



State of Utah

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SUBSTANCE ABUSE AND MENTAL HEALTH

November 30, 2016

Commissioner Jake Mellor
Carbon County Commission
751 East 100 North
Price, UT 84501

Dear Mr. Mellor:

In accordance with Utah Code Annotated 62A-15-103, the Division of Substance Abuse and Mental Health has completed its annual review of Four Corners Community 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: Keith Brady, Emery County Commission
Elizabeth Tubbs, Grand County Commission
Karen Dolan, Director, Four Corners Community Behavioral Health



Site Monitoring Report of

Four Corners Community Behavioral Health

Local Authority Contracts #160135 and #160136

Review Dates: October 4th & 5th, 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 Four Corners Community Behavioral Health (also referred to in this report as FCCBH or the Center) on October 4th & 5th, 2016. 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 None	
<i>Substance Abuse Treatment</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 2 1	17 - 18 19

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review at Four Corners Community Behavioral Health (FCCBH). The Governance and Fiscal Oversight section of the review was conducted on October 4th, 2016 by Chad Carter, Auditor IV and Kyle Larson, Administrative Services Director. 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.

A check was run on the database for both Federal and State Suspension and Debarment. FCCBH was not listed as a suspended or debarred vendor.

The CPA firm Wiggins & Co. P.C. completed an independent audit of Four Corners Community Behavioral Health for the year ending June 30, 2016. The auditors issued an unqualified opinion in the Independent Auditor's Report dated September 22, 2016. There were three deficiencies identified in the report from the previous year, these issues have been resolved. There were no findings or deficiencies reported in the current year.

As the contracted Local Authority, the financial statement audit of Carbon County was also reviewed. The CPA firm Smuin, Rich & Marsing completed the audit for the year ending December 31, 2015. The auditors issued an unqualified opinion in their report dated July 15, 2016. There were no findings or deficiencies reported regarding the oversight of mental health or substance abuse services.

Follow-up from Fiscal Year 2015 Audit:

FY16 Deficiencies:

- 1) In reviewing the subcontractor files it was noted that they contained all required paperwork, but were missing any written documentation of subcontractor monitoring. The DHS Contract requires that the Local Authorities shall, at a minimum, conduct one annual monitoring review on all subcontractors.

This issue has been resolved.

FCCBH started utilizing monitoring tools to monitor their subcontracted providers. During the FY17 Site Visit, FCCBH provided completed monitoring tools for the contractors that were selected for review.

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. FCCBH proactively completed their access testing several months ahead of time. The results of the walk-throughs for each area were positive and showed that all minimum access standards were being met. The reports did show that there were areas that were in need of improvement, FCCBH provided solution options in each of these areas.

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 Four Corners Community Behavioral Health on October 4th and 5th, 2016. The monitoring team consisted of Eric Tadehara, Program Administrator; Tiesha Cohen, Program Manager; and Brenda Chabot, Utah Family Coalition. 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 and a focus group. During the visit, the monitoring team reviewed Fiscal Year 2016 audit findings and County responses; statistics, including the Mental Health Scorecard; Area Plans; Youth Outcome Questionnaires; family involvement; Family Resource Facilitation (Peer Support); Wraparound to fidelity; Multi-Agency Coordinating Committee; school-based behavioral health; Mental Health Early Intervention Funding; civil commitment; compliance with Division Directives; and the Center's provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 2016 Audit

FY16 Minor Non-compliance Issues:

- 1) *Objectives* – During the chart review process, objectives in 8 of the 12 charts lacked meaningful, achievable objectives.

This finding has been resolved.

During the FY17 chart review, the objectives were improved with only 3 of 12 requiring technical feedback.

- 2) *Juvenile Civil Commitment* – FCCBH is not using up to date Civil Commitment forms.

This finding has been mostly resolved and will be addressed in FY17 as a recommendation; See Recommendation #2.

FCCBH has made significant improvements with their Juvenile Civil Commitment process.

