

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



Site Monitoring Report of

Southwest Behavioral Health Center

Local Authority Contracts #122284 and #122285

Review Date: April 28th & 29th, 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 Southwest Behavioral Health Center (also referred to in this report as SBHC 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 Southwest Behavioral Health Center on April 28th & 29th, 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

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 2	19 - 21

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review at Southwest Behavioral Health Center (SBHC) on April 28th & 29th, 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 reimbursements were reviewed for FY14, detailed service and operating expenditures were examined for proper approval and supporting documentation.

The CPA firm Hafen Buckner Everett & Graff performed the Center's financial statement audit for the year ending June 30th, 2014 and issued a report dated October 31st, 2014; the auditors' opinion was unqualified. As a part of the review, they examined specific items at the Division's request, including executive travel, personnel and allowability of costs reported. In their opinion these items are accurately presented and no findings or issues were discovered.

Follow-up from Fiscal Year 2014 Audit:

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:

None

FY15 Deficiencies:

None

FY15 Recommendations:

None

FY15 Division Comments:

- 1) Southwest Behavioral Health Center's client cost for Substance Abuse Treatment is above the state average. SBHC received a finding for this issue in the FY13 monitoring report and provided an explanation for the high costs. Due to demand from the community, SBHC

operates three Substance Abuse Residential programs. Providing residential services has a large impact on cost per client, due to the expense of services and a smaller number of clients served. SBHC's residential program has been shown to be a valuable and effective service for many clients. Although SBHC's cost per client is still above the state average, the Division is satisfied with the provided explanation and will not issue a finding for the FY15 monitoring report.

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, and Families team conducted its annual monitoring review at Southwest Behavioral Health Center April 28th and 29th, 2015. The monitoring team consisted of Eric Tadehara, Program Manager; Dinah Weldon, Program Administrator; 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 staff, program visits, and feedback from families through questionnaires, and a discussion group. During the visit, the monitoring team reviewed FY14 audit; statistics, including the Mental Health Scorecard; Area Plans; Youth Outcome Questionnaires; family involvement; Family Resource Facilitation (Peer Support); Wraparound to fidelity; Multi-Agency Coordinating Committee; school-based behavioral health; Mental Health Early Intervention Funding; 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) *Medication Management:* SBHC does not provide medication management at a rate similar to the state average (23.1%) or rural averages (14.1%). In FY14, SBHC provided medication management to 7.1% of the children and youth served, a total of 108 children and youth. SBHC has made strong efforts to recruit and maintain prescriber staff, including identifying partnerships with private providers, but continues to be at a lower rate than the state and rural averages.
- 2) *Levels of Care:* In last year's report, SBHC was encouraged to ensure residential care is accessible and utilized. The number of children and youth who accessed higher levels of care has increased in each of the past fiscal years. In FY12, seven children and youth were in the Utah State Hospital and eleven were in inpatient settings; in FY13, eleven children and youth were in the Utah State Hospital and seventeen children and youth were in inpatient

settings; while there were nine and twenty-three, respectively, during FY14. It is recognized that SBHC continues to make efforts on evaluating levels of care and finding appropriate residential placements.

- 3) *Recovery Plan Objectives:* This is a joint finding of the Substance Use Disorder, Adult Mental Health, and Children’s Mental Health Teams: While SBHC has developed a highly flexible electronic health record, recovery plans continue to be static, showing little change over the course of treatment. Objectives are broad and not measurable and do not change over time to show the progress of the client in their recovery. Recovery plans should guide the client through the treatment progress and objectives should represent meaningful steps throughout the recovery process.

FY15 Recommendations:

None

FY15 Division Comments:

- 1) *Services for Youth with Autism Spectrum Disorders:* SBHC has contracted with Utah Behavioral Services to provide increased access for children and youth with Autism Spectrum Disorders. The partnership has allowed over 100 children and youth to have access to behavioral health services, and SBHC continues to see increased need for Autism services.
- 2) *Family Feedback:* The Utah Family Coalition (UFC) gathered family feedback from 55 families; 13 families attended the family feedback group and 42 questionnaires were collected. Overall, families believe SBHC and the staff are kind and care about their children and families. Parents and families are happy for the various services provided by SBHC, including the Mobile Crisis Outreach Team (MCOT), school-based services, and the partnership with Utah Behavioral Services. One parent commented that SBHC empowers parents, and “they back us up and make it simple.”
- 3) *Wraparound & Family Resource Facilitators:* SBHC is providing Wraparound to fidelity as defined by the UFC in Iron and Washington Counties. The Family Resource Facilitators (FRF) are integral parts of the team. During the family interview, the caregiver stated that “our team has helped us through a difficult time and they have helped decrease our stress” along with being a positive support for their family. Another parent reported the FRF being a strong influence in their life and they help the family to feel safer and happier. It is recommended that SBHC provide a training opportunity for staff to know and understand where the FRF documents are located in the electronic medical record, particularly in areas outside of St. George.

