

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



Site Monitoring Report of

Bear River Health Department
Local Substance Abuse Authority

Local Authority Contract #122435

Review Date: November 18th, 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 Bear River Health Department (also referred to in this report as BRHD 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 Bear River Health Department on November 18th, 2014. The focus of the review was on governance and oversight, fiscal management, substance abuse prevention and treatment services and general operations.

The nature of this examination was to evaluate the County's compliance with: State policies and procedures incorporated through the contracting process and Preferred Practice Guidelines. During the examination, the review teams evaluated: the reliability and integrity of the County's data and its compliance with established programmatic and operational objectives. Additionally, the review included an examination, through sampling, of the County'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	None	10 - 11
	Significant Non-Compliance	None	
	Minor Non-Compliance	2	
<i>Substance Abuse Prevention</i>	Major Non-Compliance	None	
	Significant Non-Compliance	None	
	Minor Non-Compliance	None	
<i>Substance Abuse Treatment</i>	Major Non-Compliance	None	14 15
	Significant Non-Compliance	1	
	Minor Non-Compliance	1	

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health conducted its annual monitoring review at Bear River Health Department (BRHD). The Governance and Fiscal Oversight section of the review was conducted by Chad Carter, Auditor IV on November 18th, 2014. Overall cost per client data was analyzed and compared to the statewide Local Authority average, personnel and subcontractor files were examined for adherence to contractual requirements, as well as the County's own policy. Detailed service, operating and travel expenditures were examined for proper approval and supporting documentation for the months of March and April of 2014. All selected expenditures were found to be properly approved and were supported with adequate documentation.

The CPA firm Jones & Simkins P.C. performed an independent financial statement audit of Bear River Health Department for the year ending December 31, 2013. The Independent Auditors' Report issued on May 12, 2014 stated that there were no findings identified during the audit and issued an unqualified opinion.

Follow-up from Fiscal Year 2014 Audit:

FY14 Minor Non-compliance Issues:

- 1) The reviewed subcontractor file did not include evidence of current insurance as required by contract.

This finding has not been resolved and is continued in FY15; see Minor Non-compliance Issue #1.

Findings for Fiscal Year 2015 Audit:

FY15 Major Non-compliance Issues:

None

FY15 Significant Non-compliance Issues:

None

FY15 Minor Non-compliance Issues:

- 1) One of the reviewed subcontractor files included an insurance certificate that expired in 2013. This issue has been a repeat finding for three years. The DSAMH Local Authority contract requires evidence of current insurance:

“On an annual basis and upon request from DHS/DSAMH, the Local Authority shall obtain from its non-governmental subcontractor and shall provide to DHS/DSAMH, evidence that the subcontractor has the insurance coverage required by this Contract”.

Center’s Response and Corrective Action Plan:

All certificates are now current and in their files.

AMENDED: Now that we know the requirements, Brock will monitor subcontractors and their credentials periodically throughout the year and prior to contract renewal to ensure compliance and proof of compliance from all parties.

- 2) BRHD’s client cost for Substance Abuse Treatment has increased more than 25% from the previous year. DSAMH Division Directives state, “The Local Authority shall meet an overall client cost within fifty (50) percent of the statewide Local Authority overall average cost per client and with-in twenty-five (25) percent of their previous year actual cost per client.” Although it is noted that BRHD’s total cost per client is below the State average, their costs have increased by 33.2% going from \$1,643 per client in FY13 to \$2,188 in FY14. Please provide an explanation for the increase in costs.

Center’s Response and Corrective Action Plan:

This year we have seen a decrease in client numbers overall, and specifically new admissions. We are continuing our community outreach and our contacts with referring agencies. Costs this year have risen with the purchase of a new electronic health system, new EBP programs such as MRT, and expanded services in rural counties.

FY15 Deficiencies:

None

FY15 Recommendations:

- 1) BRHD reviews client charts and notes as each subcontractor submits an invoice for services provided, but there is no documentation of any reviews. It is recommended that BRHD utilizes a formal monitoring tool to assess and document subcontractor performance. This would help to demonstrate compliance with the DSAMH Local Authority contract which requires a minimum annual monitoring of all subcontractors. The Local Authority has requested technical assistance; DSAMH will provide examples of monitoring tools from other Local Authorities to aid in development.

