

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



Site Monitoring Report of

Davis Behavioral Health

Local Authority Contracts #122434 and #122387

Review Date: January 27<sup>th</sup> & 28<sup>th</sup>, 2015

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 Davis Behavioral Health (also referred to in this report as DBH 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 Davis Behavioral Health on January 27<sup>th</sup> & 28<sup>th</sup>, 2015. The focus of the review was on governance and oversight, fiscal management, pediatric and adult mental health services, substance abuse prevention and treatment 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

<b>Programs Reviewed</b>	<b>Level of Non-Compliance Issues</b>	<b>Number of Findings</b>	<b>Page(s)</b>
<i>Governance and Oversight</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None 1	10 - 12
<i>Child, Youth &amp; Family Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None 1	14 - 15
<i>Adult Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None None	
<i>Substance Abuse Prevention</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None None	
<i>Substance Abuse Treatment</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None 2	22 - 23

## **Governance and Fiscal Oversight**

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review at Davis Behavioral Health (DBH) on January 27<sup>th</sup>, 2015. 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. Personnel and subcontractor files were examined for compliance with state licensing laws and adherence to contractual requirements, as well as the Center's own policy. Client fees were reviewed for consistency and adherence to approved fee schedules. Executive travel and other reimbursements were reviewed for all of FY14. Detailed service and operating expenditures were examined for proper approval and supporting documentation.

The CPA firm Litz & Company performed the Center's financial statement audit for the year ending June 30, 2014. The Independent Auditor's Report dated November 5, 2014 issued an unqualified opinion, there were no findings or deficiencies.

### **Follow-up from Fiscal Year 2014 Audit:**

No findings were issued.

### **Findings for Fiscal Year 2015 Audit:**

#### **FY15 Major Non-compliance Issues:**

None

#### **FY15 Significant Non-compliance Issues:**

None

#### **FY15 Minor Non-compliance Issues:**

- 1) Reimbursement to executive officer found to be in need of additional documentation and approval.

The following sections of Utah Code and the DHS Contract were used as a basis for this finding (bolding added for emphasis):

Utah Code Title 62A-15-713-(2)(a):

(2)...the division:

(a) shall prescribe guidelines and procedures, in accordance with those formulated by the state auditor pursuant to Section 67-3-1, for auditing the compensation and expenses of officers, directors, and specified employees of the private contract provider, **to assure the state that no personal benefit is gained from travel or other expenses...**

DHS Contract with Mental Health/Substance Abuse Local Authority–Section C-8-a-(2) and Section C-8-d

8. Restrictions on Conflicts of Interest: The Local Authority shall not enter into any transaction that is improper or **gives the appearance of being improper** because of a conflict of interest.
  - a. Definitions
    - (2) “Conflict of Interest” means any situation where the Local Authority has economic, social, political, familial, or other interests which interfere with, or **have the potential to interfere** with, the exercise of the Local Authority’s duties, responsibilities, or judgment in connection with this Contract, or which **involve conflicting loyalties to the Local Authority and to another interest**.
  - d. The Local Authority shall implement a written policy that requires its representatives to immediately disclose in writing to the Local Authority all existing, **potential**, and contemplated conflicts of interest as they arise, and to **submit an updated disclosure statement annually thereafter**. The Local Authority shall maintain the disclosures in the representative’s personnel files. **The Local Authority shall also annually review any disclosures and its own operations to reasonably assure DHS/DSAMH that the Local Authority avoids prohibited conflicts of interest.**

During the review of executive/officer travel and other reimbursements, it was found that the Chief Financial Officer (CFO) had been reimbursed for tax software that was used to prepare tax returns for Hope Apartments, LLC. Hope Apartments is an apartment complex that is partially owned, managed and included in the combined financial statements of Davis Behavioral Health. The tax software was purchased through a separate CPA business owned and managed by the CFO. The reimbursement amount was for \$750; DBH had made a verbal agreement to reimburse the CFO \$150 for each year he had previously prepared the tax return and the transaction was for five years of reimbursements (2009 – 2013). The initial reimbursement was done through Davis Behavioral Health, but the cost was later transferred to Hope Apartments, LLC through a general ledger entry. The Division has concerns with the following issues:

