

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



Site Monitoring Report of

Tooele County  
Valley Behavioral Health

Local Authority Contracts #122399 and #130350

Review Date: March 3<sup>rd</sup>, 4<sup>th</sup> & 12<sup>th</sup>, 2015

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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 Tooele County – Valley Behavioral Health (also referred to in this report as Tooele - 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 Tooele County – Valley Behavioral Health on March 3<sup>rd</sup>, 4<sup>th</sup> & 12<sup>th</sup>, 2015. The focus of the review was on governance and oversight, fiscal management, pediatric and adult mental health services, substance abuse prevention and treatment services and general operations.

The nature of this examination was to evaluate the Center's compliance with: State policies and procedures incorporated through the contracting process; State mandated mental health services; and Preferred Practice Guidelines. During the examination, the review teams evaluated: the reliability and integrity of the Center's data and its compliance with established programmatic and operational objectives. Additionally, the review included an examination, through sampling, of the Center's efficient and appropriate use of financial resources.

Any program or operational inadequacies are identified in this report as non-compliance issues. The chart on the following page provides a quick reference to locate any non-compliance issues identified by the monitoring team. A detailed description of the issues can be found in the body of this report.

## Summary of Findings

<b>Programs Reviewed</b>	<b>Level of Non-Compliance Issues</b>	<b>Number of Findings</b>	<b>Page(s)</b>
<i><b>Governance and Oversight</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None 1	11 - 12
<i><b>Child, Youth &amp; Family Mental Health</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None 1 3	15 - 16 16 - 17
<i><b>Adult Mental Health</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None 1 1	19 - 20 20 - 21
<i><b>Substance Abuse Prevention</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None None	
<i><b>Substance Abuse Treatment</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None 1 5	25 - 26 26 - 28

## Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review at Tooele County – Valley Behavioral Health (Tooele - VBH) on March 3<sup>rd</sup>, 4<sup>th</sup> & 12<sup>th</sup>, 2015. The Governance and Fiscal Oversight section of the review was conducted by Chad Carter, Auditor IV. Overall cost per client data was analyzed and compared to the statewide Local Authority average. Personnel and subcontractor files were examined for compliance with state licensing laws and adherence to contractual requirements, as well as the Center's own policy. Client fees were reviewed for consistency and adherence to approved fee schedules. Executive travel 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 Tooele County for the year ending December 2013. The auditors issued an unqualified opinion in the Independent Auditor's Report dated July 1, 2014. However, one significant deficiency was identified that is related to proper oversight:

***Finding 2013-1 – Subrecipient Monitoring:** Tooele County, Utah's monitoring system related to the A & D Substance Abuse SAPT Block Grant, in which they have a long standing contract with a local not-for-profit, is not adequate. Internal controls related to subrecipient monitoring should be in place that provide reasonable assurance that the subrecipient is complying with laws, regulations, grants and contracts.*

This issue is addressed in the report below; please see Minor Non-compliance Issue #1.

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, three of the findings are related to funding distributed by the Division of Substance Abuse and Mental Health:

***Finding 2013-2 – Program Billings:** Substance Abuse and Mental Health Services – Projects of Regional and National Significance (CFDA #93.243). PASSAGE Grant for Transitional Mental Health Services (Grantor's #10-1600). Based on audit procedures performed we noted that Tooele County was billed in excess of the total grant amount. The overbilling was approximately \$19,000.*

The PASSAGE Grant is based on a Federal Fiscal Year (October 1, 2012 through September 30, 2013). Payments from DSAMH to Tooele County for the PASSAGE Grant were reviewed for Federal FY13 and were found not to be over-paid. Tooele County should review their records for the same time period to determine if they have been over-billed by Valley Behavioral Health for the PASSAGE Grant. See Minor Non-compliance Issue #1 for further follow-up on this finding.

