



State of Utah

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utah department of  
**human services**  
SUBSTANCE ABUSE AND MENTAL HEALTH

February 6, 2017

Craig Buttars  
Cache County Executive  
199 North Main  
Logan, UT 84321

Dear Mr. Buttars:

In accordance with Utah Code Annotated 62A-15-103, the Division of Substance Abuse and Mental Health has completed its annual review of Cache County (District 1 Mental Health Authority – Bear River Mental Health) and the final report is enclosed. The scope of the review included fiscal management, children, youth, family and adult mental services, substance abuse treatment and prevention services, and general operations.

The center has many strengths; however, this report by its nature focuses on the exceptions and areas in need of improvement. The Division has approved all corrective action plans submitted by the Center/County in response to each reported finding, which have been included in the final report. If you have any questions, please contact Chad Carter (801)538-4072

We appreciate the cooperation and assistance of the staff and look forward to a continued professional relationship.

Sincerely,

Doug Thomas  
Division Director

Enclosure

cc: Jeff Scott, Box Elder County Commission  
Bill Cox, Rich County Commission  
Reed Enstrom, Director, Bear River Mental Health



Site Monitoring Report of

Cache County (District 1 Mental Health Authority –  
Bear River Mental Health)

Local Authority Contract #160238

Review Dates: December 13<sup>th</sup>, 14<sup>th</sup> & 20<sup>th</sup>, 2016

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## **Section One: Site Monitoring Report**

## Executive Summary

In accordance with Utah Code Section 62A-15-103, the Division of Substance Abuse and Mental Health (also referred to in this report as DSAMH or the Division) conducted a review of Cache County (District 1 Mental Health Authority – Bear River Mental Health) (also referred to in this report as BRMH or the Center) on December 13<sup>th</sup>, 14<sup>th</sup> & 20<sup>th</sup>, 2016. The focus of the review was on governance and oversight, fiscal management, pediatric and adult mental health 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 Deficiency	None None None None	
<i><b>Child, Youth &amp; Family Mental Health</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i><b>Adult Mental Health</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	

## **Governance and Fiscal Oversight**

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review at Cache County (District 1 Mental Health Authority – Bear River Mental Health) (BRMH). The Governance and Fiscal Oversight section of the review was conducted on December 13<sup>th</sup>, 2016 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 to ensure they were appropriate and that no personal benefit has been gained. Board minutes were reviewed and discussions were conducted to determine if an appropriate level of involvement and financial oversight was provided by the governing board and/or the contracted County.

As part of the site visit, the most recent version of the Medicaid Cost Report was reviewed. This report is a cost study conducted by the Local Authority and then reviewed/approved by the Department of Health (DOH), Medicaid Division. This report establishes the center's cost allocation plan as it pertains to overhead/administrative costs and spreads these costs across the Current Procedural Terminology (CPT) billing codes used by the Center that year. This allows the Division to fairly incorporate these overhead/administrative costs into the payments sent for services that qualify for funding found on the Center's contract allocation letter. During the site visit review, a sample of billings submitted by the Center were pulled and verified that the costs charged were consistent with the Medicaid Cost Report and also met the requirements established for the funding source.

The CPA firm Davis & Bott completed an independent audit of BRMH for the year ending June 30<sup>th</sup>, 2016 and issued a report dated October 24<sup>th</sup>, 2016; the auditors’ opinion was unqualified and did not report any deficiencies or findings. As a part of the review, they also examined specific items at the Division’s request, including policy, executive compensation and allowability of costs reported. In the auditor’s opinion, these items are accurately presented and no findings or issues were discovered.

### **Follow-up from Fiscal Year 2016 Audit:**

No findings were issued in FY16.

### **Findings for Fiscal Year 2017 Audit:**

#### **FY17 Major Non-compliance Issues:**

None

#### **FY17 Significant Non-compliance Issues:**

None

**FY17 Minor Non-compliance Issues:**

None

**FY17 Deficiencies:**

None

**FY17 Recommendations:**

None

**FY17 Division Comments:**

- 1) FY17 Division Directives require that each Local Authority conduct a walk-through testing of their adherence to access standards prior to their scheduled site visit. BRMH completed walk-throughs of their Logan, Tremonton and Brigham City locations. The results of the walk-throughs were positive and showed that all minimum access standards were being met. The tester felt that all services were readily accessible. The testers also provided feedback for areas that could be improved, which BRMH has taken into consideration.