1. The CFO did not declare his CPA business as a potential conflict of interest in writing as required by contract. When a counselor is providing counseling services outside of Davis Behavioral Health, they are expected to declare the potential conflict of interest in writing and management is to determine if the relationship is acceptable, or a prohibited conflict of interest according to the DHS contract. Executives are not only under the same obligation to declare potential conflicts in writing, but should be subject to a higher level of review. Any potential conflicts should be declared in writing and reviewed by a higher authority such as the director or the board.
2. No documentation was included in the file to support the reimbursement. Copies of the credit card purchase and the general ledger transfer to Hope Apartments were later provided upon request. The agreement was not done in writing, all terms were discussed verbally. The Division is concerned that the reimbursement could potentially be viewed as a personal benefit or a conflict of interest because the tax software is a typical expense related to the CPA business and is used to generate revenue for that business. Any

transactions involving DBH and a potential conflict of interest should be put in writing and approved by the board.

DSAMH reviewed 100% of executive travel and other reimbursements during the FY15 site visit. This transaction is the only one in question; all others were sufficiently supported with proper approval and documentation. This is an isolated transaction and involved a small dollar amount; it was included in the report to help the Center develop better protocols for similar situations in the future.

**Center's Response and Corrective Action Plan:**

This finding was presented to the DBH Board of Directors on 3/25/15. The DBH Board of Directors support Deane's effort to save DBH money in regard to preparing tax documents for the Hope Apartments. The CFO now has a conflict of interest form in his personnel file. In accordance with established DBH policy, this reimbursement and all other reimbursements made to the CFO will be reviewed directly by the firm's CEO and any reimbursement checks issued to the CFO personally signed by the chief executive officer.

**FY15 Deficiencies:**

- 1) Samples of client fees were reviewed to test the Center's adherence to the approved sliding fee schedule submitted with the area plan. One instance was found of a client being over-charged for client fees. All other samples were found to be in compliance, this appeared to be an entry error in the computer system. The Center stated that the issue would be corrected.

**FY15 Recommendations:**

None

**FY15 Division Comments:**

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 Davis Behavioral Health on January 27<sup>th</sup> & 28<sup>th</sup>, 2015. The monitoring team consisted of Dinah Weldon, Program Administrator; Eric Tadehara, Program Manager; and Tracy Johnson, Utah Family Coalition (New Frontiers for Families). The review included the following areas: record reviews, discussions with clinical supervisors and management, case staffing, program visits, and feedback from families through questionnaires and a discussion group. During the visit, the monitoring team reviewed FY14 audit findings and County responses; 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; 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**

#### **FY14 Minor Non-compliance Issues:**

- 1) Recovery Plan objectives are often not measurable or achievable tasks and lack a set timeframe for progress.

**This finding 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) *Juvenile Civil Commitment*: It is recommended that DBH strengthen their Juvenile Civil commitment tracking process to ensure that statutory requirements are met. DBH is also encouraged to work with contracted hospitals to ensure the hospitals are using the emergency civil commitment forms. Current Juvenile Civil Commitment forms are available on the DSAMH website at <http://dsamh.utah.gov/provider-information/civil-commitment/>.

#### **Center's Response and Corrective Action Plan:**

Davis Behavioral Health has met with the crisis teams at McKay Dee and Davis Hospitals. These are the two hospital crisis teams that are most likely to evaluate and subsequently admit

DBH clients. These meetings covered the philosophical differences in the involuntary hospitalization processes between adult and children clients. DBH also requested that members of each of these teams use the blue sheet as the primary vehicle when admitting DBH children clients to the hospital. By using the blue sheet, these hospitals would allow DBH an increased ability to be compliant with the children and youth involuntary and Neutral and Detached Fact Finder procedures.

**FY15 Deficiencies:**

None

**FY15 Recommendations:**

None

**FY15 Division Comments:**

- 1) *Family Feedback:* The Utah Family Coalition (UFC) collected feedback from 44 written questionnaires and nine parents and one youth who attended a focus group. Families reported that staff at DBH care about them and their children. Families appreciate the many services available through DBH, including skills groups, school-based services, and individual and family therapy. One family reported, “DBH has been wonderful to work with. They are an integral part of my family and helped us move forward and heal.”
- 2) *Wraparound:* DBH provides Wraparound to fidelity as defined by the UFC. The UFC indicates that the Family Resource Facilitators (FRFs) are an integral part of the services provided at DBH. Multiple families reported that the FRFs have been helpful in finding various resources throughout the community. One youth stated their FRF has “always been there for us [his family]” and expressed his gratitude for the services the FRF has provided.

