



State of Utah

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Division of Substance Abuse and Mental Health

DOUG THOMAS  
*Director*

April 29, 2019

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

Dear Mr. Buttars:

In accordance with Utah Code Annotated 62A-15-103, the Division of Substance Abuse and Mental Health has completed its annual review of Bear River Health Department and the final report is enclosed. The scope of the review included fiscal management, 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*

Doug Thomas  
Division Director

Enclosure

cc: Jeff Scott, Box Elder County Commission  
Bill Cox, Rich County Commission

Lloyd Berentzen, Director, Bear River Health Department  
Brock Alder, Director, Bear River Substance Abuse



Site Monitoring Report of

Bear River Health Department  
Local Substance Abuse Authority

Local Authority Contract #160048

Review Date: November 27, 2018

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

## **Executive Summary**

In accordance with Utah Code Section 62A-15-103, the Division of Substance Abuse and Mental Health (also referred to in this report as DSAMH or the Division) conducted a review of Bear River Health Department (also referred to in this report as BRHD or the County) on November 27th, 2018. The focus of the review was on governance and oversight, fiscal management, substance abuse prevention and treatment services and general operations.

The nature of this examination was to evaluate the Center's compliance with: State policies and procedures incorporated through the contracting process and Preferred Practice Guidelines. During the examination, the review teams evaluated: the reliability and integrity of the Center's data and its compliance with established programmatic and operational objectives. Additionally, the review included an examination, through sampling, of the Center's efficient and appropriate use of financial resources.

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

## Summary of Findings

Programs Reviewed	Level of Non-Compliance Issues	Number of Findings	Page(s)
<i><b>Governance and Oversight</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 1 None	11

## **Governance and Fiscal Oversight**

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review at Bear River Health Department (BRHD). The Governance and Fiscal Oversight section of the review was conducted on November 27th, 2018 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. Executive travel reimbursements were reviewed to ensure they were appropriate and that no personal benefit has been gained. Meeting 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 County.

As part of the site visit, BRHD sent several files to demonstrate their allocation plan and to justify their billed amounts. The allocation plan is clearly defined and shows how administrative and operational costs are equitably distributed across all cost centers and that the billing costs for services are consistently used throughout the system.

There is a current and valid contract in place between the Division and the Local Authority. BRHD met its obligation of matching a required percentage of State funding.

Bear River Health Department met its obligation to receive a single audit as a component unit of Cache County's single audit. The CPA firm Jones & Simkins P.C. performed the audit on the County for the year ending December 31st, 2017. The Independent Auditors' Report dated June 1st, 2018 expressed an unmodified opinion. No deficiencies or material misstatements were reported.

Jones & Simkins P.C. also performed a specific audit on the financial statements of Bear River Health Department for the year ending December 31st, 2017. The Independent Auditors' Report dated May 30th, 2018 expressed an unmodified opinion. No deficiencies or material misstatements were reported.

### **Follow-up from Fiscal Year 2018 Audit:**

#### **FY18 Minor Non-compliance Issues:**

- 1) During the review of subcontractor files, it was found that the contract between BRHD and an active subcontractor had expired and a new one had not been signed. This is required by the DHS contract, referring services to a provider without a legal contract is a potential liability for BRHD and DSAMH.

**This issue has been resolved.** All required documentation was found to be present and current in the FY19 subcontractor review.

### **Findings for Fiscal Year 2019 Audit:**

**FY19 Major Non-compliance Issues:**

None

**FY19 Significant Non-compliance Issues:**

None

**FY19 Minor Non-compliance Issues:**

None

**FY19 Deficiencies:**

None

**FY19 Recommendations:**

None

**FY19 Division Comments:**

- 1) As a subrecipient of Federal funds, BRHD is required to be in compliance with Federal regulations. It was discussed that starting next year, DSAMH would check to ensure the Local Authority's written procurement and federal awards policies meet Federal guidelines. DSAMH also discussed some additional requirements for subcontractor monitoring. BRHD was very responsive and willing to be in compliance. We appreciate the relationship we have with BRHD and their willingness to work with the Division.

