

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



Site Monitoring Report of

Four Corners Community Behavioral Health

Local Authority Contracts #130074 and #130075

Review Dates: October 21st and 22nd, 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 Four Corners Community Behavioral Health (also referred to in this report as FCCBH 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 Four Corners Community Behavioral Health on October 21st and 22nd, 2014. 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

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 None	
<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	
<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 3	20 - 22

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review at Four Corners Community Behavioral Health (FCCBH) on October 21st and 22nd, 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; FCCBH was found to be within the client cost standards provided in the DSAMH Division Directives. 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. Detailed service and operating expenditures were examined for proper approval and supporting documentation. All selected expenditures were found to be properly approved and were supported with adequate documentation.

Executive travel reimbursements were reviewed for FY14, all expenditures included appropriate documentation and approval. Board minutes were reviewed for the same time period. It was noted that the board reviews the Center's disbursements report each month and approves them. There appears to be substantial oversight provided by the board over the Center's financial activities.

The CPA firm Wiggins & Co. P.C. performed the Center's financial statement audit for the year ending June 30, 2014. The Independent Auditor's Report dated September 23, 2014 issued an unqualified opinion, there were no reported findings or recommendations.

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) Two active subcontractor files were reviewed in the site visit, it was noted that one of the files did not include any completed monitoring tools. Although FCCBH did monitor the subcontractor's performance, it is recommended that FCCBH monitors all subcontractors utilizing a formalized monitoring tool. This will help to demonstrate compliance with the DHS Contract requirement which states:

“When the Local Authority subcontracts, the Local Authority shall at a minimum: (1) Conduct at least one annual monitoring review”

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 Four Corners Community Behavioral Health on October 21st and 22nd, 2014. The monitoring team consisted of Eric Tadehara, Program Manager; Amanda Alkema, 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, allied agency visits, and feedback from families through questionnaires and a discussion group. During the discussions, the monitoring team reviewed the FY14 monitoring report; 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

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:

- 1) During the chart review process, objectives in nine of the twelve charts lacked measurable, achievable objectives. Sample objectives present include the following: client will have "increased consequential thinking," the youth will "develop skills to avoid high anxiety," and the youth will "increase following and noticing the limits of others." Each of these objectives fail to show a means of measurement, and prove difficult to achieve. Division Directives state that objectives should be "behavioral changes that are measurable, short term and tied to the goals."

FY15 Recommendations:

- 1) It is recommended that FCCBH increase communication with community partners (e.g. Juvenile Court and the Division of Child and Family Services) in Grand County in order to clarify expectations and increase ability to collaborate.

FY15 Division Comments:

- 1) *Family Feedback & Strengthening Families Groups:* Family feedback was provided by seven families, with three attending a family feedback group and four completing the Utah Family Coalition (UFC) survey. Families reported FCCBH staff care about them and their children. Parents were also grateful for the flexible scheduling because it helps their children to attend services.
- 2) *Wraparound and Family Resource Facilitation:* FCCBH provides Wraparound to fidelity as defined by the UFC. The Family Resource Facilitators (FRFs) are an integral part of service delivery and are treated as valued team members. Of the families who completed the UFC survey, each who works with an FRF reported that the FRF is helpful and provides a number of necessary services. It is recommended that the FRFs continue to help strengthen professional relationships with families and partnering agencies.

Adult Mental Health

The Division of Substance Abuse and Mental Health Adult Monitoring Team conducted its annual monitoring review at Four Corners Community Behavioral Health on October 21st and 22nd, 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, records were reviewed from Emery, Carbon and Grand Counties. Visits were conducted in Carbon and Grand County to adult residential/supported housing, psychosocial services at New Heights and Interact Clubhouses; and supported employment centers in Grand County. Focus groups were conducted at New Heights and Interact Clubhouses to obtain feedback from consumers. During the discussions, the site visit team reviewed the FY14 monitoring report; statistics, including the mental health scorecard; area plans; outcome questionnaires; 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:

- 1) During the chart review process, six out of nine charts reviewed lacked measurable goals and objectives. Division Directives state that the objectives should be "behavioral changes that are measurable, short term, and tied to the goals." Implementing Division Directives may include ongoing education and support to service providers with an emphasis on creating measurable and attainable goals. When goals are clear and measurable, it is easier for the client and therapist to evaluate progress toward recovery.