***Finding 2013-3 - Incomplete SEFA: Continuum of Care Program (CFDA #14.267 and the Violence Against Women Formula Grant (CFDA #16.588) of expenditures of federal awards that were missing from the Schedule of Expenditures of Federal Awards (SEFA). Policies and procedures should be in place to ensure that all federal awards are included in the SEFA.***

Valley Behavioral Health's response: "We agree with the intent of the recommendation. During 2013, Valley Behavioral Health (VBH) assumed the management of several programs from Tooele County. As part of the agreement with Tooele County, the existing funds in the programs were transferred to VBH for future operations. Some of the funds transferred to VBH were from federal grants that had been awarded directly to Tooele County. VBH chose not to include that funding on the SEFA due to the fact that the grant was issued directly to Tooele County. In the future, we will ensure that all federal monies received by VBH directly or indirectly are included on the SEFA." The Division is satisfied with this response and will follow-up on the issue next year.

***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. See Minor Non-compliance Issue #1 for further follow-up on this finding.

**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) Findings were issued in the financial statement audits of both Tooele County and Valley Behavioral Health (VBH) that indicate there has been a lack of involvement, oversight and communication from Tooele County over the services provided by VBH (see findings in

above section). Although VBH is contracted by Tooele County to provide mental health and substance abuse services, Tooele County is the Local Authority contracted by DSAMH and is ultimately accountable to the State for the use of state and federal funds and for the level of services provided. Instances of over-billing appear to be due to a lack of communicating amendments to contracted amounts from Tooele County to VBH. This issue was discussed with both parties during the site visit and there are steps already being taken to remedy the problem. Please provide Tooele County's written action plan that explains how oversight and communication will be improved and who will be responsible for the corrective action.

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

*Tooele County Action Plan:*

Tooele County Commissioners and other community partners are meeting with Valley Behavior Health monthly with the advisory council to coordinate activities in the community. Tooele County Commission has a financial meeting monthly with Valley Behavior Health to address/monitor the substance abuse and mental health contracts and budget.

*Valley Behavioral Health Action Plan:*

VBH has reinstated an advisory council to meet one time per month. The Tooele County Commissioners and other community partners are invited to increase communication with all stakeholders. Additional oversight and communication is being addressed with all contracts and grants going through VBH Grants department for tracking. VBH's accounting and billing departments are involved along with the grants department for additional oversight.

**FY15 Deficiencies:**

- 1) One employee file was found to be missing records of sexual harassment training during the file review.

**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, and Families team conducted its annual monitoring review at Tooele County – Valley Behavioral Health March 3<sup>rd</sup> & 4<sup>th</sup>, 2015. The monitoring team consisted of Dinah Weldon, Program Administrator; Eric Tadehara, Program Manager; and Tracy Johnson, Utah Family Coalition (New Frontiers for Families). The review included the following areas: record reviews, discussions with management, case staff, 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 center 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; 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) Recovery Plan objectives (short-term goals) are often not measurable or achievable.

**This finding has not been resolved and is continued in FY15 under *Access to Care*; see Significant Non-compliance Finding #1.**

- 2) The Youth Outcome Questionnaire (YOQ) is not being administered at the required frequency and rate.

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

#### **FY14 Deficiencies:**

- 1) Data reported to the Division of Substance Abuse and Mental Health regarding emergency services is incomplete. Although emergency services are being provided, they are not reported on the Substance Abuse and Mental Health Information System (SAMHIS). Evidence of the provision of emergency services was found in chart reviews. Evidence of emergency services being provided was present. This is strictly a data reporting issue.

**This deficiency has not been resolved and is continued in FY15; see Deficiency #1.**

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

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

None

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

- 1) *Access to care:* Tooele-VBH has gone through a period of transition and change which has impacted the children, youth, and families in the County who need mental health services. Access to care has been disrupted due to significant staff turnover and policy changes; quality of care has also been impacted by the loss of clinical supervisors for children and youth.

At the time of the audit, there were two full-time therapists and one half-time therapist at Tooele-VBH. It would not be possible to treat the number of children served by Tooele-VBH in FY14 (652) with so few therapists, and each current therapist (even the half-time one) would need to have a yearly case load over 200 children and youth.

Through the chart review and family feedback, it was evident that children and youth have been transferred from therapist to therapist at a high rate or even discharged from treatment due to policy decisions regarding coverage. In half of the charts reviewed, there was at least one occurrence of a referral or discharge from treatment in the past six months, with three of the charts having multiple referrals or a discharge in their record. From the family feedback, multiple parents reported that their children have been seen by more than one therapist in the past six months with one parent stating that their child had been transferred twice since December 2014. One parent commented that their child no longer is seen in therapy because the therapist cannot accommodate her.