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) *Psychosocial Rehabilitation:* In FY16, FCCBH provided Psychosocial Rehabilitation at lower rates than the rural averages. Psychosocial Rehabilitation is being provided at a rate of 1.1%, while the rural average is 16.0%. FCCBH is encouraged to review the needs and availability of these services and as indicated, seek opportunities to expand services for Psychosocial Rehabilitation to further meet the needs of the children and youth in the catchment area.
- 2) *Juvenile Civil Commitment:* FCCBH has made significant improvements in using the correct Juvenile Civil Commitment forms and updating the tracking system they are using, from FY15 to FY16. FCCBH is using old Emergency Application for Commitment of Child Without Certification (The Pink Sheet) forms. Civil Commitment Paperwork for juveniles needs to be completed consistent with State statute 62A-15-703 utilizing the proper forms for children's civil commitment procedures located on the DSAMH website at <http://dsamh.utah.gov/provider-information/civil-commitment/>.

FY17 Division Comments:

- 1) *Wraparound and Family Resource Facilitation:* FCCBH provides Wraparound to fidelity as defined by the Utah Family Coalition (UFC). The Family Resource Facilitator (FRF) is an integral part of service delivery and the services they provide are valued throughout the community by families and partners. The FRF is able to provide useful resources for families in the community and provides a means for family voice to be present in treatment.
- 2) *Family Feedback:* Family feedback was provided by 14 total families, with seven who completed the UFC Family Questionnaire and seven who attended the family focus group. Families reported FCCBH staff are caring, friendly, and helpful. All families reported that they are included in their child's treatment planning process. One parent stated, "they get to know who you are and work with me as a parent."
- 3) *School Based Behavioral Health:* FCCBH continues to show commitment to school based behavioral health services as a means to reduce barriers and increase access to services for children and youth. FCCBH is currently providing school based behavioral health services in 16 schools and has plans to increase this over the course of the upcoming school year. One community partner reported that these services are invaluable and the benefits are seen throughout the schools.

Adult Mental Health

The Division of Substance Abuse and Mental Health (DSAMH) Adult Mental Health team conducted its annual monitoring review of Four Corners Community Behavioral Health (FCCBH) on October 4th and 27th, 2016. The team included 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, outpatient clinic, Carbon County Jail, Castleview Emergency Department, Grand County Sheriff, and the New Heights and Interact programs. 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) *Evidence-Based Supported Employment:* FCCBH provides excellent services through the New Frontiers and Interact programs, based on consumer feedback and the number of clients in supported employment positions reported on the FY 2016 Adult Mental Health Scorecard. In addition, DSAMH recommends that FCCBH continue to work toward provision of an evidence-based supported employment model, as the provision of a scientifically established behavioral health intervention should improve outcomes even further.
- 2) *Use of Outcome Questionnaire (OQ) as an intervention* – DSAMH commends FCCBH efforts in administering the OQ at the 50% requirement as evidenced through OQ data reports and documentation in the charts. FCCBH has updated their Electronic Health Record to facilitate clinicians more easily entering the OQ score into notes. During chart reviews, there were no chart narratives with indication that the OQ scores were being used as a

clinical tool for interventions. FCCBH reports, and DSAMH acknowledges, there may be several reasons for this, including no indicated high risk scores, limited chart pull sample size and/or client refusal to fill out the OQ. 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 difficulties of training all staff, especially when there is turnover. In addition, on the Adult Scorecard FCCBH has the lowest percentage of clients falling into the “In Recovery” or “Improved” overall OQ scores in comparison to other areas of the state. For these reasons DSAMH recommends that FCCBH continue to train staff to utilize the OQ tool in session as an intervention supporting recovery and consider utilizing positive scores in a strength-based focus as well as documenting the utilization of the OQ tool in chart narratives.