FY15 Recommendations:

None

FY15 Division Comments:

- 1) *Crisis Safety Planning*: DSAMH commends FCCBH efforts in implementing safety planning into their electronic medical record for any individual who could benefit regardless if they are suicidal. This approach to safety planning is proactive, promotes collaboration, focuses on strengths, and identifies and encourages healthy coping skills.
- 2) *Hospital Diversion*: DSAMH recognizes and appreciates FCCBH's increased efforts toward hospital diversion by providing bed space at Friendship Manor in Price and the Willows in Moab. Hospital diversion allows individuals in crisis to receive increased support in a safe environment while avoiding unnecessary costly hospitalizations and Emergency Department visits.
- 3) *Suicide Prevention*: FCCBH continues to diligently work with its community partners to address suicide prevention. In an effort to raise awareness and provide education on the problem of suicide, FCCBH has partnered with local press and their local community coalition. They also participate in community activities including parades and wellness fairs. FCCBH has a Mental Health First Aid and Question Persuade and Refer instructor on staff, to continue to educate the community in suicide prevention techniques. In addition, the prevention coalition raised 20,000 dollars and granted this money to FCCBH for suicide prevention during a Golf Tournament this year.
- 4) *Program Participant Feedback*: Individuals in recovery interviewed by Michael Newman, DSAMH Recovery and Resiliency Program Manager, reported that their treatment was helpful overall and stated that they felt supported in the areas of transportation, housing, and in their spiritual health. Participants felt supported within their physical health at FCCBH but shared that they would like more exercise groups to participate in.

Substance Abuse Prevention

Susannah Burt, Program Manager, conducted the annual prevention review of Four Corners Community Behavioral Health on October 21st, 2014. Susannah Burt participated in the data teleconference meeting on October 23rd, 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:

None

FY15 Deficiencies:

None

FY15 Recommendations:

- 1) Emery County completed 18 Eliminating Alcohol Sales to Youth during FY14, with 100% compliance. This was not reported to Utah Highway Safety and it wasn't included in the EASY Annual Report. The Prevention Coordinator reported that Grand County wasn't as engaged in EASY compliance checks. Price Police Department also did not execute any EASY compliance checks; however they have an action plan for FY15. It is recommended that FCCBH continues to collaborate and work with all communities to execute EASY checks.

FY15 Division Comments:

- 1) Due to high staff turnover and the State assigned reporting system being offline for a majority of FY14, FCCBH didn't collect all demographics of population served. FCCBH has hired a full time Prevention Coordinator and will have more consistency. DSAMH also has a data system that is accessible.

- 2) FCCBH demonstrates that they are energetic and excited to focus on prevention. Executive Director Karen Dolan shared how they are engaging the Prevention Coordinator in multiple aspects of behavioral health. This includes bringing the Prevention Coordinator to the Program Directors' meetings, discussing early intervention, and moving towards more community-based prevention.

Substance Abuse Treatment

Dave Felt, Program Administrator, Becky King, Program Manager, and Janida Emerson, Program Manager, conducted the monitoring review which focused on: Substance Abuse Treatment (SAPT) block grant compliance; compliance with Division Directives and contracts; drug court program compliance; consumer satisfaction and clinical practices. Compliance with the SAPT block grant, Drug Court, DORA Program and contract requirements were evaluated by a review of policies and procedures; interviews with program managers and client chart audits. Consumer satisfaction and compliance with Division Directives were evaluated using the Division Outcomes Scorecard, the Consumer Satisfaction scorecard and through face to face interviews with clients.

Follow-up from Fiscal Year 2014 Audit

FY14 Minor Non-compliance issues:

- 1) FCCBH is not reporting the number of clients using Social Support Recovery, as required by Division Directives.

The FY14 Outcomes Measures reflect that FCCBH increased the number of clients participating in Social Support Recovery Services by 170.8%.

This issue has been resolved.

- 2) Clinical documentation continues to vary significantly from therapist to therapist, with some records doing an excellent job of reflecting client progress and work, and others reflecting little clinical thought or effort.

FCCBH recently changed their electronic charting system to Credible, which has provided staff with an opportunity to improve their documentation. However, staff continues to struggle with developing measureable objectives in the treatment plan.

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

FY14 Deficiencies:

- 1) Data from the Utah Substance Abuse Treatment Outcomes Scorecard shows that in FY13 the percentage of clients that completed a treatment episode successfully decreased from 34.7% to 31.3%, which does not meet Division Directive requirements.

