



State of Utah

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Governor

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DEPARTMENT OF HUMAN SERVICES

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DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

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SUBSTANCE ABUSE AND MENTAL HEALTH

April 14, 2017

Commissioner Bret Millburn
Davis County Commission
PO Box 618
Farmington, UT 84025

Dear Commissioner Millburn:

In accordance with Utah Code Annotated 62A-15-103, the Division of Substance Abuse and Mental Health has completed its annual review of Davis Behavioral 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: James E. Smith, Davis County Commission
Randy Elliott, Davis County Commission
Brandon Hatch, Davis Behavioral Health



Site Monitoring Report of

Davis Behavioral Health

Local Authority Contracts #160072 and #160073

Review Dates: January 24th & 25th, 2017

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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 Davis Behavioral Health (also referred to in this report as DBH or the Center) on January 24th & 25th, 2017. 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; Division Directives; State mandated mental health services; and Preferred Practice Guidelines. During the examination, the review teams evaluated: the reliability and integrity of the Center's data and its compliance with established programmatic and operational objectives. Additionally, the review included an examination, through sampling, of the Center's efficient and appropriate use of financial resources.

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

Summary of Findings

Programs Reviewed	Level of Non-Compliance Issues	Number of Findings	Page(s)
<i>Governance and Oversight</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i>Child, Youth & Family Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i>Adult Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i>Substance Abuse Prevention</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None 1	14
<i>Substance Abuse Treatment</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 Davis Behavioral Health (DBH). The Governance and Fiscal Oversight section of the review was conducted on January 24th, 2017 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 Litz & Company performed the Center's financial statement audit for the year ending June 30th, 2016. The Independent Auditor's Report dated December 22nd, 2016 issued an unqualified opinion, there were no findings or deficiencies.

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) The Medicaid Cost Report is completed by DBH and is audited annually for accuracy. The cost study provides detailed cost information for each different type of Medicaid service provided. It is recommended that DBH uses this rate information more heavily to base the rates used in their electronic health record system.

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. DBH completed their walk-through before the site visit and discussed the results in the opening meeting for the site visit. The results of the walk-through were positive. The tester felt that the people involved in the process made a strong effort to do the right thing and provided good customer services. The Center found areas for improvement, including the amount of time between appointments. See Substance Use Disorders Treatment FY17 Recommendation #1 for more details.

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 Davis Behavioral Health on January 24th & 25th, 2017. The monitoring team consisted of Eric Tadehara, Program Administrator; Tiesha Cohen, Program Manager; and Brenda Chabot, Family Mentor with the Utah Family Coalition (Allies with Families). The review included the following areas: record reviews, discussions with clinical supervisors and management, case staffing, program visits, and feedback from families through questionnaires and a focus group. During the visit, the monitoring team reviewed the Fiscal Year 2016 audit; statistics, including the Mental Health Scorecard; Area Plans; Youth Outcome Questionnaires; family involvement; Family Resource Facilitation (Peer Support); High Fidelity Wraparound; Multi-Agency Coordinating Committee; school-based behavioral health; Mental Health Early Intervention funding; juvenile 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

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) *Service Locations:* It is recommended that DBH ensure the proper location codes are utilized for services completed outside of the agency. During the chart review, services completed in school settings utilized the Kaysville location code, even when the clinical notes identified the service being completed in a school.

FY17 Division Comments:

- 1) *Community Resource and Service Provider:* DBH has increased the number of clients served throughout the agency since FY10 and continues to service those whom are unfunded due to the recognized needs of their population. In FY16, DBH served 221 more clients than FY15.

The amount of clients served are reported to the Substance Abuse and Mental Health Information System (SAMHIS). mDBH provides a continuum of services throughout the community including school-based behavioral health, individual therapy, family resource facilitation, and skills groups.