As access to care has decreased, children and youth have been decompensating. This is evident by youth who have experienced a significant reduction in function and have required inpatient hospitalizations. In FY14, there were 19 children and youth who were placed into community inpatient settings through Tooele-VBH. Within the first half of FY15 (July 2014 through December 2014), Tooele-VBH placed 21 children and youth into community inpatient settings, putting the center on pace to more than double the highest number of children placed in these settings from the previous four years. In the chart review, these hospitalizations often followed periods of disruption in accessing treatment.

The impact on quality of care was also observed through the chart review. Assessments were not current in 80% of the charts that were reviewed, recovery plans were not current in 40% of the charts reviewed, and recovery plans often did not contain objectives (short-term goals) which were achievable or measurable. An example of an objective used was for the child to “continue to current level of care as they transfer to a new provider” which is not person-centered, measurable, or easily achieved by a child or youth. Division Directives state that the “assessment information is kept current” and that the recovery plan “is kept current and up to date.” The directives also state that the “short term goals/objectives are measurable, achievable and within a timeframe.” Each area is in need of improvement.

### **County’s Response and Corrective Action Plan:**

Staff Turnover and Policy Changes:

Retention of staff has been a great concern, and has been an area of focus. Since this

audit Randy Dow and Rebecca Brown have been assigned to oversee the administrative efforts in Tooele with Rebecca focusing on the adult side and Randy focusing on the child and adolescent side. With new leadership, efforts were made to understand the problems. The following areas were identified and have since been addressed.

VBH has filled the supervisory position for Tooele Children's Services on two levels which has served to stabilize current staff. An LMFT well-versed in evidence based practices started as the Program Manager in May 2015. This has helped to reduce case loads of current therapists. In addition, he is clinical supervisor for an ACMHC Intern that is working at the Unit 40 hours per week. There are now four full-time clinicians providing services on this unit. VBH recognizes and is advertising for another full-time LCSW for this unit to further reduce caseloads and increase access to care. The second level of oversight and supervision is a VBH-TC Center Director who also serves as the Director for all Children's Services in the Salt Lake Units.

#### Impact on Quality of Care:

VBH-TC recognizes the significant impact staff turnover has on the number of inpatient hospitalizations. Research shows that feeling inadequate to meet client's needs is the biggest cause of burn out. To improve in this area, clinical supervision has been increased. In supervision, effort have been made to increase ability to conceptualize cases through an evidenced based lens and to increase skills to address difficult clients.

In addition to efforts to better support and engage with our therapeutic team, changes have been made to better address client needs to reduce hospitalizations. First we have introduced daily walk-in times, and we have introduced adding some half hour sessions. Many of our kids do not have the attention span for a full hour session, so it better utilizes time and allows us to see more clients. Adding the walk-in time has helped to increase availability to clients in crisis, and it has also helped to address a balance that chronically no show. The Children's Unit has increased outreach efforts to client homes and coordinated with hospitals and families for discharge planning and follow-up to assist in reducing these numbers.

The addition of a higher supervisory level will increase compliance with assessment and care plan updates. Ongoing training will address writing 'objectives' that are person centered, measurable, achievable (meaningful), and within a specific time frame.

We do desperately need to hire an additional therapist and perhaps an additional part-time therapist. We have expanded our search out of state. We are currently in the process of looking at several candidates with hopes of filling these positions.

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

- 1) *Youth Outcome Questionnaire*: The Youth Outcome Questionnaire (YOQ) is not being administered at the required frequency. Division Directives require that the YOQ be administered at a frequency of every 30 days for each child/youth. Charts reviewed had an

average of four administrations within the last 12 months. Although Tooele-VBH continues to administer the YOQ less frequently than required by the Division Directives, Tooele-VBH has made progress increasing the rate it is administered. From FY13 to FY14, the rate increased from 49.3% to 52.2%, above the Division Directives required rate of at least 50% administration to the children and youth.

**County’s Response and Corrective Action Plan:**

We are working to diagnose the problem with increasing the frequency of the YOQ due to an inconsistency with our perceived efforts and the reports. The Children’s Unit supervisor will ensure the YOQ is administered every 30 days and continue to work on maintaining the required rate of administration. This is a remedy that has already been put in place (since the March audit). We will work on increasing training for staff to insure consistency, and we will look at the need to have more devices to administer the testing. We will also be running report in insure that the problem has been corrected.