Adult Mental Health

The Adult Mental Health team conducted its annual monitoring review of Southwest Behavioral Health Center on April 28th, 2015. The team included Pam Bennett, Adult Mental Health Program Administrator, LeAnne Huff, Adult Mental Health Program Manager, Robert Snarr, Adult Mental Health Program Administrator, and Michael Newman, Recovery and Resiliency Peer Program Manager. The review included the following areas: Discussions with clinical supervisors and management teams, record reviews, site visits to administrative offices, outpatient clinics, Southwest Supported Employment Services, Elev8 Day Program, Oasis House, Iron County Care and Share and the Iron County Jail. During the discussions, the team reviewed the FY14 audit; 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

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) *Documentation of Outpatient Services:* This is a joint finding of the Adult Mental Health, Substance Use Disorder and Children's Mental Health Teams: While SBHC has developed a highly flexible electronic health record, recovery plans continue to be static, showing little change over the course of treatment. Objectives are broad and not measurable (in six out of eleven Adult Mental Health charts reviewed) and do not change over time to show the progress of the client in their recovery. Recovery plans should guide the client through the treatment progress and reflect changes in objectives and goals as the client completes each new objective. In addition, two of two Adult Mental Health charts from frontier offices were missing several required components including the formulations, recommendations, documentation to justify the diagnosis and coordination between the diagnosis and goal.

FY15 Recommendations:

- 1) *Outcome Questionnaire (OQ) as an Intervention:* DSAMH commends SBHC for administration of the OQ to 50.6% of unduplicated clients. However, eight of eleven charts (72.7%) did not document review of the OQ. Division Directives state that data from the OQ or Youth Outcome Questionnaire (YOQ) shall be shared with the client and incorporated into the clinical process, as evidenced in the chart. DSAMH recommends that SBHC train clinical staff to use the OQ as a clinical tool and to document accordingly.

FY15 Division Comments:

- 1) *Community Relationships:* DSAMH commends SBHC for developing strong relationships in Iron County, as evidenced by positive feedback from community service providers including Iron County Share and Care and the Iron County Jail.
- 2) *Employment services:* SBHC has been awarded a TANF grant from the Utah Department of Work Force Services to provide family preservation services and has been awarded the Substance Abuse and Mental Health Services Administration (SAMHSA) Supported Employment (SE) Grant to provide evidence based SE programs to adults with mental illness. SBHC has demonstrated exemplary work in providing Supported Employment Services to their clients, pioneering Individual Placement Services (IPS) in Utah prior to receiving SAMHSA funding and continuing to develop fidelity to the IPS model.
- 3) *Crisis Interventions:* DSAMH commends SBHC for using interventions such as phone coaching (Dialectic Behavioral Therapy) to decrease inpatient hospitalization and provide timely support for clients in distress. SBHC has also developed mobile crisis outreach teams and is working together with local law enforcement in Washington and Iron counties.
- 4) *Consumer Feedback:* Individuals in recovery were interviewed in group format by Michael Newman, Recovery and Resiliency Program Manager, DSAMH, at the Elev8 and Oasis Day Treatment Centers and at the Cedar City Dual Diagnosis group. Participants expressed that overall, their treatment was going well with such comments as “I feel like I have support”, “I like our new classes” and “our group has ‘clicked’.” Feedback on an area that needs improvement was around clients’ “voice and choice”, 18 out of 28 group participants felt that they lacked choice in their treatment with such comments as “I don’t feel heard”, “I feel like a lot is done without us” and “we no longer attend meetings with our whole treatment team.” In addition, only one out of seven tobacco users among the groups reported being offered tobacco cessation services (Quitline).
- 5) *Peer Support Services:* SBHC has one Certified Peer Support Specialist (CPSS) working in Washington County and two hired CPSS’s providing Peer Support Services in Iron County. Recipients of Peer Support Services stated the following about SBHC’s Peer Support Specialists: “They can relate to me”, “they help with [my] recovery”, “[the CPSS’s are] uplifting”, and the services they provide are “tremendous.” The Peer Support Specialists provide Whole Health Action Management (WHAM) classes, Recovery Dialogues groups, one-on-one individual “pep talks” and share their own recovery stories to inspire hope and empathize with others. SBHC recently held their 2nd Annual “Recovery Conference”, which every employee attends to hear directly about recovery-based services and principles. This year’s topic was “Client Voice in Treatment.”

- 6) *Suicide Prevention:* DSAMH recognizes SBHC's efforts in providing suicide prevention to the community. In addition to the Reach4Hope Coalition, SBHC has 49 Question, Persuade, and Refer (QPR) trainers, has trained over 1200 people as suicide prevention gatekeepers, and is providing a quarterly QPR newsletter. In addition, SBHC has three Mental Health First Aid trainers.

