers and behavior managers work closely with school personnel to assist in the service delivery system to insure children receive needed services in in-vivo environments.

Additionally, Center personnel are involved in children and youth crisis assessments, service referral, and disposition/placement consultation on an on-going basis with community partners such as the Local Interagency council, juvenile courts, and DCFS.

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

As with other outpatient services, crisis and emergency management services for children and youth will also likely show relevant increases or decreases in delivery and utilization as area population demographics and Medicaid eligibility rates similarly increase or decrease.

Describe any significant programmatic changes from the previous year.

As with adult crisis services specified above, the Center's 24-hour crisis or emergency response system is not expected to expand either geographically or programmatically in FY 2014.

1i) Adult Psychotropic Medication Management

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

Psychotropic medication and medication management are direct services provided to accomplish the assessment, prescription, monitoring, adjustment, delivery, coordination, administration, and supervision of psychopharmacological treatment. For FY 2014, the mental health center will continue to offer a flexible medication clinic where clients may present without a scheduled appointment to see a medical team nurse for medication related problems or concerns.

The mental health center's medication prescription and management providers are approved by the Department of Occupational and Professional Licensing (DOPL). Where possible and appropriate, the Center's medical staff will work in consultation and coordination with primary care providers to better meet overall client medication treatment needs as well as attend to and promote client wellness through routine monitoring and measurement of client physiological statistics on every medication management appointment conducted at the Center's outpatient clinics.

The Center will continue to offer a variety of options for medication administration and monitoring, including daily and weekly medicine packaging, medication pickup and delivery, and direct observation of medication utilization as determined necessary and appropriate to the clinical needs of the client. Psychotropic medication management services will also remain available as needed for crisis services after hours. These services will be provided by a team of medical practitioners including a psychiatrist, and an advanced practice registered nurse. Medication related services will be available to all mental health center clients, who are determined to be in need of psychopharmacological treatment.

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

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

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

Expected increases in med management service utilization are the same as described in the outpatient and other service sections represented previously; such changes generally follow changes in population statistics and Medicaid eligibility rates, which have demonstrated some slight measure of increase in the previous year.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are planned for FY 2014 in this service area.

1j) Children/Youth Psychotropic Medication Management

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

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

The Center's medication management team includes Medical Assistants, Registered Nurses, Advance Practice Registered Nurses, and physicians. Physician staffs include both a Psychiatrist and general practice physician. The Center's Psychiatrist, although not board certified in child psychiatry, nevertheless provides prescriptive services for children and youth as well as adults.

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

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

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

Expected increases in med management service utilization are the same as described in the outpatient and other service sections represented previously; such changes generally follow changes in population statistics and Medicaid eligibility rates, which have demonstrated some slight measure of increase in the previous year.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are planned for FY 2014 in this service area.

Form A – Mental Health Budget Narrative

1k) Adult Psychoeducation Services and Psychosocial Rehabilitation

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

The adult psychosocial programs both in Brigham City (Brigham City House) and Logan (Bear River House) will continue throughout FY 2014 as currently developed. These programs are patterned after the recovery model as the foundation rehabilitative perspective. The recovery model and approach to changing client attitudes, values, skills and/or roles, developing new life meaning and purpose, as well as regaining social function despite limitations of mental illness will continue to be the practical focus of this service.

Adult psychosocial programs are organized into three recovery oriented program tracks (Foundation, Gateway, and Transitions) designed to address the issues of mental health recovery and functional living while taking into consideration functional diversity within the consumer population.

The Foundation Track is designed to meet the needs of consumers with profound cognitive, social, and functional limitations. This track focuses on functional survival and targets remedial social skills, daily living skills, and protective skills such as basic medication management and symptom maintenance necessary to promote community tenure and avoid institutionalization.

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

The Transitions Track is designed for the advanced consumer and follows the Personal Development for Life and Work curriculum and is focused on the work of functional mastery. This program also utilizes the modalities of psychoeducation, support groups, and experiential rehabilitative activities in the process of preparing consumers for social, recreational, educational, and vocational community reintegration.

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

Expected increases in psychoeducation and psychosocial rehabilitation service utilization are the same as described in the outpatient and other service sections represented previously; such changes generally follow changes in population statistics and Medicaid eligibility rates, which have demonstrated some slight measure of increase in the previous year.

