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SUBSTANCE ABUSE AND MENTAL HEALTH

DEPARTMENT OF HUMAN SERVICES

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DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

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January 22, 2019

Commissioner Larry Jensen  
Carbon County Commission  
751 E 100 N  
Price, Utah 84501

Dear Commissioner Jensen:

In accordance with Utah Code Annotated 62A-15-103, the Division of Substance Abuse and Mental Health has completed its annual review of Carbon County and its contracted service provider, Four Corners Community Behavioral Health; 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.

*Doug Thomas*

Doug Thomas  
Division Director

Enclosure

cc: Commissioner Kent Wilson, Emery County Commission  
Commissioner Jaylynn Hawks, Grand County Commission  
Karen Dolan, Director of Four Corners Community Behavioral Health





Site Monitoring Report of

Carbon County and  
Four Corners Community Behavioral Health

Local Authority Contracts #160135 and #160136

Review Date: October 2, 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 Carbon County and its contracted service provider, Four Corners Community Behavioral Health (also referred to in this report as FCCBH or the Center) on October 2nd, 2018. 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 1	10-11
<i><b>Adult Mental Health</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None 1	13 - 14
<i><b>Substance Abuse Prevention</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None 1	16
<i><b>Substance Abuse Treatment</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 2 None	19

## Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review of the Local Authority, Carbon County, and its contracted service provider, Four Corners Community Behavioral Health (FCCBH). The Governance and Fiscal Oversight section of the review was conducted on October 2nd & 3rd, 2018 by Chad Carter, Auditor IV.

A visit was conducted with Carbon County to discuss their role in monitoring and compliance with State and Federal requirements. See FY19 comments below for more details.

A site visit and review was conducted at FCCBH as the contracted service provider for Carbon, Emery and Grand Counties. 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. Board minutes were reviewed and discussions were conducted to determine if an appropriate level of involvement and financial oversight was provided.

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. FCCBH provided backup to support their costs and billed amounts, using rates taken from their Medicaid Cost Report.

The Local Authority, Carbon County received a single audit as required. The CPA firm Smuin, Rich & Marsing completed the audit for the year ending December 31, 2017. The auditors issued an unmodified opinion in their report dated July 16, 2018. However, the auditors were not engaged to audit the financial statements of the Scofield Reservoir Special Service District and issued a qualified opinion under Aggregate Discretely Presented Component Units as a result. There was one finding issued in the financial statement audit:

Finding 2017-1 Significant Transaction Adjustment - Cash Account Balances, Accounts Receivable, Accounts Payable - Significant adjustments were required to properly reflect accurate balances in these accounts. Some of the cash transactions dealt with either not recording receipts accurately, double entry of transactions or not at all.

The Division requested additional information from the CPA firm to ensure payments for mental health and substance use disorder services were not affected. The issue dealt with timely reconciliation of Carbon County cash accounts, affecting the proper recording of some payments but did not affect any of the actual payments. All issues were corrected during the audit and no

issues were found that should cause concern for these specific services. The Division is satisfied with the County's response to this finding, but will follow-up next year to ensure the reconciliation issue has been corrected.

Four Corners Community Behavioral Health also received a single audit, completed by CPA firm Wiggins & Co. P.C. for the year ending June 30, 2018. The auditors issued an unqualified opinion in the Independent Auditor's Report dated September 18, 2018 and stated that the financial statements present fairly, in all material respects, the financial position of FCCBH. There were no findings or deficiencies reported in the examination of internal controls and compliance.

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

**No findings were issued.**

**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 part of the site visit, DSAMH met with Carbon County to discuss monitoring requirements and the official determination of their contracted service provider, FCCBH as either a contractor or a subrecipient. Present for the meeting was Christian Byner, County Attorney; Jake Mellor, County Commissioner and Jeanie Willson, FCCBH Finance Director. The Division has identified some areas that require additional monitoring steps, specifically in regards to subrecipient classifications and Federal requirements. This requires Carbon County, as the Division's contracted Local Authority and subrecipient of Federal funding, to be actively involved in the monitoring of services. The County representatives also stated that they felt FCCBH met the qualifications of a subrecipient relationship to the County. It was discussed that starting next year, the Division would include Carbon County in annual

monitoring to ensure they are taking appropriate steps to monitor FCCBH. The County representatives were very receptive and eager to ensure they were in compliance. The issue of subrecipient requirements was also discussed with FCCBH, who was also very willing to ensure they were in compliance. The Division appreciates the partnership we have with Carbon County and Four Corners Community Behavioral Health, and their willingness to work with us through the monitoring process. The Division is available to provide technical assistance at any time to ensure requirements are understood and are being properly addressed.