- 7) *Dixie View Apartments and Housing Matters:* DSAMH recognizes SBHC's efforts in being in compliance with HUD and the Continuum of Care funding to provide housing for the community while keeping within the mission of the Local Mental Health Authority. SBHC staff have been active in providing treatment and recovery services by teaching independent living skills and working to help individuals be successful in the community. Units are well maintained and clean, excellent report from program participants and case management to client ratio thirteen to one is exemplary. However, SBHC has not fully participated in the process of coordinated assessment and placing chronically homeless individuals from the community housing list. Also, this year programs have experienced slow spend-down and unexpended funds. In discussion with community partners, SBHC is exploring the possibility of working with the local Public Housing Authority to assume the grant due to the burden in meeting HUD requirements.

Substance Abuse Prevention

Susannah Burt, Program Manager, conducted the annual prevention review for Southwest Behavioral Health on April 28th, 2015. 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

There were no findings from FY2014.

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) It is recommended that SBHC build staffing capacity from part time staff in counties to full time staff.

FY15 Division Comments:

- 1) SBHC completed a thorough assessment with the support of the Washington County Coalition. Readiness assessments were completed throughout all the counties with the help and support of their local coalitions in Kane, Beaver, Iron, and Garfield Counties. Additionally, all county coalitions reviewed the Student Health and Risk Prevention (SHARP) data and data available on the Social Indicators website (www.bach-harrison.com/utsocialindicators).
- 2) Capacity is valued as evidenced by supporting longer training and more training for both SBHC staff and coalition members.
- 3) SBHC requires all staff and providers to follow program curriculum, including pre and post tests for all programming. This is monitored by observation as well as checklists.

Substance Abuse Treatment

David Felt, Program Administrator, and Heather Lewis, Program Manager, conducted the substance abuse treatment review of Southwest Behavioral Health Center on April 27th -29th, 2015. The review focused on Substance Abuse Treatment (SAPT) Block Grant Compliance, Drug Court Program compliance, clinical practice and compliance with contract requirements. Clinical practices and documentation were evaluated by reviewing client charts and discussing current practices. Adherence to SAPT Block Grant requirements, contract requirements and Drug Court requirements was evaluated by a review of policies and procedures, interviews with clients, a discussion with SBHC managers, visits to two Drug Court staff meetings and court sessions, and a review of program schedules and other documentation. SBHC performance was evaluated using Utah Substance Abuse Treatment Outcomes Measures Scorecard and Consumer Satisfaction Survey Data. Client satisfaction was measured by reviewing records, Consumer Satisfaction Survey data and results from client interviews.

Follow-up from Fiscal Year 2014 Audit

FY14 Minor Non-compliance issues:

- 1) The FY13 Utah Substance Abuse Treatment Outcomes Measures Scorecard reflects that successful treatment episode completion rates decreased from 58.1% to 41.2% from FY12 to FY13 respectively. The FY14 mid-year data reports a minor increase in successful episode completion rates to 42.2%, which still does not meet Division Directives:.

SBHC's Treatment Completion rate improved to 44.3% during FY14. While not as high as their FY12 rate, it meets the Division Directive's requirements.

This issue 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 FY14 Utah Substance Abuse Treatment Outcomes Measures Scorecard reflects that Increased Alcohol Abstinence rates for SBHC were 25.5% which fell below 75% of the National average, which is the DSAMH minimum standard. The FY15 mid-year Data Manager's report indicates that the percent of increase of abstinence has actually fallen to 21.4% during the first six months of FY15.

Center's Response and Corrective Action Plan:

SBHC RESPONSE: SBHC has discussed this reporting concern with DSAMH staff and have proposed several corrective options. We have also discussed this at length with our own treatment staff. While we believe that we may actually have a treatment population with a higher-than-average abstinence rate, we recognize that there may be internal recording and reporting issues that are impacting this Scorecard calculation. SBHC staff have noted that clients do not always indicate alcohol use upon admission perhaps due to the impression that it is not abused but used in some moderation. Other staff have indicated that alcohol use may also not be recorded appropriately at admission because of the high number of other substances the client is abusing (exceeding the tertiary field), though recorded in a clinical note. Division staff report, however, that our data only shows a tertiary substance in 15% of our submitted data, so this possible reason may not be as impactful as originally suspected. We have seen a few examples where, as treatment has come to a close, a client may continue to use alcohol (as a legal substance) and at discharge more accurately report its use. In these cases staff are changing the substances used to now include alcohol. This practice would certainly impact our Scorecard data. SBHC will continue to review what may be impacting our reporting and consider ways to improve our reporting accuracy. SBHC would also like to suggest that perhaps "Alcohol", as a legal substance, be reported for State Reporting more like Tobacco Use is gathered.