Describe any significant programmatic changes from the previous year.

No substantive programmatic changes are planned in this service area for FY 2014

11) Children/Youth Psychoeducation Services and Psychosocial Rehabilitation

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

Psychosocial rehabilitation for children and youth will continue as a direct service to be provided through a network of Skills Development Specialists. Children's service staff will employ both individual and group formats for skills training and development that will address basic living, communication, and interpersonal competencies as related to the predominate family, school, and social environments of children and youth.

In addition, the mental health center plans to continue the delivery of psychosocial rehabilitative services in FY 2014 for children and youth during the school session and in the interim through a summer psychosocial skills curriculum. These services are provided in all outpatient service sites located in Brigham City, Logan, and Tremonton, as well as in school sites in all three service area counties.

All psychosocial rehabilitative services are applied to reduce psychiatric symptomatology, decrease unnecessary psychiatric hospitalizations, decrease maladaptive behaviors, increase personal motivation, enhance self-esteem, and help clients achieve the highest level of functioning possible.

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

Increased utilization or service delivery in the areas of both psychoeducation and psychosocial rehabilitation is not currently anticipated, and no geographical program expansion is planned for FY 2014.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are planned for FY 2014.

1m) Adult Case Management

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

Direct case management services planned for FY 2014 will continue with the primary goal of assisting clients (adult, child/youth) and families to access additional community services and resources in an effort to help manage the functional complications of mental illness. Primary case management activities will include assessment and documentation of the client's need for resources and services; development of a written case management service plan; linking clients with needed services and resources; coordinating the actual delivery of services, monitoring quality, appropriateness and timeliness of the services delivered, as well as monitoring client progress and review and modification of the case management service plans and objectives as necessary.

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

Case management services will continue to be available throughout the Center's catchment area although predominately delivered in Logan, Brigham 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.

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

Expected increases in case management service utilization are the same as described in the outpatient and other service sections represented previously; such changes generally follow changes in population statistics and Medicaid eligibility rates, which have demonstrated some slight measure of increase in the previous year.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are planned for FY 2014.

1n) Children/Youth Case Management

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

For FY 2014 Case management services 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.

As with the adult population, case management services will continue to be available throughout the Center's catchment area although predominately delivered in the Logan, Brigham City, and 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.

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

Expected increases in med management service utilization are the same as described in the outpatient and other service sections represented previously; such changes generally follow changes in population statistics and Medicaid eligibility rates, which have demonstrated some slight measure of increase in the previous year.

Describe any significant programmatic changes from the previous year.

Programmatic aspects of case management as well as the scope and methods of service delivery will continue unchanged for FY 2014.

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

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

In-home supports such as skills development, behavior management, and personal services will continue to be provided directly by BRMH to seriously and persistently mentally ill (SPMI) adults by case management and skills development service providers. Psychotherapy support services may be provided outside of the clinic either in home or in community settings such as local nursing homes, as determined necessary and appropriate to help eliminate barriers to service access.

Additionally, the mental health Center has an established housing network consisting of several apartment complexes located in Logan (Gateway 6-plex apartments) and Brigham City (Snow Park Village and Box Elder Commons) that provide semi-independent housing supports for eligible consumers who have transitional living needs. Adult respite services are also available to families housing adult SPMI clients on a limited basis through the Center's 24-hour residential facility, where the client can be placed on a short-term basis to allow the family a brief period of rest and regeneration.

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

No new transitional housing resources are expected to be acquired during FY 2014, although utilization and demand for such services may increase relative to increases in service population. However, as referenced in the previous Adult Residential Care section, Bear River Mental health is currently in process of the sale of its existing 24-hour residential facility in Logan in favor of new residential construction on site of the Bear River House (adult psychosocial rehabilitation facility) located at 88 West 1000 North in Logan. The new facility will include single occupancy bedrooms, improved bath and shower rooms, dedicated medication room, separate staff bathroom, and expanded common living areas not currently available in the existing facility.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are planned for FY 2014.

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

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

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

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

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

No significant increase or decrease in this service area is expected for FY 2014.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are planned for FY 2014.