- 2) *Psychosocial Rehabilitation Services:* Tooele-VBH provided psychosocial rehabilitation services at a rate of 3.7% of the children and youth in FY14. The rate dropped from the 5.8% served in FY13. The percent of children who received this service is below the rural average of 16.7% and the state average of 17.2%.

**County’s Response and Corrective Action Plan:**

VBH-TC believes this is a training issue which requires clarification of the services and billing codes. The Children’s Unit Supervisor will work with the Center Director to ensure the training is provided and monitor rates with requested reports from VBH Regulatory Oversight & Compliance department. VBH is also launching a company-wide training on service definitions, including PRS, and the ROC department will be conducted specific audits to remediate this problem in the future.

- 3) *Juvenile Civil Commitment:* Tooele-VBH needs to strengthen their Juvenile Civil commitment tracking process to ensure that statutory requirements are met. Tooele-VBH needs to ensure that all necessary Juvenile Civil Commitment forms are attached in the client’s electronic medical record. Current Juvenile Civil Commitment forms are available on the DSAMH website at <http://dsamh.utah.gov/provider-information/civil-commitment/>

**County’s Response and Corrective Action Plan:**

VBH-TC has hired an RN familiar with the necessary statutory requirements for Civil commitment. The RN will work closely with administrative support, Unit Program Manager and the Center Director to strengthen this process and ensure all forms are included in the client’s

electronic medical record.

**FY15 Deficiencies:**

- 1) Data reported to the Division of Substance Abuse and Mental Health regarding emergency services is incomplete. Although emergency services are being provided, they are only being reported minimally on the Substance Abuse and Mental Health Information System (SAMHIS), with three total children and youth served for crisis in FY14. Evidence of the provision of emergency services was found in chart reviews. This deficiency is continued from the previous year.

**FY15 Recommendations:**

None

**FY15 Division Comments:**

- 1) *Family Feedback:* Family feedback was obtained from 21 families who completed the Utah Family Coalition (UFC) questionnaire and six families who attended a focus group. Families reported that the staff are welcoming, caring, and great with the children. One parent stated, “My kids look forward to coming to individual and group therapy.” Families feel that there could be more consistency in the therapists available for children and youth.
- 2) *Wraparound and FRF:* Tooele-VBH continues to provide wraparound to fidelity as defined by the UFC. The services provided are valued by families and the agency partners who participate. A family interviewed for the Wraparound Fidelity Index (WFI) 4.0 stated the Family Resource Facilitator (FRF) “has been there giving me support and great ideas, and in my time of need she is available and ready to help.” Other families echoed this thought and reported that the FRF are able to help with many services and tasks and they are “always there.” It is recommended that Tooele-VBH help FRF’s feel supported and able to have a supervisor they can utilize if needed.
- 3) *Case Management:* Tooele-VBH has continued to provide constant, quality case management services to children, youth, and families. During FY14, Tooele-VBH provided case management services to 31.6% of the children and youth served, which is above the State average of 24.8%. Families also commented that case management is a great resource and is “the most consistent program” for children and youth at Tooele-VBH.

## **Adult Mental Health**

The Division of Substance Abuse and Mental Health Adult Mental Health team conducted its annual monitoring review at Tooele Valley Behavioral Health on March 3<sup>rd</sup> and 12<sup>th</sup>, 2015. The monitoring team consisted Pam Bennett, Adult Program Administrator, Robert Snarr, Adult Program Administrator and Michael Newman, Recovery and Resiliency Peer Program Manager. The review included record reviews and discussions with clinical supervisors and management teams. During this monitoring visit, site visits were conducted at New Reflection House and Tooele Valley Behavioral Health Administrative Office. During the discussions, the team reviewed the FY14 audit findings and center responses, statistics including the Mental Health Scorecard, area plans, Outcome Questionnaires, and the center's provision of the ten mandated services as required by Utah Code 17-43-301.

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

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

- 1) Emergency and Jail services data are not being reported to the Division of Substance Abuse and Mental Health.

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

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

- 1) The Outcome Questionnaire (OQ) is not being administered in accordance to the Division Directives.

