

State of Utah
Department of Human Services
Division of Substance Abuse and Mental Health



Site Monitoring Report of

Cache County (District 1 Mental Health Authority –
Bear River Mental Health)

Local Authority Contract #130023

Review Dates: November 5th & 6th, 2013

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Section One: 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.

In accordance with these and other instructions, the Division of Substance Abuse and Mental Health (also referred to in this report as DSAMH or the Division) conducted its annual program audit and review of Cache County (District 1 Mental Health Authority – Bear River Mental Health; also referred to in this report as BRMH or the Center).

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.

Section Two: Site Monitoring Report

Executive Summary

In accordance with Utah Code Section 62A-15-103, the Division of Substance Abuse and Mental Health conducted a review of Cache County (District 1 Mental Health Authority – Bear River Mental Health) on November 5th & 6th, 2013. The focus of the review was on governance and oversight, fiscal management, pediatric and adult mental health 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; State mandated mental health services; and Preferred Practice Guidelines. During the examination, the review teams evaluated: the reliability and integrity of the Center's data and its compliance with established programmatic and operational objectives. Additionally, the review included an examination, through sampling, of the Center's efficient and appropriate use of financial resources.

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

Summary of Findings

Programs Reviewed	Level of Non-Compliance Issues	Number of Findings	Page(s)
<i>Governance and Oversight</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None None	
<i>Child, Youth & Family Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None None	
<i>Adult Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None None	

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health conducted its annual monitoring review at Cache County (District 1 Mental Health Authority – Bear River Mental Health) (BRMH) on November 5th & 6th, 2013. The Governance and Fiscal Oversight section of the review was conducted by Chad Carter, Auditor IV. Overall cost per client data was analyzed and compared to the statewide Local Authority average, BRMH was found to be within the client cost standards provided in the DSAMH Division Directives. Personnel and subcontractor files were examined for adherence to contractual requirements, as well as the Center’s own policy. Detailed service, operating and travel expenditures were examined for proper approval and supporting documentation for the months of March and April of 2013. All selected expenditures were found to be properly approved and were supported with adequate documentation.

The CPA firm Davis & Bott completed an independent financial statement audit of BRMH for the year ending June 30, 2013 and issued a report dated October 7, 2013; the auditors’ opinion was unqualified. As a part of the review, they examined specific items at our request, including executive compensation, policies and allowability of costs reported. In their opinion these items are accurately presented and no findings or issues were discovered.

Follow-up from Fiscal Year 2013 Audit:

FY13 Minor Non-compliance Issues:

- 1) Subcontractor files were found to be missing current insurance documentation.

This finding has been resolved.

Findings for Fiscal Year 2014 Audit:

FY14 Major Non-compliance Issues:

None

FY14 Significant Non-compliance Issues:

None

FY14 Minor Non-compliance Issues:

None

FY14 Deficiencies:

- 1) In a sample size of seven personnel files, one file was missing a current license (the license copy included in the file expired in September 2012) and another file was missing documentation of HIPAA training provided to the worker. It appears that the Center is

generally in compliance, but could make improvements to ensure all required documentation is checked and updated regularly.

FY14 Recommendations:

None

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 Bear River Mental Health November 5th and 6th, 2013. The monitoring team consisted of Dinah Weldon, Program Administrator; Eric Tadehara, Program Manager; and Lori Cerar, Allies with Families (Utah Family Coalition). The review included the following areas: record reviews, discussions with clinical supervisors and management, program visits, and feedback from families through questionnaires and a discussion group. During the discussions, the monitoring team reviewed Fiscal Year 2013 audit findings and County responses; statistics, including the Mental Health Scorecard; Area Plans; Youth Outcome Questionnaires; family involvement; Family Resource Facilitation (Peer Support); Wraparound to fidelity; Multi-Agency Coordinating Committee; school-based behavioral health; Mental Health Early Intervention Funding; civil commitment; compliance with Division Directives and the Center's provision of the ten mandated services as required by Utah Code 17-43-301.

From our review, Bear River Mental Health is in full compliance with mandated service provisions.