FY17 Division Comments:

- 1) *UT-YES Grant (Early Psychosis):* FCCBH is a recipient of the Utah-YES grant, an innovative new program, designed to treat individuals experiencing their first episode of psychosis. FCCBH reports this as an opportunity to provide intensive wrap-around services and education to individuals and families. An important element of the program is keeping the individual in school and/or working while in treatment. Price has a new judge who is committed to mental health and substance abuse treatment and has been referring individuals to FCCBH for treatment.
- 2) *Community Relations:* FCCBH continues to work closely with its community partners, fostering collaborative relationships with the goal of providing excellent services to their community, including partnering with Castleview Hospital Emergency Department where they provide 24/7 on call mental health assessments and crisis triage for individuals experiencing a mental health crisis. FCCBH sits on three different community coalitions and has been involved in multiple meetings regarding the Justice Reinvestment Initiative with community stakeholders.
- 3) *Holistic approach to wellness:* FCCBH has been able to connect approximately 40 of their clients to much needed dental care, including crisis extraction, follow up with dentures and partials if indicated. A majority of the individuals getting dental work are members of the New Heights program. This is being done through a partnership with the college of Prosthodontics with services being currently provided by Dr. Martinez from Price.
- 4) *Consumer Feedback:* DSAMH Peer Support, Recovery and Resiliency Program Manager, Cami Roundy, met with individuals at the New Heights program in Price. Members expressed satisfaction with the program and the staff, including feeling that they have created their own goals and that treatment is going well. Comments included “You come in here and you feel like you’re not a patient. I’m more than a patient”, “I have friends here. It helps me relax and helps me with my PTSD”, “I feel like I am a human at Clubhouse and not a client”. Consumers also said that staff “...go above and beyond. They don’t have to, they want to”.
- 5) *Peer Support Services:* FCCBH is commended for expanding Certified Peer Support Specialist (CPSS) services and for providing supportive CPSS supervision. Clients expressed appreciation for Peer Support Services - “It’s good to have someone to talk to that

will admit that they're human and look at you like a human being as well." A very quiet client in the Peer groups reported that "they ask fun questions" to help her open up, and she enjoys sharing insight and learning from others.

Substance Abuse Prevention

Susannah Burt, Program Manager, conducted the annual prevention review of Four Corners Counseling and Behavioral Health on October 4th, 2016. 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 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 FCCBH share data and outcomes from the Annual Prevention Report with County Commissioners.
- 2) It is recommended that FCCBH continue to engage local involvement in coalition efforts. This will allow the prevention coordinator to spend time on coordinating services and providing technical assistance to coalitions/communities.

FY17 Division Comments:

- 1) Price Police Department completed 18 Eliminating Alcohol Sales to Youth checks. This is the same as last year.
- 2) FCCBH continues to engage prevention into all areas of the agency. Prevention is a part of the directors' meetings. Karen Dolan and Melissa Huntington have been advocates for better prevention in the agency.

- 3) FCCBH is collaborating with multiple agencies throughout the LSAA. Prevention has worked with these agencies to build readiness to implement prevention strategies. FCCBH'S dedication to evidence based processes has increased the capacity and readiness with these communities.
- 4) FCCBH completed their Annual Prevention Report.
- 5) FCCBH has a strategic plan posted online for the Local Substance Abuse Authority. The coalitions within Four Corners are working on strategic plans for local issues and planning. These are expected to be complete by spring 2017.

Substance Abuse Treatment

Brent Kelsey, Assistant Director for Substance Use Disorder Services conducted the monitoring review on October 4th, 2016. The review focused on: compliance with State and Federal laws, Division Directives, Federal Substance Abuse Treatment (SAPT) block grant requirements, scorecard performance and consumer satisfaction. The review included a document review, clinical chart review, and an interview with the clinical director and other staff members. Consumer satisfaction and performance were also evaluated using the Division Outcomes Scorecard, the Consumer Satisfaction Scorecard and through face to face interviews with clients.

Follow-up from Fiscal Year 2016 Audit

FY16 Minor Non-compliance Issues:

- 1) Clinical documentation varied significantly from therapist to therapist in previous years.

This issue has been resolved.

FCCBH provided extensive training to clinical staff members, modified the Credible electronic health record system and developed an internal chart review process that significantly improved documentation compliance and quality.