**This minor non-compliance finding has been resolved.**

#### **FY14 Deficiencies:**

- 1) The Division Directives require the Care/Treatment plans to identify strengths and barriers and to specify frequency and duration of prescribed interventions.

**This deficiency has been partially resolved and continues in FY15; see Minor-Non compliance Issue #1.**

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

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

None

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

- 1) *Data Submission Regarding Incarcerated Individuals:* According to the FY14 Mental Health Score Card, Tooele-VBH provided emergency jail services to zero (0) individuals. DSAMH

acknowledges that Tooele-VBH has established a collaborative working relationship with the jail. Tooele-VBH has had a full time licensed mental health therapist assigned to the jail. However, these services are not accurately reflected by the data submitted to the DSAMH as mandated by the Division Directives. Data submission of jail services on the Mental Health Score Card have been under-reported since prior to FY11.

**County’s Response and Corrective Action Plan:**

VBH-TC has discontinued full time services in the Adult Detention Center. One staff is scheduled for two hours per day Monday through Friday to provide services requested by inmates. Each intervention is documented and maintained. This individual will ensure the information is provided to VBH Regulatory Oversight Committee to accurately reflect the number of jail services provided. In addition, the new Coordinator of Jail Services is providing weekly reports to the Valley’s Director of Adult Services.

As Valley implements a new electronic health record, this issue will be solved due to the increased abilities of the new system.

**FY15 Minor Non-compliance Issues:**

- 1) *Documentation:* Care/Treatment plans and goals for charts reviewed were strengths-based. However, Division Directives also require that short term goals/objectives are measureable, achievable and within a timeframe. The adult mental health charts reviewed during the FY14 site visit did not have objectives that were measurable and did not identify frequency and duration of prescribed interventions. One possible option for developing measurable goals is encouraging staff to utilize **SMART** goals; **S**pecific, **M**easurable, **A**ttainable, **R**elevant, and **T**ime-based.

In addition to documentation issues listed above, five out of nine charts did not have an updated assessment and one chart from a client on commitment and in crisis did not include a safety plan. Safety plans are an evidence-based intervention demonstrated to mitigate risk.

**County’s Response and Corrective Action Plan:**

VBH-TC is working diligently to improve the quality, timeliness, and adhere to the Division Directives in terms of objectives, updated assessments, and safety planning in conjunction with VBH administration. The Adult Team Lead will ensure that all staff are trained to develop goals/objectives that are measurable, achievable, and time limited. In addition, training is needed to clarify the directive of identifying frequency and duration of prescribed interventions.

VBH Regulatory Oversight conducts internal audits in addition to the Tooele Unit staff to review records for non-compliance in multiple areas. The need for updated assessments and safety planning will be stressed in weekly meetings. It should also be noted that VBH-TC is developing an Assertive Outreach Team to closely follow clients at risk for hospitalization and

those currently on commitment. This will increase compliance in the area of safety planning and oversight of high acuity cases. This team also meets weekly to review these cases.

Training has been provided and will be provided ongoing regarding care plans and writing appropriate SMART goals. In addition, Valley's ROC department will be conducting internal audits of care plan quality and goal quality over the summer.

**FY15 Deficiencies:**

- 1) *Access to Care:* DSAMH recognizes efforts made by the new director and current Tooele-VBH staff to maintain consistent services in the community. However, excessive staff turnover and low staff numbers have resulted in clients struggling with long periods of time between appointments and changing therapists repeatedly. DSAMH encourages Valley Behavioral Health to improve access to services for both Medicaid & non-Medicaid clients in Tooele.
- 2) *Consumer Satisfaction Surveys:* DSAMH reporting requirements include a minimum consumer satisfaction survey rate of 10% of the number of annual unduplicated clients served for the prior year. Tooele-VBH returned an insufficient number of surveys for FY14. DSAMH requires that Tooele-VBH increase the percentage of surveys returned to meet or exceed the sample rate of 10%.

