



State of Utah

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

February 6, 2017

Mr. James Ebert, Chairman  
Weber Human Services/ Weber County Commission  
2380 Washington Blvd., #360  
Ogden, UT 84401

Dear Mr. Ebert:

In accordance with Utah Code Annotated 62A-15-103, the Division of Substance Abuse and Mental Health has completed its annual review of Weber Human Services 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: Austin Turner, Morgan County Council  
Tina Kelley, Morgan County Council  
Daryl Ballantyne, Morgan County Council  
Kevin Eastman, Director, Weber Human Services



Site Monitoring Report of

Weber Human Services

Local Authority Contracts #160383 and #160384

Review Dates: November 29<sup>th</sup> & 30<sup>th</sup>, 2016

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

## Executive Summary

In accordance with Utah Code Section 62A-15-103, the Division of Substance Abuse and Mental Health (also referred to in this report as DSAMH or the Division) conducted a review of Weber Human Services (also referred to in this report as WHS or the Center) on November 29<sup>th</sup> & 30<sup>th</sup>, 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

<b>Programs Reviewed</b>	<b>Level of Non-Compliance Issues</b>	<b>Number of Findings</b>	<b>Page(s)</b>
<i><b>Governance and Oversight</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i><b>Child, Youth &amp; Family Mental Health</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i><b>Adult Mental Health</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i><b>Substance Abuse Prevention</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i><b>Substance Abuse Treatment</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 2 None	17

## **Governance and Fiscal Oversight**

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review at Weber Human Service (WHS). The Governance and Fiscal Oversight section of the review was conducted on November 29<sup>th</sup>, 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.

At the time of the site visit, the independent financial statement audit for 2016 was in process and had not yet been completed. The audit for 2015 was reviewed. The CPA firm Christensen, Palmer & Ambrose completed the audit for the year ending June 30<sup>th</sup>, 2015. The auditors issued an unqualified opinion that the financial statements present fairly, in all material respects, the respective financial position of Weber Human Services.

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

No findings were issued in FY16

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

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

None

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

None

**FY17 Minor Non-compliance Issues:**

None

**FY17 Deficiencies:**

None

**FY17 Recommendations:**

None

**FY17 Division Comments:**

- 1) FY17 Division Directives require that each Local Authority conduct a walk-through testing of their adherence to access standards prior to their scheduled site visit. WHS 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 and showed that all minimum access standards were being met. The tester felt that the people involved in the process helped them to feel validated. The Center found areas for improvement, including the amount of time spent completing the history section in the paperwork. They are also looking into adding intake times in the evenings.

### **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 Weber Human Services on November 29<sup>th</sup> & 30<sup>th</sup>, 2016. The monitoring team consisted of Eric Tadehara, Program Administrator; Tiesha Cohen, Program Manager; and Brenda Chabot, Utah Family Coalition (Allies With Families). The review included the following areas: record reviews, discussions with clinical supervisors and management, case staffing, program visits, allied agency visits, and feedback from families through questionnaires. During the visit, the monitoring team reviewed the Fiscal Year 2016 audit; statistics, including the Mental Health Scorecard; Area Plans; Youth Outcome Questionnaires; family involvement; Family Resource Facilitation (Peer Support); Wraparound to fidelity; Multi-Agency Coordinating Committee; school-based behavioral health; Mental Health Early Intervention Funding; civil commitment; compliance with Division Directives; and the Center's provision of the ten mandated services as required by Utah Code 17-43-301.

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

#### **FY16 Minor Non-compliance Issues:**

- 1) *Respite*: WHS continues to provide respite services at a lower rate than the urban and State averages. Findings for FY15 reported that WHS provided respite to 21 children, a rate of 1.3%, compared to an urban average of 9.3% and a State average of 8.9%.

**This issue has not been resolved. WHS has shown significant improvement and this will be dropped from a Minor Non-compliance Issue to a Recommendation; see Recommendation #1.**

#### **FY16 Deficiencies:**

- 1) *Psychosocial Rehabilitation and Case Management*: WHS provides psychosocial rehabilitation at a rate of 6.0% and case management at a rate of 8.6%. Each rate is lower than the urban averages of 17.1% and 23.0%, respectively.