- 2) *Staff Wellness*: During the FY17 site visit DSAMH was invited to participate in their Mindfulness-Based Stress Reduction (MBSR) group, which is utilized as a self-care intervention provided via mindful meditation practice. Staff are invited to participate in the eight week course to provide self-care and decrease burn out.
- 3) *Family Resource Facilitation, Wraparound & Family Feedback*: DBH provides High Fidelity Wraparound as defined by the Utah Family Coalition (UFC). DBH continues to support Family Resource Facilitators (FRF) and the services they provide. The Utah Family Coalition collected 43 questionnaires completed by families and those whom receive services from DBH. Regarding the services that DBH provides, families reported that the Center, “does a great job with my boys,” they are “timely, friendly and helpful,” and “DBH staff runs the facility smoothly and compassionately.” Overall, the families served seemed to be satisfied with the services they receive. Seventeen of the families received FRF services and reported the following: “She [FRF] was very helpful,” and “She [FRF] helped in keeping [client] in the home and alive.” Families also reported that their FRF’s gave them information about local resources, put them in touch with support groups, attended meetings with them or helped them advocate for their child.
- 4) *Youth Outcomes Questionnaires (YOQ)*: The feedback from the UFC survey revealed that more than half reported their therapist discusses the YOQ results with them; the therapist uses the information in the treatment recovery plan; they were aware of the purpose of the YOQ and that they felt as though the YOQ was helpful to their child’s treatment and recovery.

Adult Mental Health

The Adult Mental Health team conducted its annual monitoring review of Davis Behavioral Health on January 24th, 2017. The team included Pam Bennett, Administrator Adult Mental Health 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, outpatient clinic, Davis County Jail, Davis Mental Health Court, Journey House, and community partner sites. 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

FY16 Deficiencies:

- 1) *Recovery Plus*: Recovery Plus is an initiative to promote health and wellness in people with mental illness and/or substance use disorders. A review of charts indicated that nicotine use was identified without evidence of cessation services being offered. In addition, individuals were smoking next to the Davis Behavioral Health building entrances.

This issue has been resolved. Smoking cessation groups are now offered at Journey House and flyers for the groups were seen displayed in the main building. Individuals were not smoking near the buildings and No Smoking signs were posted.

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) *Documentation*: During the chart review process, nine of thirteen charts reviewed lacked measurable goals and objectives. Measurable goals create structure and the ability to track an individual's treatment plan goals and objectives. Division Directives state that the

objectives should be “behavioral changes that are measurable, short term, and tied to the goals.” One method for creating measurable goals is the S.M.A.R.T method, Specific, Measurable, Attainable, Relevant and Timely. DSAMH recommends ongoing education and support to service providers with an emphasis on creating measurable and attainable goals. When goals are clear and measurable, it is easier for the client and therapist to evaluate progress toward recovery.

FY17 Division Comments:

- 1) *Case management:* The FY16 Davis Behavioral Health (DBH) report recommended that DBH continue efforts to increase case management service numbers to meet or exceed the urban average. While FY16 numbers remained below the urban average (FY16: DBH–21.1%, urban average-31.9%), DBH case management services for FY17 (year-to-date) are 53%. DSAMH commends DBH for increasing this supportive service to individuals in treatment.
- 2) *Mental Health Court:* Davis Behavioral Health continues to maintain an excellent working relationship with the Davis Mental Health Court. Members of the DSAMH adult mental health team attended a staffing meeting and the Mental Health Court. Community partners work collaboratively, Mental Health Court clients were treated with respect, and it is apparent that the team believes that the clients can and will succeed.
- 3) *Peer Support Services:* DSAMH Recovery and Resiliency Peer Program Manager Cami Roundy met with six Certified Peer Support Specialists (CPSS) and their Supervisors. DSAMH applauds DBH for their continued efforts with Peer Support Services and Peer Support Supervision. Peers report that they work well as a team together and feel supported. DBH has expanded the use of CPSS throughout the agency, including assigning a CPSS to each of the 118 clients that DBH has placed in housing. The Peer Support Program at DBH is an exemplary model of the Peer Support Services.
- 4) *Supported Employment:* DBH has implemented the evidence-based Supported Employment model, Individual Placement and Support. DSAMH commends DBH for developing collaborative efforts and building community partnerships to offer competitive, integrated and meaningful employment opportunities to adults and youth with mental illness and co-occurring substance use disorders. It is apparent that DBH is invested in making employment part of recovery.
- 5) *Community Relationships:* DBH has placed two full time therapists in the Davis County Jail and has developed a strong working relationship with jail medical staff. The therapists are highly proactive, developing treatment programs for incarcerated individuals and assisting individuals in accessing resources upon release.
- 6) *Feedback from Individuals in Recovery:* Seven individuals in Recovery attending Journey House were interviewed in a group format by Cami Roundy. All individuals agreed that they are making progress in treatment, that they have been given resources as needed for employment and housing, and that their needs are being met in transportation and physical health/exercise. All seven interviewed said that they create their own goals and that their