1q) Adult Peer Support Services

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

Peer Support services were initiated in FY 2013 in Box Elder County and represent face-to-face services provided by a Peer Support Specialist for the primary purpose of assisting in the rehabilitation and recovery of adults with serious and persistent mental illness (SPMI). Through coaching, mentoring, role modeling, and as appropriate, using the peer support specialist's own recovery story and experience as a recovery tool, Center client's may be assisted with the development and actualization of their own individual recovery goals.

Center staff employed in other positions (i.e., Case Manager, Skills Development Specialist, etc.) may also provide 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).

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

Bear River Mental Health, in Executive and Supervisory discussion, has determined to pursue the hiring of a Peer Support Specialist to serve the Cache County area. It is anticipated that this position will likely provide for services at 10 hours per week. The recruitment for a Peer Support Specialist will adhere to the Center's standard recruitment process and include posted announcements on the Center's external website, internal announcement box, as well as postings through local media outlets.

Describe any significant programmatic changes from the previous year.

The introduction of a peer support services in the Cache County area as described above represents a programmatic change for FY 2014.

1r) Children/Youth Peer Support Services

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

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

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

Currently BRMH is finalizing its formal policy regarding the Peer Support Specialist position in anticipation of the initiation of recruitment efforts within the adult consumer population. It is the Center's position that appropriate care must be exercised through development of policy and procedure in order to minimize potential boundary difficulties in the employment of mental health consumers, where the mental health center assumes the dual role of both provider and employer of the client. As indicated in the above section on Adult Peer Support Services, for FY 2014 Bear River Mental Health has determined to seriously consider the pursuit of a Peer Support Specialist to serve the Cache County area. It is anticipated that this position will likely provide for peer support services at 10 hours per week and would be available to both adult clients and the parent/legal guardian of clients who are under the age of majority.

Describe any significant programmatic changes from the previous year.

The inclusion of peer support services in Cache County represents a programmatic change for Bear River Mental Health in FY 2014.

1s) Adult Consultation & Education Services

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 will maintain its commitment to community partnership and collaboration in FY 2014 and intends to further its efforts to reach out and embrace community stakeholders. The mental health center currently has employed a number of personnel who also maintain clinical practice relationships with the Cache County Jail, the Center for Persons with Disabilities, and the local health department for example, which serves to solidify the Center's alliance and interdependent partnerships with allied agencies.

Additional 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, Juvenile Justice Center, as well as participation with a number of community agencies which focus on adult protective and safety issues such as Aging and Adult Services, as well as the Cache County Health Council.

Bear River Mental Health also plans to continue its participation with the local Community Abuse Prevention Services Agency (CAPSA) administration in partnership efforts focusing on education, training, and consultation needs relative to CAPSA employees and services. Presently, Center administrative and clinical staffs also continue to meet with the Northern Utah's Choices Out of Violence coalition (NUCOV) on a weekly basis as this collaborative project proceeds.

The Center's consultation services are directed primarily toward agency and other community partners and organizations who participate as community stakeholders. In addition, the mental health center provides frequent consultation and education with families and individuals concerning involuntary mental health procedures, as well as general information about mental health related issues provided to local community and religious groups.

Additionally BRMH staff sits on the local health department board as well as the board of the Cache Valley Community Health Clinic (free clinic, not the local FQHC), and participates as an active member of the Cache Valley Homeless Council which meets regularly under the auspices of Bear River Association of Governments in order to address the issues, needs, and resources relative to problems of homeless in Cache County.

Finally, Bear River Mental Health continue participation on committees of the First District Mental Health Court, First District Drug Court, and Friends of Mental Health Court (501(c)3 organization involved in mental health court funding and community liaison activities).

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

No significant increase or decrease in this service area is expected for FY 2014.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are planned for FY 2014.

Form A – Mental Health Budget Narrative

1t) Children/Youth Consultation & Education Services

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 its tri-county area and makes 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, and in the Division of Child and Family Services facilities. Also, children's services staff meet on a monthly basis with Local Interagency Councils in both Brigham City and Logan to coordinate and discuss service systems issues, enhance collaborative relationships, conduct interagency problem-solving, provide case consultation, and plan for Department of Human Services (DHS) custody dispositions.

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.

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

No significant increase or decrease in this service area is expected for FY 2014.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are planned for FY 2014.