## **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 2nd, 2018. The monitoring team consisted of Mindy Leonard, Program Manager; and Tracy Johnson, 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 and a focus group. During the visit, the monitoring team reviewed the FY18 monitoring report; statistics, including the Mental Health Scorecard; Area Plans; Youth Outcome Questionnaires; family involvement; Family Resource Facilitation (Family Peer Support); High Fidelity Wraparound; Multi-Agency Coordinating Committee; school-based behavioral health; Mental Health Early Intervention Funding; juvenile civil commitment; compliance with Division Directives; and the Center's provision of the ten mandated services as required by Utah Code 17-43-301.

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

#### **FY18 Deficiencies:**

- 1) *Psychosocial Rehabilitation*: In FY17, FCCBH provided Psychosocial Rehabilitation at a low rate, providing this service to only six children. Psychosocial Rehabilitation is being provided at a rate of 1.2%. Psychosocial Rehabilitation has improved.

**This issue has been resolved. In FY19 Psychosocial Rehabilitation was provided to 71 children and youth, an increase of 65 from 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:**

- 1) *Youth Outcome Questionnaire*: FCCBH does not administer the Youth Outcome Questionnaire (YOQ) at the required frequency of once every 30 days. The Division Directives state "the Youth Outcome Questionnaire (OQ/YOQ) be given to patients and consumers at intake, every thirty days or every visit (whichever is less frequent), and at discharge/discontinuation (inpatient stays for community mental health are exempt)."

Through records reviews, six of the nine charts had YOQs that were not administered at the required rate of at least once every 30 days.

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

**Action Plan:** FCCBH believes that a majority of the YOQs that have not been completed every 30 days are taking place primarily in the school-based setting. Our school-based providers report that it is difficult in the short amount of time allotted to see the children referred for therapy to complete the questionnaire as well. In addition, because the family of the children tend to be less involved in the overall treatment, despite attempts to try and engage the family, it is difficult to get parent input via the YOQ. However, our action plan for this year will be requiring all children be provided a YOQ monthly. In addition, this will be monitored by the clinical director monthly, as well as during our internal school-based services meeting. If it is discovered through this monitoring that the YOQ’s are continuing to not be completed monthly, then corrective action will be taken with the clinician/s who are in non-compliance.

**Timeline for compliance:** Improvement in number of YOQs collected should be documented within the next 4-6 months.

**Person responsible for action plan:** Melissa Huntington

**FY19 Recommendations:**

- 1) *Objectives:* During the chart review, objectives in three of eight of the charts were vague, not measurable, did not provide an identified timeframe, and/or were difficult for a child or youth to achieve. Division Directives require that objectives be “measurable, achievable and within a timeframe.” It is recommended that FCCBH work with staff to develop objectives that are measurable, achievable, and have a set timeframe.

**FY19 Division Comments:**

- 1) *Family Feedback:* Youth, families and caregivers report the staff at the center care about them and their children. They state the staff is knowledgeable and helpful. The community has access to care and quality programs. Families are grateful for programs being provided such as the therapy, helpful front desk staff, school based services, summer group, respite, and family resource facilitators. Most families completing the survey mentioned how much they appreciated the friendly, helpful staff. The center and staff culture seem to be one of continually learning and improving. Families appreciated the school based mental health services, it makes it easier to have their children participate in treatment. We had a young adult at the focus group that reported the continued contact with the peer support and the UT YES program has kept her safe and continually involved in treatment.
- 2) *Community Collaboration and Partnerships:* FCCBH has developed strong community collaborations and partnerships. Multiple partners praised the collaboration with FCCBH and their commitment to serve children and families. The school-based therapist partnered with the Division of Juvenile Justice Services (DJJS) to provide the children a skills group for the summer. FCCBH provided the programming and DJJS and the community provided

lunches and transportation. They offered groups for youth ages 5 to 17 using the WHY TRY curriculum.