**This issue has been resolved. Based on improvements made and observations from the visit, children and youth who are in need of psychosocial rehabilitation and case management are receiving these services in various settings and programs, including First Episode Psychosis and school-based behavioral health.**

### **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) *Respite*: WHS continues to provide respite services at a lower rate than the urban and State averages. In FY16, WHS provided respite to 43 children, a rate of 2.4%. Contextually, WHS has made adjustments over the past year in efforts to increase the use of respite services. WHS efforts include: increasing the salary and re-defining the Respite employment position title. Evidence exists within the client charts that illustrate the delivery of services to the client as needed with listed interventions that meet the need of the primary clinical concern. WHS is encouraged to review the needs and availability of these services and as indicated, seek opportunities to continue to expand services for Respite.

**FY17 Division Comments:**

- 1) *Family Feedback*: Family feedback was collected from 20 Utah Family Coalition (UFC) questionnaires. Families reported that “the staff is always helpful and scheduling is great.” Also that they like that “all the services are in one place/school based programs.” The majority of families who participated report that their input is valuable in their child’s treatment planning.
- 2) *Wraparound and Family Resource Facilitators*: WHS provides High Fidelity Wraparound as defined by the UFC. The UFC reports the Family Resource Facilitators (FRF) are: “Awesome,” and “Always finding new resources.” All of the families who participated also reported that they felt like they were included in their child’s treatment planning. It is evident that these services are valued by the families and agency partner.
- 3) *Northern Utah Autism Program*: WHS provides preschool services to youth who have a co-occurring Autism Spectrum Disorder and mental health diagnosis through the Northern Utah Autism Program (NUAP). NUAP continues to provide evidence based services in two different elementary schools, with three classrooms. The services include a team based approach to help students with behavioral concerns, social skills, and parent trainings.

## **Adult Mental Health**

The Adult Mental Health team conducted its annual monitoring review of Weber Human Services on November 29<sup>th</sup>, 2016. The team included Pam Bennett, Adult Mental Health Program Administrator, LeAnne Huff, Adult Mental Health Program Manager, Cami Roundy, Recovery and Resiliency Peer Program Manager, and Sharon Cook, Supported Employment Program Manager. The review included the following areas: discussions with clinical supervisors and management teams, record reviews, site visits to administrative offices, STEPS, residential program and Weber County Jail. 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) *Inpatient Services:* The FY16 Mental Health Scorecard shows WHS has the highest percentage of inpatient services as compared to other urban local mental health authorities in the State. DSAMH recognizes and appreciates WHS efforts in addressing their high inpatient numbers by creating a 23 hour crisis diversion center and a future intent to develop mobile crisis teams to help divert individuals from the ER and stabilize them in the community. DSAMH recommends WHS continue to monitor their level of inpatient services and the effectiveness of their current interventions to address this issues and make adjustments accordingly.
- 2) *Peer Support Services:* The DSAMH 2017 Mental Health scorecard indicates that WHS provided Certified Peer Support Services (CPSS) to 1.5% of the Adult Mental Health clients, which is significantly lower than the urban state average of 5.7%. DSAMH recommends that

WHS review the use of CPSS across programs to expand opportunities for CPSS services.