voice is heard. Six of those individuals interviewed work with a Peer Support Specialist. Comments included: “I have made more progress coming here in the last two and a half years that I have in twenty”; “Coming to Journey House helps me get through the week”; “My treatment is going well and I am working toward my High School Diploma”; and “Journey House is awesome, they do a good job running it. It helps you get out of the house and learn skills. I don’t know what I would do without it.”

Substance Abuse Prevention

Susannah Burt, Program Manager, conducted the annual prevention review of Davis Behavioral Health on January 25th, 2017. 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:

- 1) No coalitions have been established in the northern part of Davis County even though use rates in Northern Davis County are higher than state rates.

Center's Response and Corrective Action Plan:

In order to address the prevention deficiency, Davis HELPS, our county coalition, will conduct a comprehensive community assessment, specific to substance use & misuse. After completing the assessment, Davis HELPS will develop a comprehensive substance abuse prevention strategic plan, which will include building capacity within the smaller communities within Davis County.

Although, a formal substance abuse prevention coalition hasn't been formed in the northern part of the county, we've been laying the ground work to increase community readiness by: sitting on committees, participating on workgroups, networking, providing training, collaborating on programs and community events, etc. We anticipate hiring a coalition coordinator by January 15, 2018.

FY17 Recommendations:

- 1) It is recommended that DBH incorporate community level plans into an LSAA level strategic plan.

- 2) It is recommended that DBH increase capacity of staff, contractors and support capacity building in coalitions by attending additional trainings, conferences or webinars.
- 3) It is recommended that DBH collect adequate evaluation data on the Mindful School project.

FY17 Division Comments:

- 1) Easy compliance checks increased from FY15 of 118 to 157 in FY16. The compliance rate has decreased from 92% in FY15 to 86% in FY16.
- 2) The county level coalition, Davis HELPS has a strategic plan in place. The coalition is getting ready to revisit the strategic plan this calendar year.
- 3) DBH has support from Davis School District in implementing Mindful Schools.

Substance Abuse Treatment

Becky King, Program Administrator and Christine Simonette, Program Manager, conducted the review of Davis Behavioral Health on January 24th, 2017, which 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, the Drug Court Scorecard and the Team Meeting. Clinical practices and documentation were evaluated by reviewing client charts and discussing current practices. Adherence to SAPT Block Grant requirements and contract requirements were evaluated by a review of policies and procedures, interviews with clients and a discussion with DBH staff. Treatment schedules, policies, and other documentation were viewed. The Utah Substance Abuse Treatment Outcomes Measures Scorecard results were reviewed with DBH staff. Client satisfaction was measured by reviewing records, Consumer Satisfaction Survey data and results from client interviews. Finally, additional data was reviewed for Opiate Use and Driving under the Influence (*DUI*) rates in Davis County.

Follow-up from Fiscal Year 2016 Audit

FY16 Minor Non-compliance Issues:

1) The Utah Substance Abuse Treatment Outcomes Measures Scorecard showed:

- The percent of individuals that completed a treatment episode successfully decreased from 51.3% to 44.8%, from FY14 to FY15 respectively, which did not meet Division Directives.

