

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



Site Monitoring Report of

Summit County
Valley Behavioral Health

Local Authority Contracts #122280 and #122281

Review Date: March 24th & 25th, 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 Summit County – Valley Behavioral Health (also referred to in this report as Summit - VBH 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 Summit County – Valley Behavioral Health on March 24th & 25th, 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 1	11
<i>Child, Youth & Family Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None 3	14 - 15
<i>Adult Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None 1 None	17 - 18
<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 2 3	23 23 - 24

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review at Summit County – Valley Behavioral Health (Summit - VBH) on March 24th & 25th, 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 Ulrich & Associates, PC completed an independent audit of Summit County for the year ending December 2013. The auditors issued an unqualified opinion in the Independent Auditor's Report dated July 10, 2014. No material weaknesses or deficiencies were identified.

The CPA firm Tanner LLC completed an independent audit of Valley Behavioral Health for the year ending December 2013. The auditors issued an unqualified opinion in the Independent Auditor's Report dated May 29, 2014. Four findings were issued in the report, one of the findings was related to Summit County specifically and funding distributed by the Division of Substance Abuse and Mental Health:

***Finding 2013-4 Program Billings – Amendments:** Block Grant for Prevention Treatment of Substance Abuse passed through State Department of Human Services, Division of Substance Abuse and Mental Health and Summit and Tooele Counties (CFDA 93.959; Grantor's #12-2281 and 13-0350). Based on audit procedures performed we noted that invoices to both Summit and Tooele Counties were not adjusted for grant amendments received during the year, which resulted in overbilling the grantors. The combined overbilling pertaining to the grants was approximately \$9,000.*

Block Grant billings were reviewed for FY13. It was found that DSAMH was over-billed for this time period; but due to controls put in place at the Division the error was recognized and only the allocated amount was paid.

Follow-up from Fiscal Year 2014 Audit:

No findings were issued in FY14.

Findings for Fiscal Year 2015 Audit:

FY15 Major Non-compliance Issues:

None

FY15 Significant Non-compliance Issues:

None

FY15 Minor Non-compliance Issues:

- 1) Summit - VBH's overall client cost for Mental Health services has increased more than 25% from the previous year. DSAMH Division Directives state, "The Local Authority shall meet an overall client cost within fifty (50) percent of the statewide Local Authority overall average cost per client and with-in twenty-five (25) percent of their previous year actual cost per client." Although it is noted that Summit - VBH's total cost per client is close to the State average, their costs have increased 59.5% going from \$2,113 per client in FY13 to \$3,371 in FY14. Please provide an explanation for the increase in costs.

County's Response and Corrective Action Plan:

VBH has increased outreach in the community with more booths, more visibility with additional parades and school functions, as well as growing the School-Based-Mental-Health program for continued visibility and coordination with rural communities. VBH will continue to work at increasing client base. Building trust in the community with high turnover is a challenge, but VBH- Summit is committed to continuing to build community trust. With trust comes more clients. With more clients being seen each year, a reduction in cost per client should be seen.

FY15 Deficiencies:

None

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 Summit County Valley Behavioral Health March 24th & 25th, 2015. The monitoring team consisted of Dinah Weldon, Program Administrator; Eric Tadehara, Program Manager; Lori Cerar, Utah Family Coalition (Allies with Families). The review included the following areas: record reviews, discussions with clinical supervisors and management, program visits, and feedback from families through questionnaires, and a discussion group. During the visit, the monitoring team reviewed Fiscal Year 2014 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 Finding:

- 1) The number of children and youth who have been served by Summit-VBH has dropped in each of the previous four fiscal years.

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

- 2) Summit-VBH did not provide psychosocial rehabilitation services for children and youth during FY14.

This finding has not been resolved and is continued in FY15; see Minor Non-compliance issue #2.

- 3) The Recovery Plan objectives, or short-term goals, were often not measurable or achievable.

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) The number of children and youth served by Summit-VBH has continued to decrease since FY09. The number of children served has decreased from 250 in FY09 to 145 in FY14, which is a 42% reduction in children receiving services. Based on the most recent data, Summit-VBH is on track to serve more children in FY16 than in FY15, although the amount of children served will still have decreased significantly from FY09.