## **Substance Use Disorders Prevention**

Becky King, Program Administrator, conducted the annual prevention review of Bear River Health Department on November 27th, 2018. 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 2018 Audit**

No findings were issued in FY18.

### **Findings for Fiscal Year 2019 Audit**

#### **FY19 Major Non-compliance Issues:**

None

#### **FY19 Significant Non-compliance Issues:**

None

#### **FY19 Minor Non-compliance Issues:**

None

#### **FY19 Deficiencies:**

None

#### **FY19 Recommendations:**

- 1) *Partnerships:* BRHD reached out to Bear River Mental Health (BRMH) to invite a representative to join their coalition, but have not had success with this so far. However, BRHD has worked with BRMH on suicide prevention efforts in the Rich County school system and assisted them in starting the Question Persuade and Refer (QPR) program. In addition, they have been using common language of risk factors to build the relationship between BRHD and BRHM. It is recommended that BRHD continue their work with BRHM to improve prevention efforts in their community.
- 2) *Coalitions:* BRHD has done a good job of building coalitions in their community, but has asked for assistance in learning how to engage and retain coalition members. It is recommended that BRHD work with the DSAMH Prevention Team to receive more information on engagement and retention for coalitions.

#### **FY19 Division Comments:**

- 1) *Prevention Awareness:* BRHD met with the school personnel and city managers this past year to increase their knowledge of strategic prevention methods. They also held a

Prevention Summit in Box Elder County and an Opioid Summit with the Sheriff's Office, which significantly increased prevention awareness in their local area.

- 2) *Leadership in the Community:* BRHD continues to be viewed as the expert and a resource in their community. They have been involved in numerous efforts to improve prevention efforts in their community and building coalitions. The prevention coordinator continues to be the point person for state legislators and the mayor, which has made a positive difference in the community.
- 3) *Evidence Based Programs (EBP's):* BRHD continues to provide quality evidence-based programs which has improved outcomes for their community. In the past several years, there has been a significant decrease in under age alcohol use and low rates of drug use over the past years. This can be attributed to the use of evidence based programs, a focus on the risk and protective factors and commitment to providing effective prevention services for their community.
- 4) *Capacity Building:* BRHD has worked on building capacity in their community through coalition work, a focus on risk and protective factors, applying for grants and hiring another prevention staff in Box Elder County. Their goal is to have three full time prevention staff - one in Box Elder, Cache County and a full time Prevention Coordinator.

## Substance Use Disorders Treatment

Becky King, Program Administrator, conducted the Substance Use Disorders Treatment review for Bear River Health Department on November 27th, 2018. The review focused on compliance with State and Federal law, Substance Abuse Treatment (SAPT) Block Grant regulations, and adherence to DSAMH directives and contract requirements. The review consisted of an interview with program staff, a review of clinical records and an evaluation of agency policy and procedures. In addition, performance and client satisfaction was measured using the Utah Substance Abuse Treatment Outcomes Measures Scorecard and Consumer Satisfaction Survey Data.

### Follow-up from Fiscal Year 2018 Audit

#### **FY18 Significant Non-compliance issues:**

- 1) The percent of clients completing a treatment episode successfully decreased from 51.5% to 50.9% from FY15 to FY16 respectively. While the percentage increased in FY17 to 53.3%, it continues to be under the requirement. This has been a continued finding since FY11.

**This issue has been resolved.** In FY18, the percent of clients completing a treatment episode successfully increased to 50.9%, which meets data specifications for FY18 in the Division Directives.

- 2) Client satisfaction survey data show there were insufficient number of surveys completed and returned, a requirement of 10% is expected to provide a sufficient sample. This has been a finding since FY10. There were 10.5% Adult SA client satisfaction surveys collected, however the youth surveys were 6.6% and Family surveys were 1.6% which is less than the 10% required and resulted in an insufficient sample rate.