This issue has been resolved. In FY16, the percent of individuals that completed a treatment episode successfully increased to 51.1%, which now meets Division Directives.

- The percent of individuals that were arrested prior to admission from discharge moved from 52% to 24%, from FY14 to FY15 respectively, which did not meet Division Directives.

This issue has been resolved. In FY16, decreased criminal justice involvement increased to 58.3%, which now meets Division Directives.

- Tobacco use from admission to discharge moved from -38.7% to -1.2% in FY14 to FY15 respectively, which did not meet Division Directives.

This issue has been resolved. In FY16, tobacco use decreased to 29.7%, which now meets Division Directives.

- 2) Davis County Adult Felony, DUI and Family Dependency Drug Courts were charging a flat fee rate of \$1,250.00 per year for treatment fees, which was not in compliance with Division Directives.

This issue has been resolved. In FY16, DBH updated their Drug Court fee policy and incorporated a sliding fee scale, which now meets Division Directives.

- 3) The Adult and Youth Consumer Satisfaction Survey showed that the percentage of youth clients sampled at Davis Behavioral Health was 4.9%, which did not meet the Division Directives.

This issue has been resolved. In FY16, the percent of Adult Consumer Satisfaction Surveys increased to 14.4% and Youth Surveys increased to 14.8%, which now meets Division Directives.

- 4) The Davis Felony Drug Court tied the phases of Drug Court to specific levels of treatment and frequency of treatment sessions.

This issue has been resolved. In FY16, DBH separated the Drug Court phases from the levels of treatment, which now meets Division Directives.

- 5) Drug Court Clients referred to Intensive Outpatient Treatment (*IOT*) were charged treatment fees in addition to Drug Court Fees.

This issue has been resolved. In FY16, DBH updated the Drug Court fee schedule so that IOT clients were no longer charged additional fees. Drug Court now operates on a sliding scale fee basis, with a standard fee of \$100.00 for all program participants.

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) *Direct Access Testing:* DBH Administration interviewed the front desk staff last year for a Direct Access Test and found that clients were not being admitted within 15 days according

to DBH Policy, which they are planning to work on over the next year. During the interview with the front desk staff, it was noted that DBH has been covering important questions related to priority populations (*pregnant women, IV drug use*) and is using the NIATx walk through process for mental health treatment. It was also noted that DBH does not have waiting lists. It is recommended that DBH continue with the Direct Access Testing on a regular basis to promote quality assurance and ongoing access to treatment.

- 2) *Screening*: DBH is not currently using a validated screening instrument to determine whether there is a need for assessment, treatment or prevention services in the following areas: (1) substance use disorders (2) mental health and (3) criminogenic risk. DBH currently includes an evaluation of substance use disorders, mental health, criminogenic and suicide risk in the assessment. It is recommended the DBH incorporate evidenced based validated screening instruments to help guide admission into treatment or prevention services. DBH may want to consider incorporating the use of standardized screening instruments in their Daily Screening Clinic.
- 3) *Language*: DSAMH recommends additional training for staff on language that furthers public understanding of addictive disorders as a medical issue to reduce stigma and stereotyping. One excellent resource is a fact sheet produced by *The National Alliance for Buprenorphine Treatment (NAABT)* that could be distributed to staff and can be found at: https://www.naabt.org/documents/NAABT_Language.pdf. Another excellent resource can be found online at: <https://www.whitehouse.gov/ondcp/changing-the-language-draft>. DSAMH is available to provide technical assistance upon request.
- 4) *Treatment Data Episode Set (TEDS)*: The TEDS submissions for the first two months of FY17 does not identify clients criminogenic risk level. All 277 admissions in the FY17 lacks this information, which resulted in a 71% non-collection rate. This field is optional for 2017, but it critical to evaluating Utah's Justice Reinvestment Initiative.