1u) Services to Incarcerated Persons

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

For FY 2014, Bear River Mental Health will continue to provide services within the local county jails. Currently, mental health professionals are assigned to both the Box Elder and Cache County jails where they offer at least two hours of clinical service time each week apart from any crisis service contacts or emergency interventions. Clinical services relative to Rich County jail inmates is provided upon request of correctional staff. Clinical services provided within the correctional facilities may include mental health assessment, crisis assessment and intervention, psychotherapy, behavior management, and medication consultation generally.

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

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

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

No significant increase or decrease in this service area is expected for FY 2014.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are planned for FY 2014.

1v) Adult Outplacement

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

As in previous years, BRMH has identified the barrier of supportive housing as a critical factor that potentially threatens the timely transition of the state hospital or acute hospital patient into less restrictive living environments. To manage this threat, the Center has endeavored to maintain its 24-hour residential facility to in part serve as both an inpatient pre-admission as well as a transitional discharge facility for adult SPMI clients referred from both acute inpatient settings as well as the Utah State Hospital.

In support of this transitional resource, the Center has, and does, utilize outplacement funds to cover the facility's room and board costs for state hospital clients during their initial and/or subsequent trial leave periods prior to state hospital discharge as well as for the month following their formal institutional release. In this way the client is provided an adequate safety net and shelter resource, including meals, laundry, controlled medication delivery, and functional support while efforts are initiated to acquire appropriate benefits and entitlements that will enable the client to progress toward functional independence and the establishment of community tenure.

However, despite the general utilization of outplacement funding relative to the situation above, the Center recognizes that other barriers may at times exist that could also hinder the timely discharge of state hospital patients, and is equally committed to the application of these funds to effectively manage such barriers as they may be identified on a case-by-case basis.

Additionally, since the distribution of outplacement funding via formula, overall the Center has encountered minimal difficulty in our ability to timely transition appropriate state hospital clients back into the community once they have been placed on the state hospital discharge list.

Currently, outplacement funds identified on the formula allocation sheet in the Area Plan are inclusive of a larger aggregate of funds relative to various funding subsets (e.g., IMD funding), and are utilized according to identified need. The Center's funding posture with respect to outplacement support is one of fiscal flexibility, whereby funds needed to resolve barriers to State Hospital discharge are available and applied as necessary in any given case. Under such a need-based system of utilization management, expenses relative to outplacement will subsequently vary from year to year depending on the individual circumstances in specific cases as well as the Center's system capability in particular instances.

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

No significant increase or decrease in this service area is expected for FY 2014.

Describe any significant programmatic changes from the previous year.

Programmatic changes relative to outplacement resources are not expected to significantly change for FY 2014.

1w) Children/Youth Outplacement

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

Outplacement funds have predominately been utilized to subsidize family contact and support of children and youth through reimbursement of transportation costs to and from the Utah State Hospital. This has facilitated the increased frequency of family involvement necessary to provide for the appropriate transition of children and youth back into community-based care.

Additionally, outplacement resources for children and youth may at times be used to fund transitional placements where state hospital pre-discharge clients live with a professional parent family and are engaged in a higher level of care and support in a structured home. This, in combination with periodic home visits with their family of origin to practice “in vivo” the skills learned in the professional home and in the hospital prior to formal discharge, are further benefits of the outplacement funding program.

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

No significant increase or decrease in this service area is expected for FY 2014.

Describe any significant programmatic changes from the previous year.

Programmatic changes relative to outplacement resources for children and youth are not expected to significantly change for FY 2014.

Form A – Mental Health Budget Narrative

1x) Unfunded Adult Clients

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

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

- Eligible individuals in local correctional settings who are intercepted and diverted from incarceration through the First District Mental Health Court program.
- Individuals currently under a court order of involuntary commitment to the custody of the local mental health authority for treatment. Without exception, such individuals are eligible for all medically necessary mental health services regardless of funding.
- 24 hour on-call emergency (crisis) services to area residents upon request irrespective of funding will continue to be provided.
- Services in county jails as statutorily mandated will continue as currently delivered. These services typically involve brief crisis/risk assessments and brief diagnostic assessments for population management and are provided irrespective of funding.

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

No significant increase or decrease in this service area is expected for FY 2014.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are planned for FY 2014.