## **Adult Mental Health**

The Division of Substance Abuse and Mental Health Adult Mental Health team conducted its annual monitoring review of Four Corners Community Behavioral Health on September 26th and 27th, and October 2nd, 2018. The monitoring team consisted of Mindy Leonard, Program Manager, Cami Roundy, Program Manager and Sharon Cook, Program Manager. The review included the following areas: Discussions with clinical supervisors and management teams, record reviews, site visits to administrative offices, outpatient clinic, jail, Interact and the New Heights programs. During the discussions, the team reviewed the FY18 monitoring report; 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 2018 Audit**

**No findings were issued.**

### **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:**

- 1) *Use of OQ as an intervention:* Eight charts were reviewed for individuals with Medicaid. Five of eight charts did not include administration of the OQ. Three charts did include include OQ administration, with only one of those charts indicating use of the OQ as an intervention. One of charts that included administration of OQ noted suicidal ideation marked but not noticed until after the client had left. Within that chart, there are no follow up notes indicating that this was addressed with the client. The FCCBH 2017 internal chart review reflects this with the OQ not present in 18 of 39 charts. A DSAMH FY19 survey indicates improvement as 21 clients indicated they were familiar with the OQ. Of those 21 clients, 15 marked that the OQ had been discussed with the purpose explained, 16 indicated that it was used in treatment planning and 13 felt it was helpful to treatment. It is recommended that FCCBH continue to administer the OQ, that clinicians are encouraged to use the OQ as an intervention in treatment, and that documentation reflect this.

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

**Action Plan:** FCCBH believes that this is an ongoing quality improvement item in terms of our clinician documentation. We know, based on various factors, that OQs are being administered very often with clients, and in fact our administration of the tool has almost doubled in the past several years. However, documenting the information continues to be a struggle for some clinicians. We have had very robust training over the past couple of years regarding the helpfulness of the the OQ in providing interventions for clients, and we will continue those efforts. We have an internal "OQ champion" that provided a training at our last general staff meeting for all FCCBH staff. He will continue to go around to individual clinic staff meetings and train on using this tool as an intervention in treatment. In addition, as with the YOQ, FCCBH will begin more frequent monitoring of the not just the tools administration, but also with random chart searches for use as an intervention within the client progress notes. Those clinicians not showing improvement in documentation or continuing with non-compliance will receive corrective action.

**Timeline for compliance:** Improvement should be noted in the next 4-6 months.

**Person responsible for action plan:** Melissa Huntington

**FY19 Recommendations:**

None

**FY19 Division Comments:**

- 1) *Utah State Hospital (USH) Report:* FCCBH does an exceptional job of transitioning individuals out of the USH when they are ready for discharge. A recent study of variables related to length of stay at the Utah State Hospital identified FCCBH as associated with shorter lengths of stay.
- 2) *Recovery Plus:* Recovery Plus is an initiative to promote health and wellness in people with mental illness and/or substance use disorders. Increased emphasis on tobacco cessation was recommended in FY18. In FY19, five out of ten charts reviewed identified nicotine use, with two charts updating ongoing use in medication management notes and one chart documenting active tobacco cessation treatment by the therapist. Four out of 14 tobacco users who completed a survey indicated that they had not heard about tobacco cessation. Twenty individuals in treatment in Price and Moab were interviewed, and all nine who use tobacco reported that they have been offered tobacco cessation. This is a dramatic improvement. FCCBH is encouraged to continue to promote Recovery Plus.
- 3) *Employment Services/Supported Education:* FCCBH has been working with the Utah Transition-Age Youth Empowered to Succeed (UT-YES) grant to provide supported education and employment services to transition-aged youth. Day programs are providing transition employment and supported employment opportunities for adult participants. Four of twenty participants mentioned they have jobs on cleaning crews and one participant said FCCBH is helping put together an art show to feature their work. One participant indicated it would be helpful if they had someone that could tutor them with their college classes.

Eleven of 20 clients surveyed reported measuring their recovery by their ability to work and/or attend Interact and New Heights.

- 4) *Holistic Approach to Wellness:* FCCBH has received a Primary Care grant for unfunded individuals and has a nurse practitioner on site. Seven of ten charts reviewed included education on how to improve physical health. Notes demonstrating an emphasis on wellness were seen in notes from day programs, therapists, medication management providers and Peer Support. Participants in the day programs described 30 minute exercise periods morning and afternoon, learning to cook, make healthy foods, having exercise equipment at the day program and growing fresh vegetables.
  
- 5) *Participant Feedback:* Peer Support Program Manager Cami Roundy visited with a group of eight individuals at New Heights in Price, and with twelve individuals at Interact in Moab. All those interviewed agreed that their treatment is going well and that they feel that they are making progress. All members also agreed that they create their own goals and that they receive assistance with housing and transportation. Quotes from some of the members include: “We all try to get along and tease each other, we have a good family here.” “It’s nice to have staff that care.” “Here you’re a part of something, you know they want you here.” “It helps me a little every day to come here.” “I feel like we can tell the staff anything and get the truth from them.” “I wouldn’t change a thing with the staff, they are awesome and are family.” “I can’t change the world but I can change myself.” “The trips and activities we go on are healing.”