Substance Abuse Prevention

Susannah Burt, Program Manager, conducted the annual prevention review of Bear River Health Department on November 18th, 2014. The reviews focused on the requirements found in State and Federal law, Division Directives, and contracts. In addition, the reviews evaluated the services described in the annual prevention area plan and evaluated the data used to establish prevention priorities.

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:

- 1) There was a decrease in the number of Eliminating Alcohol Sales to Youth (EASY) checks in the LSAA. A total of 110 EASY compliance checks were reported by BRHD.

FY15 Deficiencies:

None

FY15 Recommendations:

- 1) BRHD Health Promotion is cooperating with Bear River Substance Abuse (BRSA) and Bear River Mental Health (BRMH). It is recommended that BRHD Health Promotion increase the collaboration between BRSA and BRMH. Using the System of Care model as a guide, there appears to be a gap between the Health Promotion, Substance Abuse Treatment and Mental Health teams. This can be addressed with increased participation on joint community coalitions throughout the Local Substance Abuse Authorities, and using the System of Care model for providing/referring mental and substance use disorder and prevention services.
- 2) It is recommended that BRHD continue to work on providing appropriate services in Rich County. BRHD should encourage Rich County to begin a coalition.

FY15 Division Comments:

- 1) BRHD currently works with four coalitions: Northern Utah Substance Abuse Prevention Team (NUSAPT), Safe Communities, Hispanic Health Coalition and the Tremonton Suicide

Prevention Coalition. BRHD had their entire Health Promotion team trained in Substance Abuse Prevention Skills Training in February 2014.

- 2) BRHD staff has collaborated effectively with Law Enforcement Agencies throughout the LSAA.
- 3) BRHD and DSAMH identified the following technical assistance opportunities: Communities that Care training, connect Minor in Possession program with additional evaluation assistance (grad students), and using a data driven process with coalitions.
- 4) BRHD identified that they are proud of NUSAPT, this coalition has seen outcomes and is sustainable. It was formed in 2001, has been a Drug Free Community, and is still going strong. Another strategy that BRHD uses is Minor in Possession (MIP). This program was at one point on the decline, but BRHD used their relationship with Utah State University and now there are increased referrals and a sustainable strategy.

Substance Abuse Treatment

David Felt, Program Administrator, and Becky King, Program Manager, conducted the Substance Abuse Treatment review for Bear River Health Department. This review focused on Substance Abuse Prevention and Treatment (SAPT) block grant compliance, compliance with Division Directives, clinical practices, consumer satisfaction and performance on outcome measures. Block grant and Division Directives compliance were evaluated through a review of program policies and guidelines; observation of Adult Felony Drug Court team staffing and court process; and discussions with staff members. Consumer satisfaction was evaluated through interviews with clients in services, tours of the physical facilities, and by reviewing Consumer Satisfaction Survey results. Program outcome measures were evaluated by reviewing the outcome measures against DSAMH standards. Clinical practices were evaluated by reviewing client charts.

Follow-up from Fiscal Year 2014 Audit

FY14 Minor Non-compliance Issues:

- 1) The FY13 Treatment Outcomes Measures Scorecard reflects that that BRHD's Increased Employment rate decreased from 7.4% in FY12 to 6.5% in FY13. In FY 14, BRHD's Increased Employment rate of 21.9% met the Division Standard.

This issue has been resolved.

Findings for Fiscal Year 2015 Audit

FY15 Major Non-compliance Issues:

None

FY15 Significant Non-compliance Issues:

- 1) BRHD did not submit sufficient Family Satisfaction surveys categories to measure customer satisfaction. BRHD submitted surveys for 4.8% of the clients sampled. The Division Standard for FY14 was 10%. This is a repeated finding. Although this was not carried as a finding in FY14 due to technical issues, it needed to be resolved by FY15.

Center's Response and Corrective Action Plan:

We will offer incentives again this year for those who complete the youth and family surveys, and will have staff call parents to see if they could complete the survey by phone. We will look into expanding our surveys to more clients: ie: family members of young adults and those just completed treatment. We will work with DSAMH to ascertain these answers.

FY15 Minor Non-compliance Issues:

- 1) BHRD's percentage of open cases (4.3%) exceeds the Division Standard of 4.0%.

Center's Response and Corrective Action Plan:

We are working with DSAMH staff to close old open admits.

FY15 Deficiencies:

- 1) The FY14 Treatment Outcome Measures Scorecard reflects that BRHD's Tobacco use at admission and discharge showed an increase from 61.0% to 61.8%. While this is a small increase, the Division Directive states that the standard is a decrease in tobacco use from admission to discharge.