CORRECTIVE ACTION: SBHC has already begun to address this reporting issue with staff. We will continue to train staff to ask about Alcohol Use and to appropriately indicate Alcohol Use and frequency at admission. Our EHR prompts for reporting have already been updated to seek out Chemical "USE" rather than "Dependency" and have been highlighted as reminders to appropriately gather this data. As training continues throughout the year, we will continue to review our data to see what impact we may be having in this reporting element. The training will be completed by the end of Quarter 1, September 30, 2015.

RESPONSIBLE STAFF: Those responsible for training are Michael Cain-Clinical Director, Lesli Riggs-Arnold-Program Manager, Angi Graff-Program Manager, and Wendy King-Client Information.

- 2) The FY14 Utah Substance Abuse Treatment Outcomes Measures Scorecard reflects that Decreased Criminal Justice Involvement rates for SBHC fell from 38.9% in FY13 to 23.4% in FY14 which is below 75% of the National average, the DSAMH minimum standard. The FY15 midyear Data Manager's report indicates that the percent of Decreased Criminal Involvement continued to fall to 15.4% during the first six months of FY15.

Center's Response and Corrective Action Plan:

SBHC RESPONSE: SBHC has reviewed client records and data shows that we are accurately reporting this data. SBHC is discharging clients to Jail when rules and guidelines

are broken, we have a strict Non-Compliance Policy and clients often return to Jail. Once a client is ready to return to treatment, they are welcomed back into services.

CORRECTIVE ACTION: As part of all current JRI discussions, SBHC will discuss this issue and practice with our community and county partners, looking for ways to reduce this level of recidivism. SBHC will also engage in conversations with the Division and other LSAA's to consider other approaches and ideas. We anticipate that we will have this review completed by October 31, 2015.

RESPONSIBLE STAFF: Those responsible for determining other options are Mike Deal-Executive Director, Michael Cain-Clinical Director, Lesli Riggs-Arnold-Program Manager, Angi Graff-Program Manager.

FY15 Deficiencies:

- 1) This is a joint finding of the Substance Use Disorder, Adult Mental Health and Children's Mental Health Teams: While SBHC has developed a highly flexible electronic health record, recovery plans continue to be static, showing little change over the course of treatment. Objectives are broad and not measurable and do not change over time to show the progress of the client in their recovery. Recovery plans should guide the client through the treatment progress and objectives should represent meaningful steps throughout the recovery process. (Chart #s 107498; 116744;122083)

FY15 Recommendations:

- 1) During a Family Dependency Court Staffing, a decision was made to admit a woman into the Drug Court who only had one month left before she lost reunification services as a result of her poor progress. This appears to be a questionable use of resources as the mother will be taking a family drug court spot that could be used on someone who is still involved in a DCFS service plan. During manager's discussions, this was reported to be common practice in order to have enough clients in the program. While it is clear that the woman was in need of treatment services, those could be provided outside of Dependency Drug Court, and in fact might have been more appropriate for a Felony Drug Court. It is recommended that Southwest Drug Court ensure that potential candidates fit the requirements of the dependency drug court program.
- 2) Both the Dependency and Felony Drug Court manuals have language that leaves the actual fees that clients paid unclear, as it states "This fee is less than the fine amount normally assessed for Felony drug charges". While this statement may be true, it doesn't make the amount of the fee clear and leaves significant room for variation and possible abuse. The actual fee amount should be clearly stated in the manual.
- 3) During FY14, SBHC had an excellent record for reducing tobacco use. Discussions in group indicated that emphasis on tobacco cessation now varies significantly from program to program and clinician to clinician. One clinician stated she didn't know who to refer someone to if they wanted Nicotine Replacement Therapy or assistance in quitting from the

Department of Health. It is recommended that SBHC's initial approach to tobacco cessation as part of overall wellness be re-energized and reinforced.

FY15 Division Comments:

- 1) *Closing Open Cases:* SBHC has the lowest percentage of old open admissions, far exceeding the Division Standard of 4% with a rate of .02%. This shows excellent attention to this area that is often overlooked.
- 2) *Drug Court Processes:* SBHC has an excellent relationship with the court system as demonstrated not only by the smooth functioning of both the Drug Court Staffing sessions, but the functioning of the courts themselves. Both courts that were observed used and adhered to the published Rewards and Sanctions Matrix, and Drug Court participants were clearly aware of the consequences that were the result of their actions. Both courts demonstrated the collaborative process that marks a successful court.
- 3) *Smoking Cessation:* SBHC had one of the highest rates of reductions of tobacco use in FY14 reducing smoking from a 67.1% at admission to 62.9% a discharge.
- 4) *Mentor Program:* SBHC has developed a strong Mentor Program to augment its treatment and recovery support services in Cedar City that has expanded to Washington County as well. This program has become self-supporting and is expanding throughout the SBHC area.

Signature Page

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