In FY18, 10.2% of the clients were sampled for Youth Satisfaction Surveys and 5.1% were sampled for the Youth Family Satisfaction Surveys, which did not provide a sufficient sample to produce accurate data results. This does not meet Division Directives.

**This issue has not been resolved and will be continued in FY19; see Minor-Non Compliance Finding #1.**

- 3) BRHD uses an Electronic Health Record (EHR) that was purchased by the Health Department and is designed for medical office use, not clinical treatment notes. The Templates created to help utilize this system more effectively create more effective content. The entries do not link treatment plans together and therefore requires staff to read all previous notes to know what the participant's goals, objectives and assignments have been in order to continue assessing the client's current needs, which did not appear to be present in some charts. If old goals and objective have been met, this review is not being done. There was no evidence that old objectives or goals had been completed or achieved. The chart review showed a lack of ongoing assessments which is inconsistent with the Division

Directives that state assessments will be ongoing. The treatment plans did not reference completion of goals, objectives or assignments completed. There was no indication of follow up on assignments or tasks required in groups or past sessions. Treatment plans and goals were minimal where no interventions or action plans were documented, there was no time frame or measurements to ensure that a goal would be met. (*Random Chart #'s 203240, 436982, 402844, 463341*).

**This issue has been resolved.** In the charts reviewed this year, the treatment plans included goals, measurable objectives and interventions. The progress notes demonstrated accomplishment of goals and ongoing assessment. While the EHR system used by Bear River is not user friendly, it meets the needs of their program and allows them to integrate services with the health department (*Random Chart #'s 262344, 277788, 443289*).

**Findings for Fiscal Year 2019 Audit:**

**FY19 Major Non-compliance issues:**

None

**FY19 Significant Non-compliance issues:**

None

**FY19 Minor Non-compliance issues:**

- 1) In FY18, 10.2% of the clients were sampled for Youth Satisfaction Surveys and 5.1% were sampled for the Youth Family Satisfaction Surveys, which did not provide a sufficient sample to produce accurate data results. This does not meet Division Directives, which requires at least a 10% collection rate for Consumer Satisfaction surveys.

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

**Action Plan:** This year we continued to offer an incentive (snack) for clients completing Consumer Satisfaction surveys and they responded well. We also assigned interns with the task of contacting parents of youth in treatment to complete the survey over the phone. We increased our number of surveys in all three categories to the highest level in years, with 199 adult, 10 family, and 9 youth surveys completed.

**Timeline for compliance:** Completed at the end of the MHSIP survey deadline April 1, 2019.

**Person responsible for action plan:** Jaylene McNeely

**FY19 Deficiencies:**

None

**FY19 Recommendations:**

- 1) *Charts:* While there has been an improvement in the clinical charts, it is recommended that BRHD continue to provide ongoing training for staff on treatment plans and the development of measurable goals and objectives.
- 2) *Data:* BRHD has had difficulty collecting surveys from youth and family members since 2010. They have tried various methods to collect these surveys including a pizza night, offering candy and rewarding staff for completing surveys. This year, BRHD is planning to conduct the surveys during the Adolescent Community Reinforcement Approach (A-CRA) Group session and check with the DSAMH Data Team to see whether there is an application on the phone for the youth and family survey. It is recommended that BRHD continue to work on methods of collecting surveys to improve youth and family outcomes.

**FY19 Division Comments:**

- 1) *Expansion of Services:* BRHD is planning to build a new location in Providence, to expand services for individuals living in the south side of town. The zoning in this area will not allow for groups of individuals on the premises, so services will focus on individual treatment. BRHD has also increased mental health services for individuals that don't qualify for Medicaid. The expansion of these services will help improve outcomes for their community.
- 2) *Medication Assisted Treatment (MAT):* BRHD continues to expand MAT services in their local area. They have been providing Vivitrol for their clients and will be developing a partnership with Intermountain Healthcare who will be opening an Opioid Treatment Provider Clinic in Logan. This partnership will expand MAT services for their clients such as methadone, Suboxone, Naloxone in their local area.
- 3) *Community Partnerships:* BRHD hired two new case managers and now have three case managers working with the courts, jail and other areas of the program. These case managers have provided educational courses in the jail, and connect clients in jail and court to treatment services. Through the work of these case managers and partnerships with the community, the Justice Reinvestment Program in Cache County has increased significantly over the past year.