## **Substance Abuse Prevention**

Craig PoVey, Program Administrator, conducted the annual prevention review of Four Corners Community Behavioral Health on October 2nd, 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:**

- 1) There was a decrease in the number Eliminating Alcohol Sales to Youth (EASY) compliance checks. In FY16, Price Police Department conducted 18 checks. In FY17 Price PD conducted 9 compliance checks. In FY18 there were 0 checks throughout the entire Four Corners Local Substance Abuse Authority area.

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

**Action Plan:** As was discussed during the in-person site visit; compliance checks are a continual challenge for LSAAs around the state. As you will see in the support documents provided efforts were made to expand buys into Grand County, but ultimately law enforcement did not complete the buys. This situation demonstrates the predicament LSAAs find themselves in: we are the ones who have the oversight to ensure buys are done, and yet we have no authority to complete the buys without law enforcement.

I know this is an ongoing issue for the states prevention system and we look forward to participating in a comprehensive discussion to identify a solution.

**Timeline for compliance:** Prior to next monitoring visit

**Person responsible for action plan:** Tiffany Vansickle

**FY19 Recommendations:**

- 1) It is recommended that FCCBH continue their relentless efforts to establish evidence based prevention coalitions throughout their area and continue their efforts to pull together the multitude of prevention and groups addressing issues in their area.

**FY19 Division Comments:**

- 1) 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.
- 2) FCCBH is collaborating with multiple agencies throughout the LSAA. Prevention works 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.
- 3) FCCBH completed their Annual Prevention Report.
- 4) 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.
- 5) 100% of FCCBH Prevention programming is considered Evidence Based.

## **Substance Use Disorders Treatment**

Becky King, Program Administrator, conducted the monitoring review FCCBH on October 2nd, 2018. The review focused on compliance with State and Federal laws, Division Directives, Federal Substance Abuse Treatment (SAPT) Block Grant requirements, Drug Offender Reform Act (DORA), Justice Reinvestment Initiative (JRI), Bureau of Justice Administration (BJA) Drug Court requirements, scorecard performance, and consumer satisfaction. The review included a document review, clinical chart review, program visit to Operation Recovery 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 Survey, other data measures and observation of the Men's Seeking Safety Group.

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

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

- 1) Data from the FY17 Utah Substance Abuse Treatment Outcomes Scorecard shows:
  - a) The percent of individuals completing a treatment episode successfully decreased from 44% to 30.6% for the FY18.

**This issue has been resolved. In FY19, the rate of successful episode completions increased from 30.6% to 39.3%, which now meets Division Directives.**

- b) The percent of change of individuals who reported using tobacco from admission to discharge increased from 9.9% to 1.9%, indicating that there were more clients smoking at discharge than at admission, which does not meet the Division Directives.

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

#### **FY18 Deficiencies:**

- 1) The majority of Substance Use Disorder Treatment Charts reviewed did not contain a RANT and or an LSI-RNR screen. This information was optional in previous years, but is now required for all those who are criminally involved.

**This issue has been resolved. The charts reviewed this year had a LSI-RNR or a RANT Screen.**

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

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

None

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

None

**FY19 Minor Non-compliance Issues:**

- 1) Division Outcomes Measures Scorecard: The SUD Outcomes Measures Scorecard showed that the percent of individuals who reported using tobacco from admission to discharge increased from -1.9% to -9.8% from FY17 to FY18 respectively, which does not meet Division Directives. This is the second year for this finding.

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

**Action Plan:** This has been a difficult issue to address as it is suspected that many individuals are not accurately reporting their tobacco use upon intake. Then, after building rapport and moving through treatment it is discovered that many individuals come into our program already using tobacco. Tobacco cessation is included as a part of our program and will continue to be throughout the next year. FCCBH recently sent one of our nurses to a more robust tobacco training program, which will be implemented in the clinics over the next year. In addition, our staff will be trained on ways in which to gain more accurate information from clients upon intake regarding their tobacco use. Also, FCCBH is currently considering implementing a UA screening tool that will be able to detect tobacco use when initially screened during intake. We believe these continued efforts will help us to more accurately document those who already come into the program using tobacco and our cessation program will aid us in decreasing those using (or at least not increasing) tobacco in the coming year.