Reduction in Children Receiving Services						
Fiscal Year	FY09	FY10	FY11	FY12	FY13	FY14
Number of Children/Youth Served	250	240	230	217	169	145

County’s Response and Corrective Action Plan:

Between FY2012 and FY2013, VBH-Summit did not have a Licensed Therapist that specialized in children. FY2014, an LCSW who specializes in children and getting her Theraplay Certificate (Play Therapy) was hired. Because she was the only LCSW in the beginning of FY2014, and because of requirements of licensures of some insurance companies and Medicare, her time was spread between adults and children. By the end of FY2014, VBH-Summit hired another LCSW to be able to focus on adult services. Since then, three more clinicians have received their license as LCSWs. The work load for adult services can now be given to other therapists, so VBH’s clinician licensed in Theraplay can focus her time on children services only. Also, in FY2015, a new School Based Program was implemented, with the addition of three new therapists focusing only on students throughout Summit County. These changes should show increased services to children that should raise Summit County numbers of children/youth served for FY2015 and FY2016.

- 2) Summit-VBH did not directly provide psychosocial rehabilitation services for children and youth during FY14. The three children and youth who received services, according to the Substance Abuse and Mental Health Information System (SAMHIS) represented 2.1% of the children and youth served, which is lower than the rural average (16.7%) and the state average (17.2%). The three children who received psychosocial rehabilitation were enrolled in the Carmen B. Pingree Center for Children with Autism.

County’s Response and Corrective Action Plan:

The three children that came up in the report for receiving services for PRS, were children from Summit County that were enrolled at the Carmen B. Pingree Center for Children with Autism and received these services there. VBH-Summit staff had not been trained in documenting PRS services. Since the audit March, 2014, several trainings have taken place to train staff on 1. What constitutes PRS Services and 2. How to document these services in VBH system. A report pulled this month by VBH-RO Committee, showed that an increase of PRS services is now being recorded.

These services should be increased in FY2015 report (and a slight increase for the months April – June 2015).

- 3) The percent of children and youth who received case management services from Summit-VBH in FY14 decreased from FY13. Summit-VBH provided case management to nine children and youth in FY14, while 14 children received case management in FY13. Summit-VBH provided case management services to 6.2% of the children and youth which is lower than both the rural average (32.1%) and the state average (24.8%).

County's Response and Corrective Action Plan:

VBH-Summit lost Case Manager between FY2013 and FY2014. A part time clinician filled in to support clients with CM needs. Later in FY2014 a part time CM was hired. May, 2015 another part time CM was hired with a focus on families, children, and Spanish speaking population in Summit County.

FY2015 should show an increase in services of CM, with a significant increase in FY2016 (July, 2015 – June 2016).

FY15 Deficiencies:

- 1) Summit-VBH is not reporting all of the services they are providing in SAMHIS. Emergency services and services provided in the home occurred during FY14, however only three children and youth were reported as having an emergency service, and no children and youth were reported as having in-home services. In order to capture this information, an emergency modifier may be added to the service, and the location code should be updated based on where the services are being provided.

FY15 Recommendations:

None

FY15 Division Comments:

- 1) *Family Feedback:* The Utah Family Coalition (UFC) collected family feedback from four questionnaires and three families who attended the family feedback group. All of the feedback was provided from Spanish speaking families. Overall, families provided positive feedback regarding Summit-VBH. The families reported that staff at Summit-VBH are helpful, friendly, and care for their children. All families stated that they are an important member of their children's treatment teams.
- 2) *Wraparound and Family Resource Facilitation:* Summit-VBH provided Wraparound to fidelity as defined by the UFC during FY14 through the previous Family Resource Facilitator (FRF). Family feedback indicated that families were thankful for the previous FRF's services and noted that they look forward to working with the new FRF. With the hiring of a new FRF, it is recommended that Summit-VBH ensure all staff are aware of their individual roles in the Wraparound process. It is also recommended that Wraparound documentation is

shared with all of the professionals who are working with the families. The FRF is also encouraged to include more of the informal and natural supports into the Wraparound process.

