



Site Monitoring Report of

Bear River Health Department
Local Substance Abuse Authority

Local Authority Contract #160048

Review Date: December 13th & 14th, 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 Bear River Health Department (also referred to in this report as BRHD or the County) on December 13th & 14th, 2016. The focus of the review was on governance and oversight, fiscal management, 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 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 Deficiency	None None 1 None	6 - 7
<i>Substance Abuse Prevention</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i>Substance Abuse Treatment</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 5 None	11 - 13

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review at Bear River Health Department (BRHD). The Governance and Fiscal Oversight section of the review was conducted on December 14th, 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.

The CPA firm Jones & Simkins P.C. performed an independent financial statement audit of Bear River Health Department for the year ending December 31st, 2015. The Independent Auditors' Report issued on May 11th, 2016 provided an unqualified opinion stating that the financial statements present fairly, in all material aspects, the respective financial position of the governmental activities of BRHD.

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:

- 1) It was found during the review of subcontractor files that BRHD is not monitoring its subcontracted providers with a formalized monitoring tool as required by the DHS Contract and the Division Directives:

viii. The Local Authority shall perform annual subcontractor monitoring, as outlined in the DHS Contract, utilizing a formalized monitoring tool that describes each area of the review and its outcome.

Center's Response and Corrective Action Plan:

We have conducted regular reviews for subcontracted providers, however, we were missing the actual paperwork associated with those reviews. This year, when conducting the reviews, we will use the paperwork provided by the State to document visits and follow-ups.

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. BRHD completed their walk-through and provided a summary of the feedback. The results of the walk-through were positive and showed that all minimum access standards were being met. The tester felt that the Center had a good response time and did a good job of making them feel like they had come to the right place.

Substance Abuse Prevention

Susannah Burt, Program Manager, conducted the annual prevention review of Bear River Health Department on December 13th, 2016. The review focused on the requirements found in State and Federal law, Division Directives, and contracts. In addition, the review evaluated the services described in the annual prevention area plan and the data used to establish prevention priorities.

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) It is recommended that BRHD increase community awareness of strategic prevention throughout the LSAA area by identifying additional communities for prevention coalitions and services.
- 2) It is recommended that BRHD work with coalitions to develop coalition level strategic plans. Note: The NUSAPT coalition has a strategic plan.
- 3) It is recommended that BRHD and coalitions review hospital assessments to complete current assessment activities.

FY17 Division Comments:

- 1) BRHD has a strategic plan for the Local Substance Abuse Authority area (three counties).
- 2) BRHD staff are seen as experts and a resource for the community. The prevention coordinator is the point person on prevention for state legislators and mayors.

- 3) BRHD completed a full assessment for the LSAA. BRHD is in the process of completing an assessment with the Hispanic Health Coalition and Safe Communities.
- 4) BRHD held a local Prevention Summit in 2016.
- 5) BRHD completed the Annual Report on time, as well as entered all prevention data within 60 days of service.
- 6) BRHD has a 92.4% Synar Tobacco compliance rate. The state goal is 90%.
- 7) BRHD saw an increase in Eliminating Alcohol Sales to Youth (EASY) compliance checks from 133 in FY15 to 193 in FY16. This includes an increase from one to six in Rich County. The compliance rate is 98%

Substance Abuse Treatment

Shanel Long, Program Administrator and Christine Simonette, Program Manager, conducted the Substance Use Disorders Treatment review for Bear River Health Department on December 13th, 2016. This review focused on Substance Abuse Prevention and Treatment (SAPT) block grant compliance, compliance with Division Directives, clinical practices, consumer satisfaction and performance on outcome measures. Block Grant and Division Directives compliance were evaluated through a review of program policies, guidelines and discussions with staff members. Consumer satisfaction was evaluated through interviews with clients in services and by reviewing Consumer Satisfaction Survey results. Program outcome measures were evaluated by reviewing the outcome measures against DSAMH standards. Clinical practices were evaluated by reviewing client charts.

Follow-up from Fiscal Year 2016 Audit

FY16 Minor Non-compliance issues:

1) Data from the FY15 Outcomes Measures Scorecard and Consumer Satisfaction Survey reflects the following:

- The percent of clients completing a treatment episode successfully decreased from 56.4% to 51.5% from FY14 to FY15 respectively.

This issue has not been resolved and will be continued in FY17; see Minor Non-compliance Issue #1.

- Family (*youth*) surveys show that 67% of the families are receiving culturally sensitive services, which is less than 75% of the national average.

This issue has not been resolved and will be continued in FY17; see Minor Non-compliance Issue #4.

- Family (*youth*) surveys show that 33% of the families are involved in the treatment planning process, which is less than 75% of the national average.

This issue has not been resolved and will be continued in FY17; see Minor Non-compliance Issue #4.

Findings for Fiscal Year 2017 Audit:

FY17 Major Non-compliance issues:

None

FY17 Significant Non-compliance issues:

None

FY17 Minor Non-compliance issues:

- 1) The percent of clients completing a treatment episode successfully decreased from 51.5% to 50.9% from FY15 to FY16 respectively. This was a previous finding Minor Non-Compliance Issue in FY15.

Local Substance Abuse Authorities will meet or exceed their FY2015 Successful Treatment Episode Completion rates in FY 2016 and will work towards achieving a goal of 60%. Local Substance Abuse Authorities whose FY 2015 completion rate was over 60% are required to meet or exceed a 60% completion rate in FY2016. Successful Treatment Episode Completion is defined as a successful completion of an episode of treatment without a readmission within 30 days. An episode of treatment is as defined in the Treatment Episode Data Set.