The UFC recommends providing training opportunities for DBH clinical staff to help them better understand the strengths, needs, cultural discovery (one of the five documents required for Wraparound to fidelity) and where to find the documentation in the Electronic Medical Record.

- 3) *Youth Receiving Center:* DBH has recently opened a short-term youth receiving center for children and youth who are in crisis. The receiving center provides a means for children and youth to remain in their community and will act as diversion from more restrictive settings such as residential or inpatient hospital stays. DBH’s continued efforts to keep children and youth in their community are commendable.
- 4) *Community Resource and Service Provider:* DBH continues to work to increase access to mental health services throughout the community. From FY10 through FY14, DBH has continually increased the number of children and youth receiving services, as illustrated below:

Fiscal Year	FY10	FY11	FY12	FY13	FY14
Number of Children/Youth Served	1,253	1,290	1,446	1,510	1,689

Over this time, DBH has provided mental health services to 34.8% more children and youth throughout the community. DBH's efforts to increase access to services for individuals throughout the community are admirable and will continue to benefit the children, youth, and families throughout Davis County.

## **Adult Mental Health**

The Division of Substance Abuse and Mental Health and Adult Mental Health team conducted its annual monitoring review at Davis Behavioral Health on January 27<sup>th</sup> and 28<sup>th</sup>, 2015. The monitoring team consisted of Pam Bennett, Program Administrator Adult Mental Health, Michael Newman, Recovery and Resiliency Program Manager and LeAnne Huff, Program Manager Adult Mental Health. The review included: record reviews, discussions with clinical supervisors and management teams. During this monitoring visit, site visits were conducted at Davis Mental Health Court; Davis Hospital; Crisis Response Unit (CRU); adult psychosocial groups/facilities and day treatment, and Davis Behavioral Health Administrative Offices. During the discussions, the team reviewed the FY14 audit findings and center responses; statistics, including the Mental Health Scorecard; area plans; Outcome Questionnaires 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**

#### **FY14 Significant Non-Compliance Issues:**

- 1) DBH has steadily increased the amount of OQ administrations from 36.4% in FY11, 39.6% in FY12 and 42.6% in FY13. However, the current rate of administration falls short of the Division Directives required 50% unduplicated client participation. DSAMH recognizes and appreciates DBH's efforts in implementing the OQ over the last few years and DSAMH will continue to encourage the Center to reach the required 50% participation rate.

**This finding has been partially resolved.**

### **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) *Documentation:* The review revealed that charts did not contain an assessment for those receiving services primarily at Journey House. DSAMH appreciates that these clients have been receiving services for a longer period of time and may have older assessments in the

previous electronic health record. However, Division Directives require that each client shall have a strengths-based assessment and that the assessment be kept current. DSAMH recommends that DBH Journey House clients have updated strengths-based assessments added to the charts.

- 2) *OQ as an Intervention*: DSAMH commends DBH for excellent administration of the OQ. However, 7/13 charts (54%) did not document review of the OQ. There were 5/13 charts (38%) with a brief mention of the OQ, but without evidence that it had been used as an intervention. One chart reviewed (chart #2059) did include excellent integration of the OQ into the treatment process. Division Directives state that data from the OQ or YOQ shall be shared with the client and incorporated into the clinical process, as evidenced in the chart. DSAMH recommends that DBH train clinical staff to use the OQ as a clinical tool and to document accordingly.
- 3) *Crisis and Safety Plans*: Crisis and Safety Plans were indicated in 8/13 (62%) of the charts reviewed. DSAMH appreciates efforts by clinicians to address this need in all charts where the need was indicated. However, the safety plans were embedded in clinical notes in 6/13 charts (46%) and were difficult to locate, rather than placement under the specific Safety Plan tab in the electronic health record (EHR). It is important that crisis and safety plans be easily accessible during a crisis. DSAMH recommends that DBH train clinical staff to consistently use the available EHR Safety Plan record.