Adult Mental Health

The Division of Substance Abuse and Mental Health Adult Monitoring Team conducted its annual monitoring review at Valley Behavioral Health on March 24th, 2015. The team consisted of Pam Bennett, Program Administrator and Michael Newman, Recovery and Resiliency Peer Program Manager. The Summit – Valley Behavioral Health review included: record reviews, discussions with clinical supervisors, management teams, and a community partner. Site visits were to administrative offices, the outpatient clinic and the county jail. During the site visit, the team reviewed the FY14 Monitoring Report; statistics, including the Mental Health Scorecard; area plans; Outcome Questionnaires; Division Directives, and Summit-VBH'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) Failure to Provide Adequate Mandated Outpatient Services and Report Data to the Division as contractually required (community inpatient services, psychosocial rehabilitation (PRS), case management, residential services, and services to incarcerated individuals).

This finding has not been resolved and is continued in FY15; see Significant Noncompliance Issue #1.

Findings for Fiscal Year 2015 Audit

FY15 Major Non-compliance Issues:

None

FY15 Significant Non-compliance Issues:

- 1) *Failure to Provide Adequate Mandated Outpatient Services and Report Data:* According to the FY15 Mental Health Score Card, Summit-VBH provided psychosocial rehabilitation (PRS) to four individuals (1.6%), case management to 24 individuals (9.4%) and in-home services to 22 (2%) of the population served. These numbers are below rural county averages which are as follows: PRS 10.7%; case management 25.9%; in-home services 7.8%. In addition, Summit-VBH created an action plan to address data collection issues in FY15, which included the implementation of a minimal data set to track jail and crisis services. Despite conducting four groups per week and crisis services at the jail, Summit-VBH continued to report zero individuals served at the jail and two (0.2%) individuals received crisis services.

County's Response and Corrective Action Plan:

VBH-Summit created an action plan to increase services in PRS, by increasing jail groups and

crisis services to the jail, however, VBH-Summit staff had not been trained in documenting PRS services. Since the audit March, 2014, several trainings have taken place to train staff on 1. What constitutes PRS Services and 2. How to document these services in VBH system.

A report pulled this month by VBH-RO Committee, showed that an increase of PRS services is being recorded.

These services should be increased in FY2015 report (and a slight increase for the months April – June 2015).

VBH-Summit lost Case Manager between FY2013 and FY2014. A part time clinician filled in to support clients with CM needs. Later in FY2014 a part time CM was hired. May, 2015 another part time CM was hired with a focus on families, children, and Spanish speaking population in Summit County.

FY2015 should show an increase in services of CM, with a significant increase in FY2016 (July, 2015 – June 2016).

Trainings have also begun on making sure staff are documenting location codes in time deployments when they are seeing clients in home, so reports that are run will show the accurate number of in home services that are being provided.

FY15 Minor Non-compliance Issues:

None

FY15 Deficiencies:

None

FY15 Recommendations:

- 1) *Peer Support:* DSAMH recommends that Summit-VBH continue the process of hiring Peer Support Specialists to assist individuals in recovery using lived experience. DSAMH acknowledges Summit-VBH's efforts in attempting to hire a Certified Peer Support Specialist during FY15.
- 2) *Documentation Issues:* Two (2) of 11 charts reviewed did not have a safety plan despite safety risks indicated in the progress notes. DSAMH recommends that Summit-VBH staff be trained to consistently complete safety plans. Safety plans are a collaborative way to work with a suicidal individual, are necessary to help guide them through difficult moments and help the individual to remain safe. The plan should be in the electronic medical record so it can be easily identified and accessed by those working with the individual with a copy given to the client.