FY17 Division Comments:

- 1) *Clinical Charts*: Family group and individual therapy were not being documented appropriately in the clinical charts. In the FY16 review, it was recommended that a specific code be built into the electronic charting system that allowed for proper documentation of family involvement and individual therapy, which DBH incorporated during the past year.
- 2) *Drug Court*: In the past, the Risk and Needs Triage (*RANT*) tool was not scanned into some of the Drug Court files. In FY16, DBH started scanning the RANT in all of the Drug Court charts, as evidenced by the clinical chart review this year.
- 3) *Drug Tests*: During the FY16 Site Visit, it was noted that drug tests that were contested at DBH were being charged to all clients whether the confirmation results were positive or negative. DBH researched this issue further and found that only one client had been charged for a negative confirmation test rather than all clients. DBH will continue to monitor contested drug testing results to ensure that clients are not charged for negative results.

- 4) *Screening Clinic*: DBH implemented a daily Screening Clinic which screens for admission into programs. This clinic screens for substance use, mental health and/or medical services for all individuals seeking services, including priority populations (*pregnant women, IV Drug Use*). The Daily Screening Clinic has assisted in reducing the therapist's time for assessment and has promoted rapid access to treatment.
- 5) *Living Well Clinic*: DBH developed a Living Well Clinic which provides outreach and assistance to individuals that do not meet the traditional criteria for treatment (*i.e. unfunded, underfunded*). Due to the success of this clinic, DBH has increased access to services and growth in their programs.
- 6) *Trauma-Informed Approach (TIC)*: DBH has implemented the trauma-informed approach in all of their programs. They have attended statewide TIC Trainings (*i.e. Utah Trauma Academy, Seeking Safety, Beyond Trauma: A Healing Journey for Women*) and hired training consultants to further their efforts with the trauma informed approach. DBH has demonstrated positive outcomes with the incorporation of the TIC in their programs.
- 7) *Opiate Community Collaborative (OCC)*: The Opiate Community Collaborative (*DBH, Midtown Clinic and Salt Lake County Behavioral Health*) has demonstrated great success with retention and abstinence of opiate use for their participants. The outreach for pregnant clients, has also demonstrated positive results. The initial target for the OCC was 150 participations in the program, which has now increased to 203. DBH anticipates continued success of this project over time.
- 8) *Recovery Support*: DBH continues to have one of the most robust recovery support service systems in Utah. The Youth and Children's Program has Family Resource Facilitators and case managers that work with clients, families, Juvenile Justice, Felony Drug Court, Davis Behavioral Hospital, the Spanish speaking community and other groups. The Adult Peer Support Specialists and Case Managers provide home health management services; facilitate a Saturday and Sunday Support Group that is Peer run; and assist with groups in the Housing Urban Development (HUD) homes on Thursdays and Fridays. They receive weekly supervision from a licensed mental health therapist, which provides them with guidance and support. The Peer Support Specialists, FRF's and Case Managers have done an outstanding job in providing recovery support services and building bridges with the community.
- 9) *Treatment Data Episode Set (TEDS)*: *DSAMH requires local authorities to report whether clients have been "compelled" to treatment by the justice system. This is a new requirement in SFY 2017. 90.5% of all DBH TEDS submissions for the first six months of FY17 included this information. This information is helpful in tracking outcomes related to the Utah's Justice Reinvestment Initiative.*

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 be categorized as a non-compliance issue. A written corrective action plan is required without a formal timeline. 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 Davis 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

Prepared by:

Chad Carter  Date April 14, 2017
Auditor IV

Approved by:

Kyle Larson  Date April 14, 2017
Administrative Services Director

Ruth Wilson  Date April 14, 2017
Assistant Director Children's Behavioral Health

Jeremy Christensen  Date April 14, 2017
Assistant Director Mental Health

Brent Kelsey  Date April 14, 2017
Assistant Director Substance Abuse

Doug Thomas  Date April 14, 2017
Division Director