From FY13 to FY14, the percent of clients completing a treatment episode successfully decreased from 31.3% to 28.1% respectively, which continues to be out of compliance with Division Directives.

This deficiency has not been resolved and is continued in FY15; see Minor-Non-Compliance Issue #2(b).

- 2) FCCBH has not placed an emphasis on the Recovery Plus Program/Tobacco Cessation.

In FY14, FCCBH has clearly improved their emphasis on Tobacco Cessation through educational classes and providing resources to clients. There are now Recovery Plus posters and pamphlets in the lobby, hallways and group rooms. Staff has also been addressing Tobacco Cessation in individual and group therapy sessions.

This deficiency has been resolved.

- 3) FCCBH is not closing cases appropriately. They have 6.4% of “old open admissions”, which is above the required amount according to Division Directives.

In FY14, the percent of “old open admission” increased to 18.6%, which still does not meet Division Directives.

This deficiency has not been resolved and is continued in FY15; see Minor-Non-Compliance Issue #3.

- 4) FCCBH is not reporting Tobacco use at discharge which makes it impossible to determine the effectiveness of their Recovery Plus Policy.

In FY14, FCCBH started reporting tobacco use at discharge.

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) As in FY14, Clinical documentation continues to vary significantly from therapist to therapist. Despite the change in Electronic Health Record to Credible, which has provided staff with an opportunity to improve their documentation, far too many of their records reflect rigid time-based entries instead of ongoing process documentation. Therapists continue to struggle with developing measurable objectives in the treatment plan or keep them current reflecting client progress in treatment. The Division Directives state:
- *The plan is kept current and up to date.*
 - *Short term goals/objectives are measurable, achievable and within a timeframe.*

Center's Response and Corrective Action Plan:

Credible is a vastly different database system from our previous EHR, and staff are continuing to adjust to the changes associated with our new TX plus (formally MC plans) format. It is our prediction that as staff continue to become comfortable with using Credible, to its fullest capabilities, including understanding the improved flexibility around updating TX plus plans as they change/accomplish goals, plans will be updated more frequently, and kept increasingly more current and up to date. In addition, we will be developing a variety of quality examples with accurate/appropriate documentation included in each of the fields of the new TX Plus plan. Included in that will be examples of accurately written short term goals/objectives that are measurable, achievable, and within a timeframe. Those written examples will be provided to everyone participating in TX plus planning throughout the agency. The process to which that will happen is as follows: The examples will be developed by the Clinical Director and approved through the executive team. The Clinical Director will provide the examples and train the Program Directors. The program directors, over each of the clinics, will provide copies of the examples to their appropriate staff and train to the accurate completion of these documentation expectations. With regards to continued monitoring, we will be using the State Division's monitoring tool as part of our QI process to ensure adherence to the corrective active plan. This will be randomly monitored on a bi-monthly basis.

2) Data from the FY14 Utah Substance Abuse Treatment Outcomes Scorecard shows:

- a) The percent of clients retained in treatment 60 or more days decreased from 52.2% to 49.3% from FY13 to FY14 respectively.

Local Substance Abuse Authorities will meet or exceed their FY2013 treatment retention in the FY2014 and will work towards achieving a goal of 70%. Local Substance Abuse Authorities whose FY2013 retention rate was over 70% are required to meet or exceed a 70% retention rate in the FY2014. Retention is defined as the percentage of clients who remain in treatment over 60 days.

- b) The percentage of clients that completed a treatment episode successfully decreased from 31.3% to 28.1% from FY13 to FY14 respectively.

Upon further research of treatment episode completions, it was observed that:

- 28% of clients had successful completions
- 28% of clients dropped out of treatment
- 36% of clients were transferred to another level of service who never appeared for treatment

Local Substance Abuse Authorities will meet or exceed their FY2013 Successful Treatment Episode Completion rates in the FY2014 and will work towards achieving a goal of 60%. Local Substance Abuse Authorities whose FY2013 completion rate

was over 60% are required to meet or exceed a 60% completion rate in FY2014. Successful Treatment Episode Completion is defined as a successful completion of an episode of treatment without a readmission within 30 days. An episode of treatment is defined in the Treatment Episode Data Set.

- c) The percent of tobacco use from admission to discharge increased from 62.9% to 63.0% from FY13 to FY14 respectively.