The review also revealed that six (6) of 11 charts did not have measurable goals and objectives. The clearer and more measurable goals are, the easier it is for the client and treatment provider to perform and evaluate progress. One method to develop measurable goals and objectives is to utilize the **SMART** method, *Specific, Measurable, Assignable, Realistic, and Time related.*

FY15 Division Comments:

- 1) *Recovery-Oriented Systems of Care (ROSC)/Utah Behavioral Healthcare Committee (UBHC)*: DSAMH commends Summit-VBH for recent participation on the ROSC Committee, engaging with UBHC, and for focusing on engagement, and recovery-oriented and trauma-informed care.
- 2) *Suicide Prevention Coalition*: Summit-VBH is commended for partnering with the Summit County Health Department and other community agencies to develop and build a suicide prevention coalition. Suicide prevention efforts also involved Question, Persuade & Refer (QPR) trainings at several agencies, including ski resorts, the Senior Centers, and the Summit School Districts.
- 3) *Community Involvement/Awareness*: DSAMH commends Summit-VBH for reaching out to community on multiple levels. Efforts include regular Town hall meetings, Sunday informational booths at local fairs, outreach to the Latin community and offering multiple services in Spanish, in addition to integrated care meetings with hospitals, doctors offices etc.
- 4) *Program Participant Feedback*: Individuals in recovery reported that their treatment was going well overall. Individuals cited appreciation for behavioral health services in Park City, having quick entrance to programming, and many expressed feeling empowered in relation to their treatment goals. Four out of four individuals reported staff turnover affecting them adversely in their therapeutic relationships. Zero out of two tobacco users reported that they had been offered smoking cessation services in the past fiscal year. The high quality of staff was described by many individuals through such comments as, "[The staff] are always helpful", "I feel safe here", "opening and trusting each other [in the group] has been huge". Group members also reported that they felt they learned from each other and would benefit from working with individuals with lived experience.
- 5) *Jail Services*: DSAMH commends Summit-VBH for their efforts in providing services to incarcerated individuals in the Summit County Jail. Jail staff reported an exceptional working relationship with Summit-VBH staff. Participants reported that they were very grateful for the two groups held each week, and that the skills they were learning were helpful with their current situation, as well as for when they are released. All participants in the group gave positive feedback regarding Summit-VBH.

Substance Abuse Prevention

Susannah Burt, Program Manager, conducted the annual prevention review of Summit County – Valley Behavioral Health on March 24th, 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

FY14 Deficiencies:

- 1) It was noted as the Student Health and Risk Prevention (SHARP) data for 2013 was reviewed that the 30 day alcohol use rates among 12th graders had a significant increase from 34.5% to 40.6%. This rate is also significantly higher than the state average of 14.0%. While all other grades are still higher than the state average, other grades are showing a decrease in 30 day alcohol use. Another area of concern was the 30 day marijuana use rates, especially among 12th graders. Statewide, there was an increase in use. However Summit County 12th graders went from 16.3% in 2011 to 30.0% in 2013. The state average for this grade is 9.9%.

There has not been another SHARP report released since this audit. The updated data will be available Fall 2015.

- 2) The Eliminating Alcohol Sales to Youth (EASY) checks decreased from 25 to 24. Continued collaboration with local law enforcement is encouraged.

Summit-VBH addressed this and saw an increase from 24 checks to 35 checks as well as an increase in compliance. Summit-VBH collaborated with local law enforcement to improve this measure.

This deficiency has been resolved.

- 3) Summit-VBH was reminded to do the Strategic Prevention Framework (SPF) five steps for their area and planning. This includes participation on local coalitions that can impact prevention services in Summit County.

It is evident that Summit-VBH used the SPF process by the data available, the plan developed, and increased collaboration in the community. See additional comments below.

This deficiency has been resolved, the issue is discussed in FY15 as a recommendation.

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 Summit-VBH engages the community, i.e. a coalition, in the assessment process as well as the planning process.
- 2) It is recommended that Summit-VBH produces a Strategic Plan in collaboration with the community, utilizing the Strategic Prevention Framework process, by June 2016.