**FY15 Recommendations:**

- 1) *Inpatient Services:* Tooele-VBH has the highest state average day rate for both State Hospital and Community Inpatient services. DSAMH encourages Tooele-VBH to increase diversion and inpatient discharge services to ensure clients are safely maintained at the least restrictive level of care possible.
- 2) *Peer Support:* DSAMH Division Directives require that Local Authorities establish and/or expand Peer Support services. DSAMH recommends that Tooele-VBH continue to build upon their existing Peer Support Services and expand their Recovery-based Peer Support Services.
- 3) *OQ as an Intervention:* DSAMH recognizes the increased administration of the OQ at Tooele-VBH. However, Division Directives require that data from the OQ shall be shared with the client and incorporated into the clinical process, as evidenced in the chart. The use of the OQ as an intervention was evident in only one out of nine charts reviewed. DSAMH recommends that Tooele-VBH require clinical staff to attend OQ training as this becomes available during 2015.
- 4) *Housing:* DSAMH recognizes and appreciates Tooele-VBH in their efforts to provide services to the homeless in their community. With the loss of HUD funding in Tooele and as federal funding priorities shift, DSAMH encourages Tooele-VBH to work with DSAMH staff to identify potential housing funding streams.

- 5) *Mental Health Groups*: Individuals interviewed reported that unless clients are receiving Substance Use Disorder services, they are only offered Dialectic Behavior Therapy, Anger Management, Domestic Violence Moral Reconciliation Therapy or a Support Group. It is recommended that Tooele-VBH look at expanding the mental health group options available to their clients.

**FY15 Division Comments:**

- 1) *Intake Process*: Tooele-VBH has modified the current intake process for new clients entering treatment. DSAMH commends Tooele-VBH for addressing client needs and working to decrease no-show rates.
- 2) *Crisis Services*: DSAMH recognizes and appreciates the crisis services being offered in Tooele County, including the development of an assertive outreach team and improved relationships with the local emergency room crisis workers.
- 3) *Program Participant Feedback*: Individuals in recovery were interviewed in a group format by Michael Newman, Recovery and Resiliency Program Manager, DSAMH at the VBH's New Reflections Clubhouse. Individuals praised the services at the clubhouse speaking about the feeling of community they felt, the friendships enjoyed, and the clubhouse staff. It was stated that there were many struggles around staff turnovers, especially with therapists at Tooele-VBH with comments such as "It is really hard, I have had three therapists in the last year", "I felt that I was getting somewhere- it's very hard when they move on", "I've had thoughts of quitting therapy all together." Individuals also expressed a desire to have more mental health groups to participate in, especially around physical health.
- 4) *Court-Ordered Mental Health Groups*: Tooele-VBH conducts Anger Management and Domestic Violence Moral Reconciliation therapy groups. Individuals interviewed said that they wished that the groups were offered at more times. They felt that they were involved in setting up their treatment plans and goals. Individuals reported that they felt that they were respected and that they were making progress. Group facilitators were described as "caring", "helpful" and "really want me to do better".

## **Substance Abuse Prevention**

Ben Reaves, Program Manager, conducted the annual prevention review of Tooele - Valley Behavioral Health on March 3<sup>rd</sup>, 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) There was a decrease in reported Eliminating Alcohol Sales to Youth (EASY) alcohol compliance checks, from 14 checks in FY12 to zero in FY13. Prevention Coordinator Julie Spindler reported the agencies are completing alcohol compliance checks without reimbursement from the EASY program. Ms. Spindler will continue follow up on the compliance checks in Tooele County.

**This deficiency has not been resolved and is continued in FY15; see Deficiency #1.**

### **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) There were no EASY checks reported during FY14.

#### **FY15 Recommendations:**

- 1) It is recommended that staff attend the next available Substance Abuse Prevention Skills Training (SAPST).
- 2) It is recommended that Tooele work on building capacity in Wendover and Grantsville areas.
- 3) It is recommended that Tooele complete a full assessment in collaboration with coalitions prior to FY17.

- 4) It is recommended that Tooele work with local law enforcement and coalitions to address Eliminating Alcohol Sales to Youth.

**FY15 Division Comments:**

- 1) Tooele continues to do a census of the Student Health and Risk Prevention (SHARP) survey. This is the gold standard.
- 2) Tooele's collaboration with the Tooele Interagency Prevention Professionals (TIPP) is also the gold standard. The community events, such as the Dinner in the Park, are examples of good communication and collaboration.
- 3) Tooele has submitted an annual report on the different programs and strategies they have implemented.