Center’s Response and Corrective Action Plan:

We will reduce our stringent requirements for clients successfully completing treatment, and train staff to discharge clients as completed when they have accomplished as many goals as possible in their given circumstance.

- 2) The percent of individuals retained in treatment 60 or more days decreased from 73.1% in FY15 to 68.3% in FY16. This is below that national average.

Retention in Treatment: Local Substance Abuse Authorities will meet or exceed their FY2015 treatment retention in FY2016 and will work towards achieving a goal of 70%. Local Substance Abuse Authorities whose FY2015 retention rate was over 70% are required to meet or exceed a 70% retention rate in FY2016. Retention is defined as the percentage of clients who remain in treatment over 60 days.

Center’s Response and Corrective Action Plan:

Those not indicating a need for long term treatment (over 60 days) will be admitted as Recovery Support clients. In the cases where clients are in danger of being discharged as non-compliant, their counselor will make an effort to get in touch with the client to discuss treatment options leading to successful completion.

- 3) The percent of individuals that decreased their involvement in criminal activity from admission to discharge decreased from 57.1% to -271.4% respectively.

Local Substance Abuse Authorities’ Outcome Scorecard will show that they decreased the percentage of individuals involved in criminal activity from admission to discharge in the FY15 at a rate greater or equal to 75% of the national average. Criminal activity is defined as being arrested within the past 30 days.

Center’s Response and Corrective Action Plan:

Even though the majority of our clients are court ordered to treatment, very few have an arrest within the 30 days prior to admission, due to the amount of time it takes to go through the court system. Therefore there are minimal arrests reported at intake, but when they are discharged with an arrest it is more likely reported because it was an immediate cause or effect of their non-compliance and/or incarcerated discharge. The small numbers (4 to 15) will make the results appear skewed from a data percentage standpoint.

- 4) Client satisfaction survey data show that only 9.1% of the client satisfaction surveys were completed which is less than the 10% required and resulted in insufficient sample rate. This finding corresponds with FY16 findings 2 and 3. These issues were not resolved due to insufficient data collected for client satisfaction survey in FY17.

Center’s Response and Corrective Action Plan:

This year we are offering incentives to all clients who complete the surveys, youth, family, and adult clients, in the form of a \$5 coupon off their bill, and small refreshments. We will also begin a staff competition with an incentive to distribute the surveys.

- 5) BRHD uses an Electronic Health Record (HER) that was purchased by the Health Department and is designed for medical office use, not clinical treatment notes. It is highly recommended for BRHD to find a more sufficient way to monitor assessment and treatment plans and updates. It is a cumbersome system that requires the use of templates and numerous note entries. The entries do not link treatment plans together and therefore requires staff to read all previous notes to know what the participant’s goals, objectives and assignments have been in order to continue assessing the client’s current needs. If old goals and objective have been met, this review is not being done. There was no evidence that old objectives or goals had been completed or achieved. The chart review showed a lack of ongoing assessments which is inconsistent with the Division Directives that state assessments will be ongoing. There was evidence of change in the level of care, but no assessments to justify the level change. Participants remained enrolled in treatment for reasons such as unpaid fees, or court ordered SUD treatment without clinical justification for placement. The review also showed a lack of treatment plan updates; treatment plans did not reference completion of goals, objectives or assignments. Clients were determined to need intervention, but no interventions or action plans were documented. BRHD needs to continue working on improving assessments, treatment plans and the discharge summary (*random Chart #'s 4741, 1378, 203, 6990*).

Center’s Response and Corrective Action Plan:

Overall we have worked with our system provider to adapt our EHR to fit our needs, and developed procedures that work well for our staff within the system.

Since the review, we have applied some changes in our processes and system. 1) We have changed the intake template and process to include both a trauma assessment and the suicide assessment. 2) We have changed the progress note template to include recovery plan goal, objective or intervention. This triggers staff to ensure that the session and note correlate directly

to the client's treatment plan.

We will continue to train staff regarding appropriate assessments, treatment plans and progress notes, ongoing assessment, and discharge summaries to ensure all documents relate directly to the clients' needs.

FY17 Deficiencies:

None

FY17 Recommendations:

- 1) DSAMH recommends additional training for staff on language that furthers public understanding of addictive disorders as a medical issue to reduce stigma and stereotyping. Use of terms like "clean" and "dirty" are often used in clinical charts and in conversation with clients. Choosing words more carefully can reduce stigma. One excellent resource that could be distributed to staff can be found at: https://www.naabt.org/documents/NAABT_Language.pdf. DSAMH is also available to provide technical assistance if desired.

FY17 Division Comments:

- 1) *Integration and Co-Occurring Services:* Over the past year, BRHD and Bear River Mental Health (BRMH) have increased collaboration and integration efforts, which have improved services in the community. In addition, BRHD has included evening treatment classes and increased the number of evidence based practices being provided throughout the weekly treatment schedule.
- 2) *Drug Court, DORA and JRI:* BRHD has been collecting the Criminogenic Risk levels which makes them one of the first Local Authorities to collect that data.
- 3) *Overdose Prevention Efforts:* BRHD has contracted with Dr. Red at the Health Department to provide Medication Assisted Treatment (MAT) services for the treatment of opiate disorders and other health concerns. The percent of individuals admitted to BRHD for opiate use has increased from 6.2% in FY10 to 10.8% in FY16. The number of individuals admitted for IV drug use has increased from 5.3% in FY10 to 15.5% in FY16. BRHD continues to be proactive in the prevention and treatment of opiate use and aware of their community needs.
- 4) *Direct Access Testing:* BRHD does not have a waiting list and is able to see new clients within a week or less. Pregnant women and other high risk individuals are seen immediately.

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 Bear River Health Department 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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