- 2) Data from the FY15 Utah Substance Abuse Treatment Outcomes Score Card showed:
 - a) The percent of alcohol use from admission to discharge decreased from 29.6% to 12.4% from FY14 to FY15 respectively.

Local Substance Abuse Authorities' Outcome Scorecard will show that they increased the percentage of individuals who are abstinent from alcohol from admission to discharge in the FY15 at a rate that is greater than or equal to 75% of the National Average. Abstinence from alcohol is defined as no alcohol use for 30 days.

This issue has been resolved.

The FY16 Scorecard shows a 32.8% percent increase in those reporting alcohol abstinence from admission to discharge. This is higher than the National Average.

- b) The percent of individuals that decreased their involvement in criminal activity from admission to discharge decreased from 71.8% to 18.2%.

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.

This issue has been resolved.

The FY16 Scorecard shows a 48.0% percent decrease in number of clients arrested prior to admission compared to prior to discharge. This is greater than the National Average.

- c) The percent of tobacco use from admission to discharge from FY14 to FY15 showed the following outcome: a change from -0.2% to -9.2% respectively.

Local Substance Abuse Authorities' scorecard will show that the percent of individuals who use tobacco will decrease from admission to discharge.

This issue has been resolved.

The FY16 Scorecard shows a 9.9% decrease in the number of clients reporting tobacco use from admission to discharge. This is higher than the State Average.

- 3) Data from the FY15 Consumer Satisfaction Surveys shows:
- a) The percent of clients sampled for the Youth Satisfaction Survey (*ages 12-17*) was 2.1%, and the collection rate for Youth Family Satisfaction Survey was 2.0%, which is below the required amount of 10%.

This issue has not been resolved and will be continued in FY17; see Minor Non-compliance Issue #2.

This issue has been improved, but the collection rate for the Youth Family Satisfaction survey is still below the required amount.

Findings for Fiscal Year 2017 Audit:

FY16 Major Non-compliance Issues:

None

FY16 Significant Non-compliance Issues:

None

FY16 Minor Non-compliance Issues:

- 1) Data from the FY16 Utah Substance Abuse Treatment Outcomes Scorecard shows:
- a) The percent of completing treatment episode successfully decreased from 48.9% in FY15 to 44.0% in FY16.

Local Substance Abuse Authorities will meet or exceed their FY2016 Successful Treatment Episode Completion rates in FY2017 and will work towards achieving a goal of 60%. Local Substance Abuse Authorities whose FY2016 completion rate was over 60% are required to meet or exceed a 60% completion rate in FY2017.

- b) The percent of individuals using social recovery support decreased from admission to discharge by 1%.

Local Substance Abuse Authorities' Scorecard will show that the percent of clients participating in social support recovery activities increased from admission to discharge by at least 10%.

Center's Response and Corrective Action Plan:

A.) Grand Clinic stopped indicating Interim/Limited services when entering clients with diminished readiness for treatment at admission. This is mainly due to the fact that we have had almost complete staff turnover in that clinic over the course of FY 16. Training has already commenced and will continue to be implemented with new staff, ongoing. FCCBH believes that this will assist in improving this outcome measure by eliminating clients who are not ready to be in a full level of care and would otherwise drop out within the first 60 days.

B.) Given the limited nature of the social support recovery activities to choose from in TEDS, it has been difficult to train staff in how to accurately capture the variety of social supports our clients are engaged in at discharge. This, in addition to rural limitations around availability of traditional self-help support activities, such as AA and NA. In addition, even in areas where such support activities are available, many clients have chosen not to make traditional modalities of self-help (AA/NA) a part of their on-going recovery plan. In each of our communities, FCCBH staff work very hard to identify and encourage engagement in productive social support activities that are available for clients to take part in.

We are hoping to see the social support recovery activity list expanded to include additional social supports that are being utilized by individuals living in a rural area to assist them in long-term recovery. Until then, we will train our staff to choose an option from the current social support recovery list that most closely fits our client's long-term recovery program at discharge. Doing this, should resolve these concerns, and staff will no longer leave this field blank if the specific option is not present.