FY15 Division Comments:

- 1) Summit-VBH has increased the number of Eliminating Alcohol Sales to Youth (EASY) compliance checks from 24 to 35. This demonstrates Summit-VBH's commitment to collaboration and the youth of the community.
- 2) Summit-VBH utilized a variety of data sources in their assessment of Summit County.
- 3) Summit-VBH worked with the community and has new coalitions impacting multiple cities in the county.
- 4) Summit-VBH showed commitment to collaboration with the parenting class initiative. Summit-VBH is working with the Women's Shelter, School District and the Coordinated School Health worker to recruit additional parents to attend the classes. Summit-VBH is demonstrating their skill in working with multiple agencies.
- 5) Summit-VBH stated they were reaching out to major employers in the county to support the community. This included offering Question Persuade Refer (QPR) to workplaces in an effort to address Suicide.
- 6) Summit-VBH has reached out to additional Local Substance Abuse Authority areas to coordinate and collaborate on shared messages, specifically Marijuana use. This shows that Summit-VBH recognizes additional resources and support and is willing to work with other agencies to address needs.
- 7) Summit-VBH is partnering with local Pediatricians to disseminate Parents Empowered materials to parents.

Substance Abuse Treatment

Dave Felt, Program Administrator, and Shanel Long, Justice Program Administrator, conducted the review of Summit County Valley Behavioral Health Substance Abuse Treatment Program (Summit-VBH) on March 24th and 25th, 2015. The review focused on Substance Abuse Treatment (SAPT) Block Grant Compliance, Drug Court compliance, clinical practice and compliance with contract requirements. Drug Court was evaluated through staff discussion, clinical records and attendance at the Adult Felony Drug Court staffing and court session. 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, a discussion with Summit-VBH staff and a review of program schedules and other documentation. Summit-VBH 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 Significant Non-Compliance Issues:

- 1) Summit-VBH had a 9.8% sample collection rate for the FY13 Youth (Family) Satisfaction Surveys, which has increased slightly from last year. However, this continues to be a repeat finding two years in a row. The Mental Health Statistical Improvement Project (MHSIP) Guidelines and DSAMH Division Directives require that Local Authorities obtain a minimum sample rate of 10% to obtain accurate data results.

In 2014, the sample collection rate dropped to 4.9%, again not meeting the Division Standard of 10%.

This issue has not been resolved and will be continued in FY15; see Significant Non-Compliance Finding #1.

FY14 Minor Non-compliance issues:

- 1) Summit-VBH had 4.4% of old open admissions for non-methadone outpatient, IOP, residential or detox, which is above the Division allowance of 4%.

In 2014, the percentage of old open admissions increased to 4.8%. This is the second year in a row that this has been a finding.

This issue has not been resolved and will be continued in FY15; see Significant Non-compliance Issue #2.

Findings for Fiscal Year 2015 Audit:

FY15 Major Non-compliance issues:

None

FY15 Significant Non-compliance issues:

- 1) Summit-VBH had a 4.9% sample collection rate for the FY14 Youth (Family) Satisfaction Surveys, which is a decrease from 2013 rate of 9.8%. This has now been a repeat finding for three years in a row. The Mental Health Statistical Improvement Project (MHSIP) Guidelines and DSAMH Division Directives require that Local Authorities obtain a minimum sample rate of 10% to obtain accurate data results. This lack of improvement over three years possibly reflects a significant weakness in the efforts to involve family members in the process.

Center’s Response and Corrective Action Plan:

VBH-Summit is working on creating an on-line survey and collecting client e mail addresses. Easier access to surveys have shown other units’ increase in successful completion of surveys.

- 2) Summit – VBH had 4.8% of old open admissions for non-methadone outpatient, IOP, residential or detox, which is above the Division allowance of 4%.

Center’s Response and Corrective Action Plan:

VBH-Summit information was updated in Electronic Health Record System by the extended deadline and this information was submitted to the state. Regulatory and Oversight Division (RO) is in the process of training VBH staff through our new Electronic Health Record System, Streamline, that is Go-Live September 1, 2015 to ensure that this data issue does not continue for the next fiscal year.

FY15 Minor Non-compliance issues:

- 1) Only 44.9% of Summit-VBH client’s remained in treatment for sixty days, an almost 9% decrease from 2013. This fails to meet the Division Standard which states that: “Local Substance Abuse Authorities will meet or exceed their FY13 treatment retention in FY2014 and will work towards achieving a goal of 70%.” (See Recommendations below)

Center’s Response and Corrective Action Plan:

VBH-Summit hired additional Case Manager in FY2014 and increased hours in FY2015 to aid clients with these services. Case Manager will increase outreach services to work toward client retention at 60 days. Training will be implemented on accurate collection of TEDS Data at both intake/assessment and at discharge. High staff turnover in the last year has created some data issue problems.