Form A – Mental Health Budget Narrative

1y) Unfunded Children/Youth Clients

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

The integrated mental health delivery system for uninsured and underinsured individuals within the Box Elder County, Cache County, Rich County, and Logan school districts initiated in FY 2008 will continue in FY 2014 as previously implemented. This project currently utilizes two full time clinical FTEs at a minimum Masters level and is funded through a State appropriation of \$170,000.00. Clinicians involved with this project work in collaboration with school administrations and counselors and schedule available clinical time on-site with schools in each of the above referenced districts. This approach is viewed as both an access and delivery point for children and youth as well as parents/families of the students engaged in the on-site mental health services.

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

No significant increase or decrease in this service area is expected for FY 2014.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are planned for FY 2014.

Form A – Mental Health Budget Narrative

1z) Other Non-mandated Services

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

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

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

Although participation in the above activities increases supervisory staff time and effort, such time is not budgeted separately and any increase is not considered significant for FY 2014.

Describe any significant programmatic changes from the previous year.

No significant programmatic changes are planned for FY 2014.

Form A – Mental Health Budget Narrative

2. Client Employment

Increasing evidence exists to support the claim that meaningful employment is an essential part of the recovery process and is a key factor in supporting mental wellness. According to the SAMHSA, 70% of mental health consumers report that they want to work. The Center for Reintegration reports that employment provides five factors that promote mental well-being.

They are:

- Time structure
- Social contact and affiliation
- Collective effort and purpose
- Social and personal identity
- Regular activity

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

• Competitive employment in the community

The Center's adult psychosocial program "Transitions Track" is devoted to the issues of community re-integration and focuses on skills development relative to areas of life and work directly applicable to employment settings and employer - employee relationship skills. This program track helps consumers prepare for integration into the competitive workforce. Center case management staffs assist consumers to access workforce services, vocational rehabilitation, and other employment oriented resources to help facilitate opportunities for competitive employment as well. This rehabilitative service focusing on functional mastery and transition into community-based employment will continue without substantive programmatic change throughout FY 2014.

Additionally, the local mental health court program incorporates practical expectations of participation which include the area of productive activity. Mental health court participants, in each phase of the program, must engage in some form of work related activity, which may include volunteer work, sheltered employment, supported employment, supportive employment, or gainful employment. The expectation of productive activity is scalable to the functional level of the participant, however, where possible, competitive community employments are encouraged as a key factor in the process of mental health recovery and a hedge against criminal recidivism.

• Collaborative efforts involving other community partners

As previously indicated, the Center's administrative staff is engaged in collaborative partnerships with CAPSA, Utah State University's Center for Persons with Disabilities (CPD), Options for Independence, and Family Institute of Northern Utah. This collaborative effort is designed to focus on the needs of survivors of domestic violence with mental health impairments as well as the problem of sexual assault of women with mental health and intellectual disabilities. Recently, Bear River Mental Health has expanded its partnerships to include participation with the Northern Box Elder County Suicide Prevention Coalition. Additionally, extensive collaboration with criminal justice partners (e.g., district court, county attorney, defense attorney) continues relative to the Center's involvement with local mental health and drug courts and civil commitment procedures. Additionally, The mental health center will continue its efforts to strengthen its support and partnership with the Utah Alliance for the Mentally Ill in FY 2014 by continuing its co-location of UAMI in its Logan outpatient clinic as well as the location of NAMI offices in its Brigham City day program facility. From the standpoint of an inclusive perspective, Bear River Mental Health conceptualizes the Center as a resource facility which can accommodate community associates who have an allied relationship with the public mental health system.

- **Employment of consumers as staff**

Currently, the Center employs two consumers in its Bear River House adult day program. Additionally, several consumers are placed as classroom aids in Box Elder County schools as a result of the close working relationship between the mental health center and the Box Elder County School District. An additional consumer peer specialist position is currently being considered for service in Cache County to begin in FY 2014.

- **Peer Specialists/Family Resource Facilitators**

For FY 2014 the Center will maintain its subcontract with Allies with Families for a Family Resource Facilitator (FRF) consistent with the recommendation and support of DSAMH. This individual will continue to provide advocacy and partnership services for families of mentally ill children and youth in accessing family resource needs and linking with agencies or other community supports to fulfill identified needs. The family resource facilitator position is continued at 19 hours per week in Box Elder County and the facilitator is trained to understand family concerns, systems of care, confidentiality, and family resource delivery.

Individual and group peer support services are currently provided in Box Elder County, and as previously indicated, these services will likely expand to Cache County in FY 2014.