**FY17 Division Comments:**

- 1) *Documentation:* DSAMH appreciates WHS excellent documentation of charts in their electronic medical record. During the record review, all charts contained a readable and updated assessment, treatment plan, and thorough progress notes that include Situation (S), Intervention (I), Plan (P) and identified progress on their goals. Charts included evidence of engagement, documentation on a holistic approach to wellness, coordination of care within their organization as well as interagency coordination.
- 2) *Suicide Prevention:* DSAMH recognizes and appreciates WHS efforts in suicide prevention, including implementing the CSSR-S and Stanley Brown Safety Planning into the electronic medical record, and utilizing both tools regularly with their clients as evidence in chart reviews. WHS has created a decision tree for CSSR-S for their clinicians that help them identify and follow up with their higher risk clients. High risk clients will receive two contacts a week to provide follow up support and help them connect to needed services. WHS also provides quarterly trainings for non-clinical staff on Question, Persuade, and Refer suicide prevention in addition to training for clinical staff and community partners.
- 3) *Holistic Approach to Wellness:* DSAMH commends WHS dedication to its integrated approach to wellness. During chart reviews it was clear in the documentation that WHS focuses on physical wellness, through psycho-education services, coordination of care with physical health providers, and Health Connections.
- 4) *Crisis Services:* WHS is dedicated to creating a robust crisis response to their community by renovating space to create a “living room model” for individuals to have walk in access if having a mental health crisis. This will be a 23 hour facility that will allow for triage, including intervention and assessment with the goal of providing mental health treatment in the least restrictive environment.
- 5) *Supported Employment:* It is evident that WHS is providing supported employment as part of their recovery model. Employment Specialists are dedicated to assisting individuals with mental illness and co-occurring disorders obtain and maintain competitive, integrated and meaningful employment. During the Individual Placement and Support (IPS) evidence based supported employment model fidelity review, WHS displayed improved mental health integration through treatment meetings and executive team support; communicating how supported employment services encompasses the mission of the agency.
- 6) *Consumer Feedback:* Cami Roundy, Recovery and Resiliency Peer Program Manager, met with ten peers who are engaged in the Problems Anonymous Action Group (PAAG) and the STEPS programs. Peers indicated that they felt their “treatment is going well” and they are “making progress and advancing”, although they would “enjoy more classes and educational experiences”. Eight Peers said that they are able to create their own treatment goals. Four Peers stated that they like their therapist and three said that they appreciate the convenience and services provided by Health Connections. One Peer reported “I wouldn’t be here today without my case manager...I can’t express enough about how Weber has helped me”. Peers expressed concern that situations outside of their control (such as an illness or inability to do

a chore because of an appointment) can impact essential needs received through the PAAG program (i.e. housing, meals). Only one individual knew what Peer Support Services (PSS) are, and she said that PSS services are not available to PAAG clients. Another individual suggested that new members to the PAAG program would benefit from a more comprehensive orientation.

## **Substance Abuse Prevention**

Susannah Burt, Program Manager, conducted the annual prevention review of Weber Human Services on November 29<sup>th</sup>, 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 WHS work with community agencies, such as schools, to find additional sites to offer services to families in Weber County.

#### **FY17 Division Comments:**

- 1) WHS completed a comprehensive LSAA level assessment in 2016. The assessment looked at data from hospitals, injury data, Student Health and Risk Prevention (SHARP) survey, school reports, law enforcement and judicial data, as well as social indicator data. The Weber Prevention Advisory Council participated in the assessment of the LSAA.
- 2) WHS has a strategic plan for the LSAA as well as with Bonneville Communities that Care.
- 3) WHS provides evidence based strategies including Communities that Care (Bonneville, Weber, Fremont), Gus & Gussie, and Parent Teen Alternative Program.
- 4) WHS completes fidelity checklists, including two observations per cycle, for each program provided by contractors.

- 5) WHS saw an increase of Eliminating Alcohol Sales to Youth (EASY) compliance checks from 105 in FY15 to 215 in FY16. Ninety-one percent (91%) of establishments checked did not sell alcohol to youth.
- 6) WHS has a Synar Tobacco compliance rate of 93.7%, this is above the state goal of 90%.

## **Substance Abuse Treatment**

Brent Kelsey, Assistant Director, conducted the review of Weber Human Services on November 29<sup>th</sup>, 2016. The review focused on Substance Abuse Treatment (SAPT) Block Grant Compliance, Drug Court and DORA Program compliance, clinical practice and compliance with contract requirements. Clinical practices and documentation were evaluated by reviewing client charts and discussing current practices. Adherence to SAPT Block Grant requirements, contract requirements and DORA Program requirements were evaluated by a review of policies and procedures, interviews with clients, a discussion with WHS staff and a review of program schedules and other documentation. WHS performance was evaluated using Utah Substance Abuse Treatment Outcomes Measures Scorecard and Consumer Satisfaction Survey data. Client satisfaction was measured by reviewing records and the Consumer Satisfaction Survey data

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

#### **FY16 Minor Non-compliance Issues:**

1) The FY15 Utah Substance Abuse Treatment Outcomes Measures Scorecard shows:

- The percent of clients retained in treatment 60 days or more decreased from 71.4% to 66.1% from FY14 to FY15 respectively.

**This finding is resolved. The percent of clients retained in treatment for 60 days or more increased to 68.7% in FY16. This meets the DSAMH Division Directive requirement.**

- The percent of clients completing a treatment episode successfully decreased from 57.1% to 55.9% from FY14 to FY15 respectively.

**This finding is not resolved and will be continued in FY17; see Minor Non-compliance Issue #1.**

- The percent of clients that used social recovery support services decreased from 18.0% to -9.0% from FY14 to FY15 respectively.