## **Substance Abuse Treatment**

Dave Felt, Program Administrator, conducted the review of Tooele County Valley Behavioral Health Substance Abuse Treatment Program on March 3<sup>rd</sup>, 2015. The review focused on Substance Abuse Treatment (SAPT) Block Grant Compliance, Drug Court and DORA Program compliance; clinical practice and compliance with contract requirements. Drug Court was evaluated through staff discussion, clinical records 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, contract requirements and DORA Program requirements were evaluated by a review of policies and procedures, interviews with clients, a discussion with Tooele - VBH staff and a review of program schedules and other documentation. Tooele-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 Minor Non-compliance issues:**

- 1) Tooele-VBH did not meet or exceed the FY13 Performance Measures for the Successful Treatment Episode Completion Rates in the Division Guidelines. Local Authorities who do not achieve the 60% completion rate are required to improve their performance rates from the previous year. The treatment episode completion rate for Tooele - VBH went down from 50.3% to 30.7% from FY12 to FY13 respectively.

Tooele-VBH did improve their Successful Treatment Episode Completion Rates from 30.7% to 38.4% in FY14.

**This issue has been resolved.**

- 2) Tooele-VBH continues to use the Drug Court phases to determine the level of care for treatment, which is a repeat finding from the FY13 Site Visit.

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

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

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

None

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

- 1) Tooele-VBH continues to allow Drug Court Phases to determine level of care. All clients are required to start with a specified number of groups per week and the phases of drug court determine the level of treatment. Although there are efforts made to “individualize” some aspects of treatment, and it was stated that additional services can be added if clinically necessary, treatment levels and assignments should not be used either as rewards or sanctions, and should be based on a clinical assessment of the client’s needs. Changes in treatment levels should be based on a clinical assessment of American Society of Addiction Medicine (ASAM) placement criteria, not time in drug court or completion of drug court requirements for amount of “clean time” before advancement. While it is recognized that not all of this is under Tooele-VBH’s control, the local authority, as well as the contracted treatment agency should work to maximize the use of public funding to support clinically indicated treatment services.

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

VBH-TC is in process of revision of the Drug Court program as it agrees the current method of referral and advancement are not congruent with ASAM levels of care or best practice policies. Current Drug Court Staff have introduced changes to the DC Team consisting of the Third District Judge, prosecution and defense attorneys with positive response to the proposed changes. Please note these changes have not been initiated to this point as they will require additional major paradigm shifts for current staff; both clinical and supportive positions. VBH-TC will finalize changes and send updated manuals to the Staff Division and Tooele County Commission no later than July 31, 2015.

**FY15 Minor Non-compliance issues:**

- 1) The FY14 Utah Substance Abuse Treatment Outcomes Measures Scorecard reflects that Tooele – VBH increased the use of tobacco as measured from admission to discharge. The Division Directive requires that Local Authorities decrease the amount of tobacco use from admission to discharge. Tooele-VBH’s rate of tobacco use at discharge increased to 61.7% from the 61.3% use level at admission. This is especially disappointing in that halfway through FY14, they had actually decreased smoking by over 2%. Feedback from clients indicated that there were large variances in the amount of information that clients had regarding quitting smoking, and no individuals reported being offered assistance in quitting.

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

VBH-TC Adult Services Team Lead will address the Recovery Plus initiative with current staff during weekly staff meetings and the need to assess and offer tobacco cessation and treatment services.

- 2) The FY14 Utah Substance Abuse Treatment Outcomes Measures Scorecard reflects that Tooele–VBH failed to meet the Division Directive’s goal of increasing the number of individuals utilizing Social Support Recovery as measured from admission to discharge. Tooele-VBH clients’ use of Social Support decreased by 7.6% during treatment.

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

VBH-TC Adult Team Lead will work with local Social Support Recovery Programs to ensure contact and meeting information is available to all clients. In addition, all program staff will encourage and support client involvement in these programs.