- **Supported Employment to fidelity**

Supported employment as a comprehensive approach to vocational rehabilitation involving employment specialists, employment assessments, job training, job coaching, and ongoing support to maintain employment, is in part, a function of vocational rehabilitation services under Title I of The Rehabilitation Act Amendments of 1973 (P.L. 99-506). The mental health center currently does not employ an employment specialist as part of the mental health treatment team, however, the Center does provide medical and mental health service components as a system of integrated treatment services that provide clinical support relative to consumer employment. Subsequently, fidelity ratings relative to employment specialists, vocational assessments, job coaching, etc., are not currently applicable.

3. Quality and Access Improvements

Identify process improvement activities including implementation and training of:

- **Evidence Based Practices**

Bear River Mental Health supports and periodically sponsors clinical staff training on evidenced based therapeutic approaches to mental health treatment.

- **Outcome Based Practices**

BRMH periodically provides training to its provider staff relative to the OQ and YOQ outcome-based instruments. The continuation of such efforts to incorporate evidence and outcome based practice into the Center's service philosophy and delivery are planned for FY 2014.

- **Increased service capacity**

Funding for children's mental health early intervention has resulted in the expansion of service to school-based populations specifically in 14 schools within Box Elder and Cache county school districts within the Center's geographical service area.

- **Increased access**

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.

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

Established community partnerships and coalitions as described in the foregoing plan represent direct efforts to keep abreast of community input relative to mental health service needs and develop appropriate response options.

- **Coalition development**

As specified in previous sections, BRMH is actively involved in a variety of ways, and with a variety of community entities, in development of several interdependent and collaborative partnerships. These associations with entities such as the local Health Department, NAMI, First District Court, CAPSA, Utah State University, Cache Valley Homeless Council, Cache Valley Community Health Clinic and others, are planned to continue through FY 2014.

- **Other**

4. Integrated Care

How do you integrate Mental Health and Substance Abuse services in your Local Authority area? Do you provide co-occurring treatment, how?

Mental health and substance abuse treatment services are provided by separate entities within the geographical area of the District 1 Local Mental Health Authority. Currently there is no comprehensive system of integration between mental health and substances abuse services. However, the completion of the new Tremonton facility, co-locating mental health, physical health, and substance abuse services, is the first shared endeavor in the integration of health care services in the tri-county area, with the exception of existing FQHC facilities. The potential for further integration is enhanced by the collaborative relationships currently established through both drug and mental health courts, where mental health and substance abuse providers work together to address the service needs of justice involved individuals.

Describe your efforts to prepare for implementation of the health insurance exchanges, parity and other aspects of Health Care Reform.

Utah's current health exchange portal "Avenue H" designed to facilitate access to the health insurance marketplace is apparently specific to small business having 2 to 50 employees. The inclusion of individuals and larger employer organizations appears somewhat uncertain. The impact of health care reform relative to the public mental health system at this point in time is difficult to predict. Insurance exchanges may prove an important resource depending on the viability of continued employer offered health care coverage, which, given the consistent rise in insurance premiums and overall cost to provider organizations, appears increasingly at risk. Bear River Mental Health exercises great effort in consultation with an insurance brokerage firm to obtain and sustain the most affordable health care coverage possible. However, despite consistent efforts to consistently educate its workforce as to the benefits of proactive consumerism, the variability in health status and health care claims is ultimately beyond the organization's control. As a result, the future landscape of the health care system as it pertains to the mental health center may prove to be a difficult terrain.

Describe how the optional Medicaid Expansion will impact your ability to deliver services.

At present it is uncertain as to whether Utah will choose to adopt Medicaid expansion. If adopted, the applicable expansion of eligibility criteria to 133% of poverty would most certainly concomitantly expand the number of Enrollees who would likely be requesting mental health services. It also may mean that a number of unfunded individuals currently being served under a priority population may acquire Medicaid eligibility and this may subsequently reduce the number of clients in the unfunded category. How this may impact service capacity is currently unknown. Also unknown is whether such an eligibility expansion would mean an expansion of traditional Medicaid and a full service package, or whether those qualifying under the expansion criteria would receive a limited benefit package similar to non-traditional Medicaid enrollees. If there were to be a significant projection of Medicaid enrollees requiring mental health services, Bear River Mental Health would consider whether increased capacity could be managed through increasing provider caseloads or whether additional recruitment of provider staff would be needed.