**This finding is not resolved and will be continued in FY17; see Minor Non-compliance Issue #2.**

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

#### **FY16 Major Non-compliance Issues:**

None

#### **FY16 Significant Non-compliance Issues:**

None

**FY16 Minor Non-compliance Issues:**

- 1) The percent of clients completing a treatment episode successfully decreased from 55.9% in FY15 to 49.9% in FY16.

*Local Substance Abuse Authorities will meet or exceed their FY2015 Successful Treatment Episode Completion rates in FY2016 and will work towards achieving a goal of 60%. Local Substance Abuse Authorities who FY2015 completion rate over 60% are required to meet or exceed a 60% completing rate in the 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 defined in the Treatment Episode Data Set*

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

We will continue to provide EBP models that will meet client needs and promote treatment completion. We will continue to monitor data and review reporting accuracy. Clinicians will continue to receive training and supervision of treatment models they are practicing as well as compliance with data reporting. WHS will continue to focus on Motivational Interviewing as an engagement tool that will assist with client retention. All clinicians will be required to attend the Enhanced Motivational Interviewing training and provide two recordings of individual sessions per month.

- 2) The percent of clients that used social recovery support services decreased from -9.0% in FY15 to -9.4% in FY16.

*Local Substance Abuse Authorities’ Scorecard will show that the percent of individuals participating in social support of recovery activities in the FY16 increased from admission to discharge. Participation is measured as those participating in social support recovery activities during the 30 days prior to discharge minus percent of individuals participating in social support of recovery activities 30 days prior to admission.*

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

Social support resources that include peer support groups have increased. Ongoing review and training will be provided to staff regarding use of social support resources as part of client’s treatment plan. Promoting social support recovery activities will increase through referrals by clinicians, case managers, and peer support specialists. We will continue to monitor data and review compliance with accurate data reporting.

**FY16 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](https://www.naabt.org/documents/NAABT_Language.pdf). DSAMH is also available to provide technical assistance if desired.

- 2) The Family Drug Court requires all participants to attend Narcotics Anonymous Meetings (*see* page 7 of the Family Drug Court Manual). DSAMH does not recommend the practice of requiring those involved in the criminal justice system to attend 12 step meetings without the choice of a non-faith-based option. DSAMH recommends revising Drug Court program policies and procedures to include additional recovery support options for participants.
- 3) The Family Drug Court Medication-assisted Treatment (MAT) policy discourages use of MAT by encouraging participants to “*utilize all other possible methods of treatment prescribed by their doctor before taking potentially addictive substances of any kind*” (*see* page 14 of the Family Drug Court Manual). This policy is not consistent with the standard of care for treating opioid-use disorders and should be revised.

**FY17 Division Comments:**

- 1) WHS has developed outstanding drug testing policy and procedure to ensure that tests are accurately performed. The policy could be helpful to many of the other local authority treatment providers.
- 2) WHS has trained clinicians and collects data on criminogenic risk and whether clients have been “compelled” to treatment by the justice system. This information is critical to Utah’s Justice Reinvestment Initiative. This information is necessary to track outcomes related to Utah’s Justice Reinvestment Initiative.
- 3) Evidenced Based Services: WHS provides an extensive range of evidenced based services. WHS is among 16 facilities across the nation to obtain full certification in use of the Matrix model. In addition, three individuals are certified in the use of the SIPS (Structured Interview for Psychosis-risk Syndrome) tool designed to identify youth with prodromal psychotic symptoms. WHS continues to demonstrate good outcomes and quality services through the use of evidenced based practices.

## **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 Weber Human Services and for the professional manner in which they participated in this review.

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

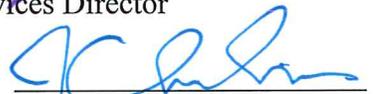
The Division of Substance Abuse and Mental Health

Prepared by:

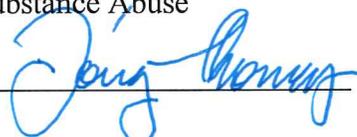
Chad Carter  Date 2/6/17  
Auditor IV

Approved by:

Kyle Larson  Date 2-6-17  
Administrative Services Director

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

Brent Kelsey  Date 2-6-17  
Assistant Director Substance Abuse

Doug Thomas  Date 2-6-17  
Division Director