### **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 Bear River Mental Health on December 13<sup>th</sup> and 14<sup>th</sup> 2016. The monitoring team consisted of Eric Tadehara, Program Administrator; Tiesha Cohen, Program Manager; and Tracy Johnson, Utah Family Coalition (Allies With Families). The review included the following areas: record reviews, discussions with clinical supervisors and management, case staffing, program visits, allied agency visits, and feedback from families through questionnaires. During the visit, the monitoring team reviewed the FY16 audit; statistics, including the Mental Health Scorecard; Area Plans; Youth Outcome Questionnaires; family involvement; Family Resource Facilitation (Peer Support); Wraparound to fidelity; Multi-Agency Coordinating Committee; school-based behavioral health; Mental Health Early Intervention Funding; civil commitment; compliance with Division Directives; and the Center's provision of the ten mandated services as required by Utah Code 17-43-301.

### **Follow-up from Fiscal Year 2016 Audit**

#### **FY16 Deficiencies:**

- 1) *Juvenile Civil Commitment:* BRMH is missing Notice of Proceeding forms and is using juvenile civil commitment forms from 2007. BRMH also needs to use the current Juvenile Civil Commitment forms, which have been updated in 2012 and 2015.

**BRMH has made improvements in this area. The youth who were civilly committed had the correct Notice of Proceeding forms in their charts. Some charts still had old Emergency Application forms. This issue will be continued in FY17, but will be reduced to a recommendation; see Recommendation #2.**

### **Findings for Fiscal Year 2017 Audit**

#### **FY17 Major Non-compliance Issues:**

None

#### **FY17 Significant Non-compliance Issues:**

None

#### **FY17 Minor Non-compliance Issues:**

None

#### **FY17 Deficiencies:**

None

#### **FY17 Recommendations:**

- 1) *Peer Support Documentation:* BRMH is not recording Peer Support Services into their Electronic Health Record (EHR). During FY17, data reported from the EHR to the Substance Abuse and Mental Health Information System (SAMHIS) shows 0 individuals/families received Peer Support services, while the Family Resource Facilitators (FRF) recorded 42 individuals/families who received services in the FRF database. It is recommended that BRMH work with the Utah Family Coalition (UFC) and their mentor to ensure appropriate recording of Peer Support services in the EHR, which would give staff access to valuable information from the FRF forms.
- 2) *Juvenile Civil Commitment:* BRMH has made significant improvements in this area in FY17. BRMH needs to use the current Emergency Application forms (pink and blue sheets), which were updated in 2015, and are available on the DSAMH website, <http://dsamh.utah.gov/provider-information/civil-commitment/>.

**FY17 Division Comments:**

- 1) *Family Feedback:* Family feedback Questionnaires were completed by seven families. Additionally, three families participated in a family focus group. Of the completed surveys, families reported that, “everyone is so helpful and kind.” When asked about the most important things that are liked about BRMH, families reported that they “relate to my child,” “it helps all of us,” and “it helps with my child’s meds.” Records review indicate that all of the elements of wraparound are being implemented. Feedback from the families illustrate that the FRF is an important resource to the families that receive the services.
- 2) *Wraparound and Family Resource Facilitators:* BRMH provides High Fidelity Wraparound as defined by the Utah Family Coalition (UFC). BRMH has recently welcomed a new FRF and is working collaboratively, ensuring an efficient transition. The UFC reports that the Family Resource Facilitator (FRF) of BRMH provides information about local resources such as support groups or classes and attends meetings with family members, such as Individualized Education Program (IEP) meetings, to help advocate for the child.
- 3) *School-Based Mental Health Services:* BRMH has managed to successfully build relationships with many of their school districts. BRMH provides mental health services within the school at a rate of 35.5% in FY17. Multiple school administrators discussed the program and how it has benefited the schools and the youth receiving services. Therapists provide multiple services for youth including individual therapy, family therapy, and skills groups.

## **Adult Mental Health**

The Adult Mental Health team conducted its annual monitoring review of Bear River Mental Health on December 13<sup>th</sup> and December 20<sup>th</sup>, 2016. The team included Pam Bennett, Adult Mental Health Program Administrator, LeAnne Huff, Adult Mental Health Program Manager and Cami Roundy, Recovery and Resiliency Peer Program Manager. The review included the following areas: Discussions with clinical supervisors and management teams, record reviews, site visits to administrative offices and Bear River House. During the discussions, the team reviewed the FY16 audit; statistics, including the Mental Health Scorecard; area plans; Outcome Questionnaires and the center's provision of the ten mandated services as required by Utah Code 17-43-301.