Local Substance Abuse Authorities' scorecard will show that the percent of clients who use tobacco will decrease from admission to discharge.

Center's Response and Corrective Action Plan:

With the implementation of Credible, clinicians will continue to be trained around the appropriate placement of clients into limited treatment services, trained to assess for readiness for placement into Level I/Level II services when appropriate to increase retention into those programs. Also, the improvement of our new EHR database system will improve data capturing around clients being appropriately placed in episodes of treatment, as well as data captured in those episodes of treatment. Four Corners has also begun monitoring completion reasons on a monthly basis to ensure accurate coding; accounting for what we believe is a higher success rate than what is currently being reported.

With regard to tobacco cessation, FCCBH will increase our tobacco cessation programing and Recovery Plus initiatives.

- 3) FCCBH is not closing cases appropriately. They have 6.4% of "old open admissions", which is above the required amount according to Division Directives. In FY14, the percent of "old open admission" increased to 18.6%, which still does not meet Division Guidelines:

Old open admissions should account for less than 4% of clients served for a given fiscal year for non-methadone Outpatient and/or IOP and any residential and/or detox.

Center's Response and Corrective Action Plan:

We are continuously working with clinicians to help them be more proactive at moving clients who have completed higher levels of treatment (i.e. Level III, II, I), into Limited Treatment if they are requiring ongoing/longer-term care. Also, ongoing training around appropriate closure procedures that will trigger TEDS discharges. In addition, we will provide the clinicians a list of their assigned clients who have been open for more than 2 years, to verify whether their current modality is still applicable.

FY15 Deficiencies:

- 1) *Drug Court:* FCCBH clinical staff should be scanning and attaching copies of the RANT to the clinical file for drug court clients.

FY15 Recommendations:

- 1) *Clinical Documentation:* FCCBH should increase the use of face to face clinical supervision using a review of documentation as the focus of the supervisory session.
- 2) *Youth Treatment Services:* Recently, the number of youth referred to FCCBH has decreased to the point where services have been reduced or eliminated. FCCBH has recently hired a Prevention Specialist to collaborate with the school programs and the community. FCCBH is also working with Juvenile Court, Probation and Judges to increase the number of youth referrals to their program. It is recommended that FCCBH intensify their efforts to engage partners and strengthen their adolescent services.
- 3) *Drug Court:* FCCBH should work with their drug court teams to ensure that the frequency drug court clients appear in status hearings adheres to best practice standards. These standards state that status hearings should be scheduled no less frequently than every four weeks until participants are in the last phase of the program.
- 4) *Drug Court:* FCCBH should work with their drug court teams to develop a 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.
- 5) *Drug Court:* FCCBH Emery County Adult Felony Drug Court is not exclusively serving high risk – high need individuals. Best practice standards define the target population of the adult felony drug court program as those individuals who are at substantial risk for re-offending or failing to complete a less intensive disposition—high risk and high need offenders. Evidence suggests that mixing participants with different risk levels can lead to adverse results for drug court clients. FCCBH should make every attempt to ensure they are serving the target population in their drug court program; and if that is not possible consider developing a system that does not mix participants with different risk or need levels.

FY15 Division Comments:

- 1) *Agency Initiatives:* FCCBH developed four initiatives over the past year to improve the overall quality of services, which include: (1) Becoming a trauma-informed organization; (2) Increasing staff retention; (3) Providing world class customer service; (4) Producing good data. FCCBH has dedicated time and training for each initiative, which has already demonstrated great results for staff, clients and the community.
- 2) *Integrated Care:* FCCBH recently received a grant for \$100,000.00 to provide substance use disorders and mental health treatment in the local Federally Qualified Health Centers

(FQHC). This grant will be used to improve integrated behavioral and physical health care services in the community.

- 3) *Youth-In-Transition*: FCCBH received the DSAMH Youth-in-Transition grant to improve services for youth transitioning from adolescence to early adulthood. This grant will allow FCCBH to expand services for this population.
- 4) *Medicated Assisted Treatment (MAT)*: FCCBH has a high incidence of opiate use and recent suicides in their area, which has resulted in community efforts to resolve this issue, including the use of MAT. However, one of the barriers for the use of MAT includes limited funding options. Despite this barrier, FCCBH continues to promote the use of MAT through assessment, education and counseling.

Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Four Corners Community 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

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