**FY15 Division Comments:**

- 1) *Mental Health Courts*: Davis Behavioral Health, in partnership with criminal justice and NAMI, has developed an impressive mental health court. The goal of the program is to provide the individual with the needed treatment, support and services to keep them on the path to recovery and prevent them from re-offending. During the site visit, the adult mental health team was invited to sit in on their staffing, as well as the actual court process. We observed a passionate team that, through trust, respect and collaboration, has developed a well functioning process.
- 2) *Crisis Services*: DSAMH recognizes and appreciates the crisis services being offered in Davis County, including the mobile crisis outreach team and the crisis day support services provided at the CRU. The addition of these services allows DBH to provide extra support and stabilization for individuals experiencing a mental health crisis, in a less restrictive environment.
- 3) *Crisis Intervention Team (CIT)*: DSAMH appreciates the partnership DBH has developed with the Layton Police Department CIT program. DBH has a crisis worker stationed at the Layton PD Monday through Friday. This licensed mental health therapist works closely with CIT officers to provide assessments to individuals experiencing a mental health crisis in the community. During the site visit, the CIT program staff expressed gratitude for this relationship. It assists officers by decreasing the amount of time they spend on scene, and it provides a much needed service to the community. DBH holds CIT trainings annually, and during these trainings officers are taken to the DBH day treatment to eat lunch with mental health consumers. DSAMH commends these efforts, as it supports the development of

empathy and compassion for individuals with mental illness.

- 4) *Community outreach:* DSAMH recognizes the great support that the DBH FAST team provides to its clients. FAST provides community outreach to individuals who need this support to remain stable in the community. Their team consists of four case workers, one peer support and a nurse who provide in home services Monday through Friday. In addition, their prescriber will also make house calls if necessary and they currently carry a caseload of 54 clients. These services are vital to decrease hospital stays, and to help individuals to remain in their homes and stay engaged in treatment.
- 5) *Program Participant Feedback:* Individuals in recovery were interviewed in a group format by Michael Newman, Recovery and Resiliency Program Manager, DSAMH at the Kaysville, Crisis Residential Unit (CRU), and Journey House DBH campuses. Most of the individuals interviewed expressed gratitude and feelings of comfort in their provided mental health services. Actual comments made included, “There is a lot of support overall at Davis Behavioral Health” and, “When I come here, I feel safe.” Ten out of 12 individuals that responded cited they felt supported in their spiritual beliefs by their counselors. Some gaps were shared around person-centered planning, especially in the Step Forward group, with comments such as, “DBH needs to train their therapists more on ‘what the client thinks is best’” and “I don’t feel like [the therapists] are listening”.
- 6) *Adult Peer Support Services:* DSAMH commends DBH for their continued efforts at expanding and establishing Peer Support Services (PSS). DBH has continued to be innovative, resourceful and creative in the delivery of their adult Peer Support Services, with practices such as in-home PSS, providing Whole Health Action Management (WHAM), and referring clients who have missed appointments to Peer Support Specialists. DBH has also been exemplary in maintaining the training and integrity of their Peer Support Services with ongoing support through weekly supervision. Actual comments made around PSS during client interviews included, “[The Peer Support Specialist] understands a lot more than someone who hasn’t been through some of these things” and, “[The Peer Support Specialist] can relate to us”.

## **Substance Abuse Prevention**

Susannah Burt, Program Manager, conducted the annual prevention review of Davis Behavioral Health on January 27<sup>th</sup>, 2015. The review 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**

#### **FY14 Deficiencies:**

- 1) In a review of the Eliminating Alcohol Sales to Youth (EASY) compliance checks in Davis County, there was a decrease from FY12 (159) to FY13 (113).

**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:**

None

#### **FY15 Deficiencies:**

- 1) Only 40% of the programming is considered evidence based. Eight of the 20 identified strategies are considered evidence based. The goal is 100% with up to 20% of programming being innovative or non-evidence based.

#### **FY15 Recommendations:**

- 1) It is recommended that the coalition Davis Helps (Davis County planning coalition) increase the number of parents or PTA and Youth participation.
- 2) It is recommended that Davis establish additional coalitions in the county. Syracuse and Clearfield were previously prioritized.
- 3) It is recommended that Davis provide a Risk and Protective Factor training to current contractors/program instructors.
- 4) It is recommended that Davis begin to do observation of fidelity of all prevention programs.

- 5) It is recommended that Davis send an updated year-end report with new data.
- 6) It is recommended that Davis increase the number of evidence based strategies. Currently, only 40% of the programming is considered evidence based.

