

State of Utah
Department of Human Services
Division of Substance Abuse and Mental Health



Site Monitoring Report of

Cache County (District 1 Mental Health Authority –
Bear River Mental Health)

Local Authority Contract #130023

Review Dates: November 18th & 19th, 2014

For Official Use Only

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Section One: Report Information

Background

Utah Code Section 62A-15-103 outlines duties of the Division of Substance Abuse and Mental Health. Paragraph (2)(c) states that the Division shall:

- Consult and coordinate with local substance abuse authorities and local mental health authorities regarding programs and services,
- Provide consultation and other assistance to public and private agencies and groups working on substance abuse and mental health issues,
- Receive, distribute, and provide direction over public funds for substance abuse and mental health services,
- Monitor and evaluate programs provided by local substance abuse authorities and mental health authorities,
- Examine expenditures of any local, state and federal funds,
- Monitor the expenditure of public funds by local substance abuse authorities and mental health authorities,
- Contract with local substance abuse authorities and mental health authorities to provide a continuum of services in accordance with division policy, contract provisions, and the local plan,
- Assure that these requirements are met and applied uniformly by local substance abuse authorities and mental health authorities across the state,
- Conduct an annual program audit and review of each local substance abuse authority and mental health authority in the state and its contract provider in a review and determination that public funds allocated to by local substance abuse authorities and mental health authorities are consistent with services rendered and outcomes reported by them or their contract providers,
- Each local substance abuse authority and each mental health authority is exercising sufficient oversight and control over public funds allocated for substance abuse and mental health programs and services, and
- Other items determined by the division to be necessary and appropriate.

In accordance with these and other instructions, the Division of Substance Abuse and Mental Health (also referred to in this report as DSAMH or the Division) conducted its annual program audit and review of Cache County (District 1 Mental Health Authority – Bear River Mental Health; also referred to in this report as BRMH or the Center).

Non-Compliance Issues, Action Plans and Timelines

This report is organized into individual sections, in which inadequacies will be identified and discussed. Inadequacies are assigned a level of severity based on the combined judgment of the monitoring team. In order to fully understand the degree of severity, a short discussion of the inadequacy levels follows.

A **major non-compliance issue** is non-compliance in contract requirements which affect the imminent health, safety, or well being of individuals. In cases of non-compliance at this level, a written corrective action plan must be completed by the Local Authority immediately and compliance must be achieved within 24 hours or less.

It should be noted that in extreme cases where, in the professional opinion of the monitoring team, an elevated threat of imminent health, safety, or well being of individuals exists, contract payments may be suspended indefinitely.

A **significant non-compliance issue** is either 1) non-compliance with contract requirements that do not pose an imminent danger to clients but that result in inadequate treatment or care that jeopardizes the well being of individuals; OR 2) non-compliance in required training, paperwork, and/or documentation that are so severe or pervasive as to jeopardize the effectiveness of services and continued contract funding. This type of finding will also require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 10 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 30 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **minor non-compliance issue** results when the reviewers identify a performance inadequacy that is relatively small in scope and does not impact client well being or jeopardize funding. This type of finding will require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 15 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 60 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **deficiency** results when the contractor is not in full compliance, but the deficiency discovered is not severe enough to require a formal action plan. However, the monitoring team may request action to fix the problem by a given date.

A **recommendation** occurs when the contractor is in compliance. The Division is simply making a best practice or technical suggestion. The contractor is encouraged to implement the suggestion but not required.

In rare instances, a non-compliance issue from a previous year may continue unresolved at the time of the monitoring site visit. A recurring non-compliance issue will be prominently displayed in the current monitoring report and will require special attention by the Local Authority to ensure its immediate resolution.

Section Two: Site Monitoring Report

Executive Summary

In accordance with Utah Code Section 62A-15-103, the Division of Substance Abuse and Mental Health conducted a review of Cache County (District 1 Mental Health Authority – Bear River Mental Health) on November 18th & 19th, 2014. The focus of the review was on governance and oversight, fiscal management, pediatric and adult mental health services and general operations.

The nature of this examination was to evaluate the Center's compliance with: State policies and procedures incorporated through the contracting process; State mandated mental health services; and Preferred Practice Guidelines. During the examination, the review teams evaluated: the reliability and integrity of the Center's data and its compliance with established programmatic and operational objectives. Additionally, the review included an examination, through sampling, of the Center's efficient and appropriate use of financial resources.