**Timeline for compliance:** Improvement over the next year.

**Person responsible for action plan:** Melissa Huntington will monitor this.

- 2) Treatment Episode Data Set (TEDS): Criminogenic risk data was not collected for 27.6% of clients compelled to treatment upon admission in the criminal justice system. Only 10% of clients can be unknown for criminogenic risk. This does not meet Division Directives.

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

**Action Plan:** Four Corners has already begun to identify those who are currently admitted into SAMHIS who have been compelled to treatment by the courts, yet do not have a risk level assigned. Any individual who meets this criteria will be assessed, and the SAMHIS record will be updated to reflect the assessed risk level. All new admissions into treatment will be required to have a risk level assigned.

**Timeline for compliance:** February 2019

**Person responsible for action plan:** Brett Guymon will monitor this.

**FY19 Deficiencies:**

None

**FY19 Recommendations:**

- 1) Chart Review: The chart review showed that tobacco use was identified in the client’s assessment, but no evidence of discussion on tobacco cessation or information related to

tobacco use in the treatment plan or progress notes. The Division Outcomes Measures Scorecard also showed that there has been an increase in tobacco use from admission to discharge over the past two years. It is recommended that FCCBH follow up with clients who report tobacco use in their assessment to determine the best course of action and develop a tobacco cessation plan, which should be included in their treatment plan and progress notes. (Chart #'s 4608, 3714, 9212, 1310031, 1304176, 3397, 6792, 6653, 6530)

**FY19 Division Comments:**

- 1) **Quality Treatment:** FCCBH has a variety of programs that are individualized to meet the unique needs of clients and their families. In addition, all of their treatment models and screening tools are now evidence-based, which include fidelity measures. Over the past several years, FCCBH has incorporated the Trauma-Informed Approach in their Agency, through policy development, training, daily practice, creating a safe environment and including trauma-informed supervision for staff. FCCBH does not have waiting lists for their services and the Open-Access Intake process has reduced their “no show” rate for Assessments by 50%. They continue to seek ways of providing quality and innovative services, which has produced positive outcomes for their community.
- 2) **Medication Assisted Treatment:** FCCBH continues to educate the community and their stakeholders on the importance of Medication Assisted Treatment (MAT), despite ongoing stigma and resistance from some of the community. They received three grants for Naloxone which has allowed them provide several trainings and distribute Naloxone kits to their community. In addition, FCCBH partnered with Project Reality to establish Operation Recovery to provide MAT (Methadone, Suboxone, Vivitrol) for their community. They received a three year SAMHSA Grant and will continue to sustain Operation Recovery after the State Targeted Response (STR) Funding has ended for the three additional years. FCCBH’s ongoing advocacy for MAT and opioid services has made a positive difference in their community.
- 3) **Housing and Transportation:** There have been ongoing challenges with housing and transportation in Carbon, Emery and Grand County for clients and staff. The cost of living in Moab is high, which has made it difficult for staff and clients to find affordable housing. FCCBH recently purchased land in Moab, where they built apartment buildings which provides affordable housing for staff and clients. In addition, they are working with Section 8 Housing to provide affordable housing for clients. In fact, one of their staff members volunteered to be a Landlord for clients living in Section 8 housing, which has improved housing retention rates. FCCBH recently received a SAMHSA Grant to purchase three vans and hire drivers to pick up clients for treatment, which will help improve treatment attendance. FCCBH is committed to finding positive solutions for some of the most difficult challenges in their area, which has helped improve treatment outcomes and retention rates.
- 4) **Staff Retention:** FCCBH has had good success with staff retention, which most public programs struggle with due to low wages and other issues. They completed a staff salary survey over a three year period and increased staff salaries above the standard wage, which has resulted in maintaining quality and dedicated staff. In addition, the ongoing support from

Leadership and genuine care for the well being of staff, has helped with retention rates as well.

## **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

Prepared by:

Chad Carter *Chad Carter* Date January 22, 2019  
Auditor IV

Approved by:

Kyle Larson *Kyle Larson* Date January 22, 2019  
Administrative Services Director

Jeremy Christensen *Jeremy Christensen* Date January 22, 2019  
Assistant Director Mental Health

Brent Kelsey *Brent Kelsey* Date January 24, 2019  
Assistant Director Substance Abuse

Doug Thomas *Doug Thomas* Date January 24, 2019  
Division Director

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