Integrated Care Cont.

Describe your involvement (if any) in an integrated (physical, behavioral) care initiative.

Beyond the integration described below relative to the Tremonton facility and partnership with the Bear River Health Department and Community Health Centers of Utah (FQHC) to co-locate mental health, substance abuse and physical health care services, Bear River Mental Health is not engaged in any other formal integrated care initiative at present.

Describe partnerships with primary care organizations or Federally Qualified Health Centers.

The planning, development, construction, and completion of the mental health center's Tremonton facility, which co-locates mental health, physical health, and substance abuse services, was an interdependent partnership between Bear River Mental Health and the local health department. Also, an existing FQHC organization was approached and engaged in the planning process in order to include a broader health care component and subsequently the facility was constructed with supplementary capacity for physical health care services. Additionally, Bear River Mental Health maintains a contracted relationship with the Bear Lake and Cache Valley Community Health Centers, an existing FQHC organization located both in Rich and Cache counties. These health centers serve as a referral source for unfunded county residents in need of physical and mental health services and also provide some subcontracted mental health services for Medicaid enrollees.

Describe your efforts to ensure that clients have their physical, mental and substance use disorder treatment needs met.

Over the preceding two years Bear River Mental Health has revised its brief substance abuse assessment component of the mental health evaluation tool to reflect a more critical item inventory designed to assist clinicians in identifying substance abuse issues needing further assessment and/or referral to the Bear River Drug and Alcohol treatment entity. It is anticipated that in FY 2014, the Center will further design and implement a formal substance abuse referral system that may consider the placement of a substance abuse service provider on a part time basis within the Center's Cache and Box Elder outpatient clinics for ease of referral for further substance abuse assessment.

With respect to the physical health care needs of Center clients, coordination between mental health and physical health care predominately functions relative to case management services. Case managers are consistently involved with client health care referrals as well as linking, monitoring, and coordination of health care services with local providers.

5. Children/Youth Mental Health Early Intervention

Describe the activities (Family Resource Facilitation with Wraparound, School-Based Mental Health, Mobile Crisis Team) 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 Center's early intervention program is designed as a school-based mental health delivery system which expands services into 14 schools between Box Elder and Cache County utilizing two mental health therapists and two case management staff.

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

Early intervention, comprising generally case management and psychotherapy, are aspects of outpatient services described previously. Subsequently, increases or decreases in this service area are reflected in their respective category descriptions in previous sections of the Area Plan which are typically dependent on population growth and Medicaid eligibility rate increases.

Describe any significant programmatic changes from the previous year.

The early intervention service does not represent a programmatic change from the previous year, but an expansion of existing school-based services.

Describe outcomes that you will gather and report on.

Particular outcomes relative to early intervention services include: (1) reduction in number of office disciplinary referrals, (2) improved OQ scores, (3) reduction in school absenteeism, and (4) improvement in student grade point averages.

FORM D
LOCAL AUTHORITY APPROVAL OF AREA PLAN

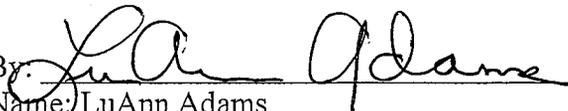
IN WITNESS WHEREOF:

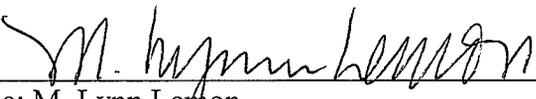
The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2014 in accordance with Utah Code Title 17, Chapter 43.

The Local Authority represents that it has been authorized to approve the attached Area Plan, as evidenced by the attached resolution or other written verification of the Local Authority's action in this matter.

The Local Authority acknowledges that if this Area Plan is approved by the Utah Department of Human Services Division of Substance Abuse and Mental Health (DHS/DSAMH) pursuant to the terms of Contract # 052440, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

LOCAL AUTHORITY

By: 
Name: LuAnn Adams
Title: Box Elder County Commissioner
Date: 5/8/13

By: 
Name: M. Lynn Lemon
Title: Cache County Executive
Date: 5/8/13

By: 
Name: William Cox
Title: Rich County Commissioner
Date: 5-16-13