FY15 Recommendations:

- 1) *Integration and Co-Occurring Services:* While some efforts at integrating Mental Health and Physical Health Services for both adolescents and adults are evident, it is recommended that BRHD and BRMH increase their collaboration and integration efforts. Some possible improvements could include joint groups for individuals with co-occurring conditions, increased collaboration on medications and shared staff meetings and client conferences.
- 2) *Drug Court:* BRHD should work with their drug court teams to develop and implement sanctioning matrixes in all of their drug courts. Best practice guidelines state that policies and procedures concerning the administration of sanctions be specified in writing and communicated in advance to Drug Court participants and team members. These policies and procedures provide a clear indication of which behaviors may elicit a sanction; the range of consequences that may ensue from graduation to termination. Numerous studies indicate implementation of this best practice standard in improved outcomes for drug court clients.
- 3) *Drug Court:* A review of the list of Sanctions and Incentives provided as well as observation of a drug court staffing and session indicated that jail sanctions of 7, 14 and 30 days are used when individuals miss a urine analysis (UA), or have a low creatine level. During client interviews DSAMH heard from drug court clients in multiple locations that jail was the most frequent sanction used in drug court. Best practice standards state that jail sanctions should be imposed judiciously and sparingly; unless a participant poses an immediate risk to public safety. They also state that jail sanctions imposed after less severe consequences are ineffective at deterring infractions. In addition to this, jail sanctions should be definite in duration and typically should last no more than three to five days. BRHD should work with the Drug Court Team to incorporate best practice guidelines regarding the use of jail into consideration when developing sanctioning matrixes for drug court.
- 4) *Recovery Plans:* BRHD has done a good job of developing their Recovery Plans to reflect client progress and ongoing changes in the client's plan. It is recommended that they focus on raising the standard of their progress note to reflect the same level of clinical assessment of the client's progress rather than simply reporting on what transpired in the session.

Progress notes should: “document progress or lack of progress on client’s goals and objectives and reflect behavioral changes as well as changes in attitudes and beliefs.” (FY 2015 Clinical Case Review Checklist). Charts Reviewed: 327179, 408472, 284953, 327280, 320687, 300972, 204122, 190428, 292201.

- 5) *Health Promotion:* BRHD Health Promotion is cooperating with Bear River Substance Abuse (BRSA) and Bear River Mental Health (BRMH). It is recommended that BRHD Health Promotion increase the collaboration between BRSA and BRMH. Using the System of Care model as a guide, there appears to be a gap between the Health Promotion, Substance Abuse Treatment and Mental Health teams. This can be addressed with increased participation on joint community coalitions throughout the Local Substance Abuse Authorities, and using the System of Care model for providing/referring mental and substance use disorder and prevention services.
- 6) *Drug Testing Hours:* Clients reported that BRHD’s drug testing hours are limited and difficult to attend due to work schedules and public transportation. The current drug testing schedule is from 12:00 p.m. – 1:00 p.m. and 5:00 p.m. – 6:00 p.m. Monday – Friday. BRHD has made efforts to improve their testing hours over the past year by including evening times, but should continue to look into methods of expanding their hours and/or provide flexibility with the current schedule.
- 7) *Youth Treatment:* It was reported that youth referrals to BRHD have been low over the past year, which BRHD has been working on. They have been using Interns from Utah State University to educate the youth and promote referrals to BRHD through the Juvenile Justice Observation and Assessment Program. It is recommended that BRHD continue their efforts in improving youth referrals to their program through a variety of measures.

FY15 Division Comments:

- 1) *Client Satisfaction:* Clients were extremely positive about BRHD’s staff, citing numerous staff members by name as being exceptionally competent and caring. There were also positive comments made about Judge Willmore’s caring and consistent approach to working with clients.
- 2) *Treatment Services:* BRHD deserves credit for their continued progress away from a program model to a person centered model.
- 3) *Employment:* Over the past year, BRHD has used an employment specialist to provide education to staff regarding methods of improving employment outcomes for their clients. As a result, employment has improved significantly, which is reflected in the Substance Use Disorders Treatment Data Outcomes Measures Report.
- 4) *Cultural Sensitivity:* BRHD has a diverse staff from various backgrounds that have the ability to communicate in several different languages with their clients. In addition, BRHD provides ongoing cultural sensitivity training to their staff, which has had positive results in the program.

Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Bear River Health Department 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:

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