- 2) Data from the FY16 Consumer Satisfaction Surveys shows the percent of clients sampled for the Youth Family Satisfaction Survey was 6.4%, which is below the required amount of 10%.

Division Directives state that Local Authority Providers are required to have a survey collection rate of 10% to obtain accurate data results.

Center's Response and Corrective Action Plan:

Many of our services to youth are conducted in a school-based setting. We significantly improved our efforts in gathering surveys from the YSS self-report in FY16. Gathering completed surveys from parents has been challenging in both administering the survey and receiving completed surveys back. To remedy this problem, our plan in FY 17 is to assign a staff member to be responsible for gathering completed surveys from parents whose youth participate in school-based service.

FY16 Deficiencies:

- 1) The majority of Treatment Episode Data Set (TEDS) submissions for the first two months of FY17 do not indicate whether clients have been “compelled to treatment” by the criminal justice system. Of 45 admissions submitted to DSAMH, this information was only collected on 11 clients. A maximum of 10% of clients can be unknown for this field according to the 2017 data specifications. This information is necessary to track outcomes related to Utah’s Justice Reinvestment Initiative.

Center’s Response and Corrective Action Plan:

Four Corners has already begun identifying clients who should have been marked “yes” or “no” and will submit updates indicating the accurate TEDS data for submissions in July and August, 2016.

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.
- 2) DSAMH recommends working with the Division of Child and Family Services, the Juvenile Courts and other stakeholders to increase the size of the Family Dependency Drug Court. In FY16, only six clients were admitted to this program. This will likely result in funding decreases in future years. The Department of Human Services provides Drug Court Funding to all Drug Courts that meet the certification requirements of the Utah Judicial Council. Drug Court Funding is determined in accordance with statute by the Director of the Department Human Services, the Director of the Department of Corrections and the State Courts Administrator. Historically, the Committee has refused to fund Drug Courts with fewer than 15 participants. In addition, funding is determined by multiplying a case rate and the three year weighted average number of participants. Reductions in caseload will likely result in reduced funding in future years. DSAMH is available to provide technical assistance if necessary.
- 3) DSAMH recommends working with the Utah Department of Corrections to increase the number of participants in the Drug-related Offenses Reform Act (DORA) program. Participation in the Drug-related Offenses Reform Act program has dropped precipitously. In 2016, only eight new clients were admitted to this program compared to 66 clients in 2015. DSAMH is available to provide technical assistance if necessary.
- 4) DSAMH recommends FCCBH place greater attention on documenting risk levels in the (TEDS) admission file. In the first two months of FY17, only 21 of 45 submissions in the admissions file contained this information. This information is critical to implementation of the Utah’s Justice Reinvestment Initiative.

FY17 Division Comments:

- 1) *Trauma-Informed Care:* FCCBH has made significant progress in implementing a trauma-informed and trauma competent treatment environment. Recently, intake staff implemented a creative strategy to gather information about route of drug administration in the waiting room without forcing clients to disclose personal information. Waiting rooms and treatment settings are clean, inviting and professional.
- 2) *Direct Access:* FCCBH has an “open access” model, which includes an “intake day” where individuals are served on a “first come first serve” basis. Another part of this model includes “limited treatment services,” which are open-ended educational or support groups used as “interim groups” until the client is able to begin treatment or as a recovery support group option. During the client interviews, many clients reported accessing services the same day they requested help.
- 3) *Overdose Prevention Efforts:* FCCBH has taken the lead to reduce opioid overdose in Carbon, Emery and Grand County. Unfortunately, Carbon and Emery and Grand County have overdose death rates that are significantly higher than other counties in Utah. Three local coalitions are meeting to develop policies, strategies and activities to reduce the rate of overdose. FCCBH has provided resources and training to ensure that Carbon County law enforcement officers carry Naloxone. FCCBH has also expanded the use of medication-assisted treatment for individuals with heroin disorders.

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 Four Corners Community 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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