**FY15 Division Comments:**

- 1) The evaluation tool used by Davis Behavioral has helped to support prevention. The data collected and analyzed has shown the impact prevention has in the agency and the community.
- 2) Davis addressed cultural competency through different programs. One program is Step Family, it offers parenting skills for blended and non-traditional families. They also offer Fearless Marriage, and have had members of the LGBTQ community participate.
- 3) Davis Behavioral reported they currently have three active coalitions in the county: Bountiful Communities that Care, Layton, and Davis Helps.
- 4) In reviewing trend data, e-cigarette use jumped up from 1.3% to 13.9% among 10<sup>th</sup> graders. Marijuana use also increased from 6.3% to 9.7% among 10<sup>th</sup> graders.
- 5) Davis Behavioral uses a fidelity checklist that compliments the evaluation tools for each program implemented.
- 6) Davis Helps has a comprehensive strategic plan that is posted publicly on their website, [http://www.daviscountyutah.gov/health/featured\\_items/CHIP\\_web.pdf](http://www.daviscountyutah.gov/health/featured_items/CHIP_web.pdf).
- 7) Davis Helps has completed a comprehensive prevention needs assessment for Davis County.
- 8) Davis Helps' comprehensive assessment brought multiple agencies together with a common goal and included replacing traditional non-useful measures with innovative methods of collecting, using and reporting prevention related data.
- 9) The prevention staff with DBH (instructors, coordinator) are empathetic and supportive of the community. Some of the instructors have followed up with families after the families have completed the program. In addition, the staff strives to improve their own work and knowledge.

## **Substance Abuse Treatment**

Dave Felt, LCSW, Program Administrator and Becky King, Program Manager, conducted the review of Davis Behavioral Health, which focused on Substance Abuse Treatment (SAPT) Block Grant Compliance, Drug Court and DORA Program compliance, clinical practice and compliance with contract requirements. Drug Court was evaluated through staff discussion, clinical records; attendance at the Adult Felony Drug Court, DUI Court Proceedings and Team Meeting. Clinical practices and documentation were evaluated by reviewing client charts and discussing current practices. Adherence to SAPT Block Grant requirements and contract requirements were evaluated by a review of policies and procedures, interviews with clients and a discussion with DBH staff. Treatment schedules, policies, and other documentation were viewed. The Utah Substance Abuse Treatment Outcomes Measures Scorecard results were reviewed with DBH staff. Client satisfaction was measured by reviewing records, Consumer Satisfaction Survey data and results from client interviews.

### **Follow-up from Fiscal Year 2014 Audit**

#### **FY14 Deficiencies:**

DBH did not collect a sufficient amount of Youth Satisfaction Survey (Family) surveys to obtain accurate data results. DBH collected a sample rate of 9.4%.

Over the past year, DBH increased their sample collection rate to 11.7%, which now meets Division Directives.

**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) The Utah Substance Abuse Treatment Outcomes Scored showed that tobacco use from admission to discharge increased from 50.7% to 70.3% from FY13 to FY14 respectively. This does not meet Division Directives, which state:

*“Local Substance Abuse Authorities Scorecard will show that the percent of clients who use tobacco will decrease from admission to discharge by 5%.”*

DBH should check their data for accuracy and/or develop a plan to decrease tobacco use from admission to discharge.

**Center's Response and Corrective Action Plan:**

DBH has discovered a data collection error in the state reporting section of its electronic health record. This error has been corrected.

- 2) The Davis County Adult Felony, DUI and Family Dependency Drug Courts are charging a flat fee rate of \$1,250.00 per year, which is not in compliance with Division Directives. All State funded Drug Courts are required to have a sliding fee scale for their clients. This rate appears to be set by the Drug Court rather than DBH, despite DBH's efforts to follow Division Guidance. The Davis County Drug Courts need to follow guidelines outlined in the Division Directives and develop a sliding fee scale, approved by the County Commissioner and DSAMH.

**Center's Response and Corrective Action Plan:**

DBH will adhere to R523-1-5 regarding Fee for Service. All Drug Court clients will be assessed fees based on the usual and customary rate approved by the local authority, or a negotiated cost with the client receiving services.

**FY15 Deficiencies:**

- 1) Drug Court Clients who are referred to Intensive Outpatient Treatment are charged treatment fees in addition to their Drug Court Fees.
- 2) The Davis Felony Drug Court Manual ties Phases of Drug Court to specific levels of treatment and frequency of treatment sessions. Frequency and intensity of treatment should be based on individual client needs and progress, and should be separate from Drug Court phases. Changes in treatment should not be used as either sanctions or rewards.