- 2) In 2014, Summit-VBH increased the level of employment from admission to discharge by only 1.9%, which failed to meet the Division Standard which states that: “Local substance Abuse Authorities’ Outcome Scorecard will show that they increased the percentage of their clients who were employed full/part time or enrolled as student from admit to discharge at a rate greater to or equal to 75% of the national Average.”

Center’s Response and Corrective Action Plan:

The majority of clients coming in to VBH- Summit are already employed. Due to the ski industry, hotels, ski resorts, restaurants, and shops, there are very few clients that do not work. VBH- Summit will work with R.O. Committee to see if it’s possible to get the number of clients employed at intake/admit and compare. VBH-Summit hired a new Case Manager in FY2014 and hours increased in FY2015 to aid clients in these services, including working with DWS and increasing employment issues with open clients. Training will be implemented on accurate collection of TEDS Data at both intake/assessment and at discharge. High staff turnover in the last year has created some data issue problems.

- 3) Clinical documentation continues to not meet the Division Standards as stated in the Division Directive. While progress and group notes have improved they continue to not reflect client progress towards treatment goals. In the Recovery Plans, the Short Term Goals (Objectives) are broad, vague, not measurable or readily achievable, and rarely change. ASAM assessments continue to be done on a schedule, and are not current; nor are the initial assessment and engagement session updated as new and more complete and accurate information becomes available. (Charts 1684210, 1701740, 0341820, 1690280)

Center’s Response and Corrective Action Plan:

New EHR System to be in place September, 2015 should change many of these issues, creating a more easy-to-update system for clinicians and support staff to have easier access to multiple areas of clients’ charts, in order to review them more frequently and create more meaningful SMART goals as well.

FY15 Deficiencies:

- 1) Summit-VBH has been using Drug Court Recovery Support Services (RSS) funding to pay for client’s drug testing and treatment fees. The RSS funding should only be used to provide services that are not paid for by other treatment funds. The Division can be of assistance in developing appropriate plans for the use of Drug Court RSS funds.

FY15 Recommendations:

- 1) Summit-VBH continues to lag behind in moving from an event based documentation system to a person centered process oriented approach. This has been blamed on an Electronic Health Record (EHR) that makes documentation to the Division Standards more difficult; however, Summit-VBH has been stating that there was a new and more responsive EHR due for the past three years. Summit-VBH needs to move forward and adopt person centered, process oriented documentation with a focus on engagement and not wait for a “better system”. It is recommended that Summit-Valley focus on changing its procedures to match current standards rather than matching them to the current or future EHR.
- 2) While Summit-VBH’s outcome data shows that only 44.9% of clients remain in treatment over sixty days, their treatment completion rate indicates that 58.3% (the second highest in the state) complete treatment. The data submitted to DSAMH shows that of 187 treatment episodes, 81 were only one day long, and 44 of those episodes were closed as “Treatment Completed”. Of those 44, 16 were “Terminated by the Facility”. It is recommended that Summit-VBH closely examine the training for, and understanding by, clinicians and other staff of the Treatment Data Episode System (TEDS). It is also recommended that the data be reviewed to ensure accuracy prior to admission.

FY15 Division Comments:

- 1) *Community Involvement:* Summit-VBH has done a good job of maintaining their involvement with the varied communities with their county, and has done an especially good job of maintaining their ability to deal with the cultural diversity the county contains.
- 2) *Tobacco Cessation:* For the second year in a row, Summit-VBH leads the State in the largest decrease in tobacco use over the past year.
- 3) *Communication with Clients:* Clients expressed numerous comments about the dedication and caring of the clinical staff and the support they provide. Comments such as “welcoming” and “caring”, “safe haven” were used to describe the SUD services at Summit-VBH.

Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Summit County – Valley 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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