Any program or operational inadequacies are identified in this report as non-compliance issues. The chart on the following page provides a quick reference to locate any non-compliance issues identified by the monitoring team. A detailed description of the issues can be found in the body of this report.

Summary of Findings

Programs Reviewed	Level of Non-Compliance Issues	Number of Findings	Page(s)
<i>Governance and Oversight</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None 1	10 - 12
<i>Child, Youth & Family Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None None	
<i>Adult Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None None	

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review at Cache County (District 1 Mental Health Authority – Bear River Mental Health) (BRMH) on November 18th & 19th, 2014. The Governance and Fiscal Oversight section of the review was conducted by Chad Carter, Auditor IV. Overall cost per client data was analyzed and compared to the statewide Local Authority average, BRMH was found to be within the client cost standards provided in the DSAMH Division Directives. Personnel and subcontractor files were examined for adherence to contractual requirements, as well as the Center’s own policy. Detailed service, operating and travel expenditures were examined for proper approval and supporting documentation. All selected expenditures were found to be properly approved and were supported with adequate documentation.

The CPA firm Davis & Bott completed an independent audit of BRMH for the year ending June 30, 2014 and issued a report dated October 13, 2014; the auditors’ opinion was unqualified. As a part of the review, they examined specific items at our request, including executive travel, personnel and allowability of costs reported. In their opinion these items are accurately presented and no findings or issues were discovered.

Follow-up from Fiscal Year 2014 Audit:

FY14 Deficiencies:

- 1) In a sample size of seven personnel files, one file was missing a current license (the license copy included in the file expired in September 2012) and another file was missing documentation of HIPAA training provided to the worker.

This deficiency has been resolved.

Findings for Fiscal Year 2015 Audit:

FY15 Major Non-compliance Issues:

None

FY15 Significant Non-compliance Issues:

None

FY15 Minor Non-compliance Issues:

- 1) Several issues were found while reviewing the subcontractor files. One file contained insurance documentation that had expired in March of 2013. One subcontractor file showed that the last monitoring date was in February of 2012. The DSAMH Local Authority Contract requires that these items are updated or completed annually. Another file had a current contract which was signed by the subcontractor, but was never signed by BRMH.

Center's Response and Corrective Action Plan:

Bear River Mental Health Services, Inc. Corrective Action Plan

In accordance with Utah Code Section 62A-15-103, the Division of Substance Abuse and Mental Health conducted a review of Cache County (District 1 Mental Health Authority – Bear River Mental Health) on November 18th & 19th, 2014. The focus of the review was on Governance and Oversight, fiscal management, pediatric and adult mental health services, and general operations. Of the monitoring areas previously referenced, no major or significant non-compliance issues were found. One minor non-compliance finding was discovered with respect to the area of Governance and Oversight, as indicated below.

DSAMH finding – Governance and Oversight:

Several issues were found while reviewing the subcontractor files:

1. One file contained insurance documentation that had expired in March of 2013.
2. One subcontractor file showed that the last monitoring date was February of 2012.
3. Another file had a current contract which was signed by the subcontractor, but was never signed by BRMH.

Corrective Action Plan:

1. The Center will initiate a schedule of subcontract compliance monitoring activities through the office of the Executive Administrative Assistant who will, as is done with other compliance deadlines, track and inform relevant parties as to subcontractor monitoring dates, as well as the expiration of licensure and liability insurance verification. Additional corrective action will follow implementation of the Center's new electronic health record system which will contain an internet-based portal, allowing subcontractors to log into the BRMH record system to complete service documentation, thereby facilitating a remote subcontractor monitoring of service delivery. Implementation of this EHR system is planned for July 2015.
2. The lack of BRMH signature, with respect to one subcontract, represents an inadvertent error. As indicated above, subcontractor files will, in the future, be maintained by the Center's Executive Administrative Assistant, who will initiate a subcontract tracking log and notification schedule for subcontract monitoring. Additionally, with respect to the signature void, pertaining to one of the Center's subcontracts, corrective action for this issue will include retro-active signature of the subcontract with new signature date.

Responsibility for plan implementation:

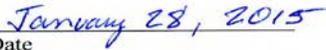
Coordination and implementation of the corrective actions itemized above will be accomplished by the Center's Compliance Officer (Dennis Kirkman) in consultation with the Center's Executive Administrative Assistant (Janiel Woodland).