**FY15 Recommendations:**

- 1) *Clinical Charts:* DBH has made good efforts in improving their clinical charts over the past year. For example, the treatment plan objectives are now measureable, time limited and achievable. One area of focus for the next year should be to start including the clinical observations in the individual and group notes. The clinical observation consists of the therapist's observation of the client's progress or lack of progress on their treatment goals the next steps (*Chart #'s 76553, 3621, 74768*).
- 2) *Drug Court:* DBH should work with their drug court teams to ensure that all team members of the drug court and the drug court clients are provided a copy of the sanctioning matrix. 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 be imposed for those behaviors; and the legal collateral consequences that may ensue from graduation and termination. Numerous studies indicate implementation of this best practice standard in improved outcomes for drug court clients.

**FY15 Division Comments:**

- 1) *Living Well Clinic:* During the past year and a half, DBH has been offering services to underinsured and uninsured clients through the Living Well Clinic, which has been very successful. In FY14, the Living Well Clinic increased the number served at DBH by 1,000, without any additional funding. DBH attributes their success to quality care and extending their services to non-Medicaid clients.
- 2) *Recovery Support Services:* DBH is starting a pilot program with the “Red Barn,” which is a locally owned organization. The Red Barn will provide recovery support services, transitional housing, supported employment, peer coaching, life skills, and therapy groups. There will be two therapists, Family Resource Facilitators (FRF’s) and case managers assigned to provide services at the Red Barn a few hours each week. This pilot project will be adding recovery support services, which has not been available in the past.
- 3) *Trauma-Informed Services:* Over the past year, DBH has incorporated Trauma-Focused Cognitive Behavioral Therapy in their youth and children’s program, which has produced great results. In addition, DBH developed gender specific groups by separating the men and women in the Intensive Outpatient Treatment (IOT) Program. The following evidenced programs have been used by DBH to provide trauma-informed and gender specific interventions in their groups: (1) *Seeking Safety* (Dr. Najavits); (2) “Helping Women Recover: A Program For Treating Addiction”; (3) “Beyond Trauma: A Healing Journey for Women”; (4) “Helping Men Recover: A Program for Treating Addiction.” DBH continues to demonstrate a commitment to providing evidenced based services that provide better outcomes for their clients.
- 4) *Cultural Competence:* DBH has a cultural competence committee that meets on a regular basis to ensure that their services are culturally relevant and appropriate. This committee focuses on seven core values: (1) Point of Care; (2) Educating Staff and Providers; (3) Access to Resources; (4) Economic System; (5) Ecological System; (6) Family and Client Focused; (7) Political System. DBH’s philosophy on culture competence is that “*culture is individual and staff need to learn about the client’s culture by asking them questions.*” DBH is doing an outstanding job of ensuring that their services are culturally relevant and appropriate.
- 5) *Peer Support:* DBH has one of the most robust peer support service systems in Utah. For the Youth and Children’s Program has Family Resource Facilitators and case managers that work with clients, families, the Juvenile Justice System, Felony Drug Court, Davis Behavioral Hospital, the Spanish speaking community and other groups. The Adult Peer Support Specialists and Case Managers provide home health management services; facilitate

a weekly shopping and swimming group; facilitate a Saturday and Sunday Support Group that is Peer run; and assist with groups in the HUD homes on Thursdays and Fridays. There are nine Peer Support Specialists at DBH, with one that is assigned to the Crisis Residential Unit. They receive weekly supervision from a licensed mental health therapist, which provides them with guidance and support. The Peer Support Specialists, FRF's and Case Managers have done an outstanding job in providing recovery support services and building bridges with the community.

- 6) *DBH Staff*: Clients feel supported by DBH Staff and appreciate the variety of services that are available. DBH staff has demonstrated a commitment to providing a continuum of quality services for their clients. Their ongoing dedication to clients has resulted in positive outcomes in treatment and consumer satisfaction surveys.
- 7) *Medication Assisted Treatment (MAT) and Recovery*: DBH has made significant progress in incorporating MAT into the services provided.

## Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Davis Behavioral 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

Jeremy Christensen \_\_\_\_\_ Date \_\_\_\_\_  
Assistant Director Mental Health

Brent Kelsey \_\_\_\_\_ Date \_\_\_\_\_  
Assistant Director Substance Abuse

Doug Thomas \_\_\_\_\_ Date \_\_\_\_\_  
Division Director