## **Section Two: Report Information**

## **Background**

Utah Code Section 62A-15-103 outlines duties of the Division of Substance Abuse and Mental Health. Paragraph (2)(c) states that the Division shall:

- Consult and coordinate with local substance abuse authorities and local mental health authorities regarding programs and services,
- Provide consultation and other assistance to public and private agencies and groups working on substance abuse and mental health issues,
- Receive, distribute, and provide direction over public funds for substance abuse and mental health services,
- Monitor and evaluate programs provided by local substance abuse authorities and mental health authorities,
- Examine expenditures of any local, state and federal funds,
- Monitor the expenditure of public funds by local substance abuse authorities and mental health authorities,
- Contract with local substance abuse authorities and mental health authorities to provide a continuum of services in accordance with division policy, contract provisions, and the local plan,
- Assure that these requirements are met and applied uniformly by local substance abuse authorities and mental health authorities across the state,
- Conduct an annual program audit and review of each local substance abuse authority and mental health authority in the state and its contract provider in a review and determination that public funds allocated to by local substance abuse authorities and mental health authorities are consistent with services rendered and outcomes reported by them or their contract providers,
- Each local substance abuse authority and each mental health authority is exercising sufficient oversight and control over public funds allocated for substance abuse and mental health programs and services, and
- Other items determined by the division to be necessary and appropriate.

## Non-Compliance Issues, Action Plans and Timelines

This report is organized into individual sections, in which inadequacies will be identified and discussed. Inadequacies are assigned a level of severity based on the combined judgment of the monitoring team. In order to fully understand the degree of severity, a short discussion of the inadequacy levels follows.

A **major non-compliance issue** is non-compliance in contract requirements which affect the imminent health, safety, or well being of individuals. In cases of non-compliance at this level, a written corrective action plan must be completed by the Local Authority immediately and compliance must be achieved within 24 hours or less.

It should be noted that in extreme cases where, in the professional opinion of the monitoring team, an elevated threat of imminent health, safety, or well being of individuals exists, contract payments may be suspended indefinitely.

A **significant non-compliance issue** is either 1) non-compliance with contract requirements that do not pose an imminent danger to clients but that result in inadequate treatment or care that jeopardizes the well being of individuals; OR 2) non-compliance in required training, paperwork, and/or documentation that are so severe or pervasive as to jeopardize the effectiveness of services and continued contract funding. This type of finding will also require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 10 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 30 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **minor non-compliance issue** results when the reviewers identify a performance inadequacy that is relatively small in scope and does not impact client well being or jeopardize funding. This type of finding will require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 15 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 60 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **deficiency** results when the contractor is not in full compliance, but the deficiency discovered is not severe enough to require a formal action plan. However, the monitoring team may request action to fix the problem by a given date.

A **recommendation** occurs when the contractor is in compliance. The Division is simply making a best practice or technical suggestion. The contractor is encouraged to implement the suggestion but not required.

In rare instances, a non-compliance issue from a previous year may continue unresolved at the time of the monitoring site visit. A recurring non-compliance issue will be prominently displayed in the current monitoring report and will require special attention by the Local Authority to ensure its immediate resolution.

## Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Bear River Health Department and for the professional manner in which they participated in this review.

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

The Division of Substance Abuse and Mental Health

Prepared by:

Chad Carter Chad Carter Date April 30, 2019  
Auditor IV

Approved by:

Kyle Larson Kyle Larson Date April 30, 2019  
Administrative Services Director

Brent Kelsey Brent Kelsey Date April 30, 2019  
Assistant Director Substance Abuse

Doug Thomas Doug Thomas Date April 30, 2019  
Division Director

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