- 3) *Documentation:* Tooele-VBH has made no significant progress in meeting requirements in the Division Directives requiring that documentation be focused on engagement, person centered planning; and the requirement that assessments, ASAMs and treatment plans be current rather than based on time frames for updates. All charts reviewed (client #: 1189690, 0924760, 726100, 1046280, and 1208470) found significant problems with the following:
- a. objectives were not measurable,
  - b. recovery plans and assessments weren't current,
  - c. objectives didn't change over long periods of time,

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

VBH-TC Director recognizes the need for additional training on ASAM relevance, measurable objectives that are relevant to the client, time limited, achievable, measurable, and dynamic. This will be a focus of the Center Director and Adult Team Lead. In addition, Valley's ROC department will be conducting audits centered on quality of goals and objectives in the coming months and additional company-wide training on these issues will be made available.

- 4) Currently Tooele-VBH reports that they have no individuals enrolled in their Juvenile Drug Court. Best Practices and Drug Court Standards state that Drug Courts should have a minimum of 15 individuals in order to be an effective court. In your response and corrective action plan, please include your plan to ensure that you have a viable Juvenile Drug court or your plans to close the court and return all unused funds to DSAMH for redistribution.

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

The current Center Director has met with representatives of the Juvenile Drug Court and attempted to schedule ongoing meetings to address the issue of lack of referrals. The Court reported they have not had individuals meeting the requirements of 'High Risk/High Need' needed for Drug Court referral.

VBH-TC continues to work with the Juvenile Drug Court to improve communication and increase the number of referrals. Additional restructuring and new leadership on the Tooele Youth Team is underway to improve the abilities of VBH to coordinate these services.

It is anticipated that these changes will improve these services and will increase the number of individuals currently participating in the Juvenile Drug Court. If significant improvement is not

seen in this area within 6 months, VBH will discuss additional options, including the potential for closing the court and returning unused funds to the Division.

- 5) It is reported that the Tooele County Drug Court does not allow addiction Medications to be used by clients in the Drug Court. This is explicitly prohibited in the Drug Court Funding Requirements and violates clinical best practices.

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

The current Center Director has informed the Drug Court Team, as described previously, that the use of Medication Assisted Therapies is a violation of the Drug Court Funding Requirements and not in the interest of best practice. The Team has requested training and professional assistance from an identified expert in this area to assist in revision of the Drug Court Manual. The team is also working on improving access to consultation where questions regarding use of these medications may arise. The court has also requested training on this issue. Neither VBH nor the drug court will be making medical decisions on behalf of drug court participants.

**FY15 Deficiencies:**

- 1) The FY14 Utah Substance Abuse Treatment Outcomes Measures Scorecard reflects that employment increased from 2.9% from FY13 to 10.2% in FY14. While this is an increase, it remains below the goal of 90% of the national average.
- 2) Currently Tooele-VBH has 11 vacancies and has had significant turnover in all levels of staff in the past year. This has caused numerous problems that are reflected in client charts, clients having three primary therapists in less than six months, and numerous other issues. While the present staff are dedicated and are recognized by clients and partners as committed to quality care and dedicated to their community, this level of turnover is reflected throughout the services provided.
- 3) Tooele-VBH’s rate of increased employment from admission to discharge has improved from 2.9% in FY13 to 10.2% in FY14, it remains among the lowest in the state and falls below the 90% target of the national average.

**FY15 Recommendations:**

- 1) While Tooele-VBH met the Division Standard of improving on their Treatment Completion rate from FY13 to FY14, their rate is the second lowest in the state and 12% below their completion rate in FY12. Currently less than four individuals out of every ten admitted complete their treatment. Tooele-VBH should closely examine its procedures and policies to identify the causes of this low completion rate and make it a priority to remove these barriers.

**FY15 Division Comments:**

- 1) *Staff Turnover:* The high turnover rate has impacted all aspects of the program at Tooele-VBH. The Program Director and her team have clearly worked hard to reduce the negative

aspects of the turnover, and are to be commended for their dedication to providing quality services.

- 2) *Suicide Prevention:* Tooele-VBH recently had at least three people die from suicide in their community, which has increased suicide prevention efforts. There are plans for a Question, Persuade and Refer (QPR) training in April and continued discussions on suicide prevention/bullying at their annual prevention summit. Tooele-VBH is committed to preventing future suicides and improving the quality of life for community members.
- 3) *Service Delivery:* Clients reported that they recognize the commitment level of the Tooele staff, but reported as many as four changes in therapist in the previous year. While they appreciated the efforts of the staff to mitigate the impact of the high turnover in staff, they all reported that it had made progress in treatment more difficult.

## Signature Page

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