Implementation timeframe:

These corrective actions will be implemented immediately (as of February 1, 2015) with the exception of the Center's initiation of its new electronic health record system scheduled for July 1, 2015, although this element represents an adjunct corrective action and design for alternative subcontractor monitoring.



C. Reed Ernstrom, CEO



Date

FY15 Deficiencies:

None

FY15 Recommendations:

None

Mental Health Mandated Services

According to Utah Code 17-43-301, the Local Authority is required to provide the following ten mandated services:

Inpatient Care

Residential Care

Outpatient Care

24-hour Emergency Services

Psychotropic Medication Management

Psychosocial Rehabilitation (including vocational training and skills development)

Case Management

Community Supports (including in-home services, housing, family support services, and respite services)

Consultation and Education Services

Services to persons incarcerated in a county jail or other county correctional facility

The mandate to provide services to those in county correctional facilities is not applicable to the children and youth population.

In subsection (4)(a)(ii) each local authority is required to “annually prepare and submit to the Division a plan approved by the county legislative body for mental health funding and service delivery, either directly by the local mental health authority or by contract.” This annual area plan provides the state Division of Substance Abuse and Mental Health with a measuring tool against which the local authority is measured during the annual monitoring site review.

A major focus of the monitoring efforts of the Division of Substance Abuse and Mental Health is to measure compliance with this legislative mandate to provide these services to the adults, youth, and children of Utah.

Child, Youth and Family Mental Health

The Division of Substance Abuse and Mental Health Children, Youth, & Families team conducted its annual monitoring review at Bear River Mental Health on November 18th and 19th, 2014. The monitoring team consisted of Dinah Weldon, Program Administrator; Eric Tadehara, Program Manager; and Lori Cerar, Allies with Families (Utah Family Coalition). The review included the following areas: record reviews, discussions with clinical supervisors and management, program visits, and feedback from families through questionnaires and a discussion group. During the visit, the monitoring team reviewed the FY14 audit; statistics, including the Mental Health Scorecard; Area Plans; Youth Outcome Questionnaires; family involvement; Family Resource Facilitation (Peer Support); Wraparound to fidelity; Multi-Agency Coordinating Committee; school-based behavioral health; Mental Health Early Intervention Funding; juvenile civil commitment; compliance with Division Directives and the Center's provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 2014 Audit

No findings were issued in FY14.

Findings from Fiscal Year 2015 Audit

FY15 Major Non-compliance Findings:

None

FY15 Significant Non-compliance Findings:

None

FY15 Minor Non-compliance Findings:

None

FY15 Deficiencies:

- 1) *Juvenile Civil Commitment:* To be in compliance with Utah Code Annotate 62A-15-703, BRMH should begin using the following two forms: (1) Petition for Commitment of Physical Custody of Child to the Local Mental Health Authority, (2) Notice of Proceeding of Child for Commitment of Physical Custody to the Local Mental Health Authority. BRMH also needs to use the current Juvenile Civil Commitment forms, which were updated in 2012 and are available on the DSAMH website at: <http://dsamh.utah.gov/provider-information/civil-commitment/>.

FY15 Division Comments:

- 1) *Rich County services:* BRMH has increased their services in Rich County by adding a second clinical day. Therapists provide services in the schools and at the co-owned facility

in Garden City. BRMH provides a variety of treatments including individual therapy, family therapy, and skills development groups.

- 2) *In-Home Services:* It is commendable that BRMH provides a significant amount of services to children and their families in their own homes. BRMH provides in-home services at a rate of 21.8% of the children and youth served, which is above the rural average rate of 7.7%.
- 3) *Family Feedback:* Family feedback was provided by 18 families, with 13 completing the Utah Family Coalition (UFC) Questionnaire, and five families participating in a focus group. Families said the BRMH staff are polite and care for their children. One family noted that BRMH has “helped my son heal.” Another reported that the therapist keeps each parent involved in the treatment process. Families are grateful for various services BRMH provides, including the school-based services and family education classes.
- 4) *Wraparound:* BRMH is providing Wraparound to Fidelity as defined by the UFC. BRMH is supportive of the Family Resource Facilitator (FRF) program. Two new FRFs have been hired and trained to continue to provide Wraparound to fidelity in the BRMH catchment area, including an FRF to serve the Logan/Cache County area.