### **Follow-up from Fiscal Year 2016 Audit**

No findings were issued in FY16.

### **Findings for Fiscal Year 2017 Audit**

#### **FY17 Major Non-compliance Issues:**

None

#### **FY17 Significant Non-compliance Issues:**

None

#### **FY17 Minor Non-compliance Issues:**

None

#### **FY17 Deficiencies:**

None

#### **FY17 Recommendations:**

- 1) *Use of Outcome Questionnaire (OQ) as an intervention:* DSAMH recognizes and appreciates BRMH's efforts in administering the OQ at the 50% requirement as evidenced through OQ data reports and documentation in the charts. During chart reviews, there were no chart narratives with indication that the OQ scores were being used as a clinical tool for intervention in the progress notes. Division Directives require that the data from the OQ be shared with the client and incorporated into the clinical process, as evidenced in the chart. DSAMH understands the difficult challenge of changing to a new electronic medical record and appreciates the amount of work this has been for BRMH. DSAMH recommends that BRMH train staff on how to utilize the OQ score in session as an intervention.
- 2) *Evidence-Based Supported Employment:* BRMH provides excellent services through the Bear River House and Brigham City House programs, based on consumer feedback. In

addition, DSAMH recommends that BRMH continue to work toward provision of an evidence-based supported employment model, as the provision of a scientifically established behavioral health intervention should improve supported employment outcomes.

- 3) *Suicide Prevention*: BRMH is commended for having representation on all suicide prevention coalitions across the catchment area. DSAMH recommends that BRMH ensure that they are taking an active role on the coalitions and in the community, and to increase suicide prevention resources with Prevention by Design and/or Collaborative Assessment and Management of Suicidality (CAMS) training as available opportunities.

**FY17 Division Comments:**

- 1) *Mental Health Court*: DSAMH recognizes and appreciates BRMH's dedication to Mental Health Courts (MHC) in their catchment area, including the development of their second adult MHC in Box Elder County. The Box Elder MHC is approximately 15 months old and they currently have eight people attending with four more going through the process of selection. BRMH reports strong collaborative relationships with the courts and judges in both MHCs in Box Elder and Cache County.
- 2) *Justice Reinvestment Initiative (JRI)*: DSAMH commends BRMH dedication to the implementation of JRI. BRHM reports a committee of community partners was created and a Memorandum of Agreement signed for the JRI project and partners include, Department of Corrections, Cache County Attorney's Office, Public Defenders Office, First District Court, Substance Abuse, and Bear River Mental Health.
- 3) *Consumer Feedback*: DSAMH Recovery and Resiliency Peer Program Manager Cami Roundy met with a group of seven Peers from Bear River House (BRH), who participate in the day treatment program, and the residential and group homes. All said that they feel comfortable there, feel they are treated equally, and that their ideas and concerns are heard. Three Peers mentioned that they feel safe at BRH, which is very important to them. All agreed that their treatment is going well, four mentioned that they created their own treatment goal, and one said that the coping skills and tools they learn at BRMH are "amazing". In addition, they all have been offered help with employment, transportation, and Peer Support Services.

It was suggested that Bear River House offer a combined mental health and addiction treatment group. They suggested that it would be very helpful if more people could come and share their success stories about how they transitioned out of services, so that others can be encouraged and learn how to navigate the system.

- 4) *Wellness*: Individuals interviewed at Bear River House stated that they were offered assistance with tobacco cessation, and that BRMH offers a group for tobacco cessation and stress management. They reported that they are offered wellness classes and have the opportunity to go to a fitness class at the gym three days a week.

## **Section Two: 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.

## 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.

## Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Cache County (District 1 Mental Health Authority – Bear River Mental Health) and for the professional manner in which they participated in this review.

If there are any questions regarding this report please contact Chad Carter at (801)538-4072.

The Division of Substance Abuse and Mental Health

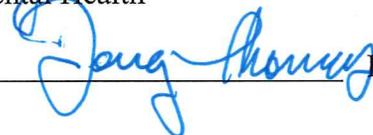
Prepared by:

Chad Carter  Date 2/6/17  
Auditor IV

Approved by:

Kyle Larson  Date 2-6-17  
Administrative Services Director

Jeremy Christensen  Date 2/6/17  
Assistant Director Mental Health

Doug Thomas  Date 2/6/17  
Division Director