Adult Mental Health

The Division of Substance Abuse and Mental Health Adult Monitoring Team conducted its annual monitoring review at Bear River Mental Health on November 18th and 19th, 2014. The monitoring team consisted of Pam Bennett, Program Administrator, LeAnne Huff, Program Manager, and Michael Newman, Recovery and Resiliency Program Manager. The review included the following areas: record reviews, and discussions with clinical supervisors and management teams. During this monitoring visit charts were reviewed from Cache and Box Elder Counties. Visits were conducted to the Cache County Jail, Bear River House, adult residential/supported housing, and outpatient services. Client focus groups were held at the day treatment centers in both Tremonton and Brigham City. During the discussions, the team reviewed the FY14 Monitoring Report; statistics, including the mental health scorecard; area plans; outcome questionnaires, the Division Directives and the Center's provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 2014 Audit

No findings were issued in FY14.

Findings for Fiscal Year 2015 Audit

FY15 Major Non-compliance Issues:

None

FY15 Significant Non-compliance Issues:

None

FY15 Minor Non-compliance Issues:

None

FY15 Deficiencies:

None

FY15 Recommendations:

- 1) *Suicide Prevention:* DSAMH encourages BRMH to expand their suicide prevention efforts across their catchment area, and to consider other suicide prevention strategies in addition to Question, Persuade and Refer (QPR). This could include Mental Health First Aid and ASIST.
- 2) *Adult Peer Support Services:* DSAMH encourages BRMH to expand the use of their Adult Peer Support Services provided by Certified Peer Support Specialists (PSS). It is recommended that BRMH expand the time of Peer Support Services as the current PSS is working 3-4 hours a week. BRMH is also encouraged to look into having Certified Peer Support Specialists in other areas of the LMHA, such as in Cache County.

FY14 Division Comments:

- 1) *Outpatient Services:* DSAMH appreciate BRMH's excellent documentation in the electronic medical record of the different services provided. Goals were clear and attainable and objectives measurable. Notes clearly identified Situation, Intervention, Plan and documented progress. In one chart (ID# 102359), the client failed to show for their outpatient appointment. This particular client had a suicide attempt one month prior and staff followed up with him at home to make sure this individual was safe.
- 2) *Mental Health Court:* DSAMH commends BRMH's efforts in creating a positive collaborative partnership with the Courts. During discussions, BRMH reported that a Judge is petitioning for an Adult Mental Health Court in Box Elder, due to the success of the Mental Health Court in Cache County. They are also looking into legislative funding to support a Forensic Peer Specialist.
- 3) *Residential facility:* DSAMH is impressed with BRMH's new residential/supported housing that offers residential crisis services to individuals, either as a diversion to inpatient psychiatric hospitalization or as a step down from inpatient care. This facility is beautiful and offers a clean, comfortable place for individuals to recover and safely transition back into the community.
- 4) *Crisis Services:* BRMH is exploring more robust crisis services in an effort to reduce inpatient costs, including mobile crisis teams and the possibility of a facility similar to the Receiving Center in Salt Lake County. BRMH currently provides 24 hour crisis services year round, and works closely with Crisis Intervention Team (CIT) Law enforcement, providing yearly training during the CIT academies, and working together as a community intervention system.
- 5) *Program Participant Feedback:* Individuals in recovery interviewed by Michael Newman, DSAMH Recovery and Resiliency Program Manager, reported that their treatment has been going well. Group participants felt supported in their housing, transportation, and in employment and volunteer opportunities. Feedback around physical health was positive, citing health and wellness groups 3 times a week and gym access that BRMH provides. Individuals also felt supported in their spiritual health. DSAMH commends the extra support BRMH provided to their clients after the passing of three individuals in their programming. Group participants stated that BRMH staff have been "stepping up" and providing "extra support" to be of help in such a difficult situation.

Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Cache County (District 1 Mental Health Authority – Bear River Mental Health) and for the professional manner in which they participated in this review.

If there are any questions regarding this report please contact Chad Carter at (801)538-4072.

The Division of Substance Abuse and Mental Health

Prepared by:

Chad Carter _____ Date _____
Auditor IV

Approved by:

Kyle Larson _____ Date _____
Administrative Services Director

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Assistant Director Mental Health

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