Follow-up from Fiscal Year 2013 Audit

FY13 Minor Non-compliance Issues:

- 1) Assessment and Recovery Plan documentation was insufficient in six of 15 child/youth charts reviewed. In three charts, assessments were not current within the last 12 months. In two charts, the assessment had insufficient information to provide a clear picture of the child/youths current situation. In three charts, objectives were not considered meaningful, measurable and achievable for the child/youth. On Axis IV, in three charts, strengths and barriers to treatment were listed instead of identifying other psychosocial and environmental factors contributing to the disorder to be addressed in treatment.

This finding has been resolved.

- 2) Safety/Crisis Plans were either not present or current in three of four charts where Safety/Crisis Plans were clinically indicated. Safety/Crisis Plans need to be developed and maintained with current information when clinically indicated. An effective Safety/Crisis Plan should provide an individualized description of problematic and unsafe behaviors. It should identify specific safety interventions that can help families and other formal and informal supports prevent a situation from escalating into a crisis. It should also clearly state steps to be taken if a crisis does arise. The plan should be developed with family and child/youth guidance and copies should be provided for family, and other formal and informal supports with parent/guardian consent.

This finding has been resolved.

Findings for Fiscal Year 2014 Audit

FY14 Major Non-compliance Issues:

None

FY14 Significant Non-compliance Issues:

None

FY14 Minor Non-compliance Issues:

None

FY14 Deficiencies:

- 1) It is recommended that work be done to improve the development of objectives within the treatment plans. Objectives in three of the 13 charts reviewed were vague and difficult to measure. One specific objective stated, client's "psychotic symptoms will reduce from two times a year to no episodes in a year by [end of objective]." This objective is incomplete and does not have an active timetable. Another objective stated the client will "decrease anxiety from daily to weekly" again with no timetable. Division Directives state that objectives should be "behavioral changes that are measurable, short term and tied to the goals". Short term, specific and measurable objectives will allow the child/youth to experience success and see their progress.

FY14 Recommendations:

- 1) It is recommended that BRMH continue to implement procedures for children's civil commitment consistent with state statute.

FY14 Division Comments:

- 1) *School Based Services:* School-Based services provided by BRMH offer children/youth and their families better access to mental health services. Two local principals provided feedback, including commenting on the positive effects of school-based services. One principal stated the program is "going really well" and the therapist "goes the extra mile" with the children. There exists good communication and collaboration between BRMH and the schools. Another principal reported the service has been a great benefit to the school and the children. It was also reported that having services in the school has limited the barrier for families to have access to services and families "jump at the chance" to utilize them.
- 2) *Family Feedback:* Family feedback was provided by 18 families, with 12 completing the Utah Family Coalition (UFC) Questionnaire, and six families participating in a focus group. Families said the BRMH staff are friendly, supportive, and partner with them. One family stated the "therapists are very helpful, knowledgeable, and caring." Parents also reported an appreciation for the youth groups and that the children enjoy them. A parent also mentioned, "I like that they go into the school settings to help our kids."
- 3) *Wraparound:* BRMH is providing Wraparound to Fidelity as defined by the UFC. BRMH has been supportive of the Family Resource Facilitator (FRF) program. The FRF is appropriately coordinating with the referring clinicians after meeting with families by

sending an email with the necessary documents. The FRF does well engaging the families throughout the Wraparound process. One area the program may focus on for improvement is to ensure the FRF documents are contained and easily accessible in the Electronic Medical Record (EMR).

- 4) *Juvenile Mental Health Court*: BRMH has an active role in the Juvenile Mental Health Court in Box Elder and Cache counties. They participate in weekly staffings involving multiple agencies. It is commendable that the Juvenile Mental Health Court provides an opportunity for the youth to learn accountability, while reducing the likelihood of future contact with the criminal justice system.

Adult Mental Health

The Adult Mental Health team consisted of Robert Snarr, Adult Program Manager; Jeremy Christensen, Program Administrator; Michael Newman, Recovery and Resiliency Peer Program Manager and LeAnne Huff, Adult Program Manager. The review included: record reviews, discussions with clinical supervisors and management teams, and site visits. During this monitoring review, site visits were conducted in Box Elder and Cache counties. The monitoring team visited day treatment and residential housing in Logan and Brigham City; the county jail in Brigham City, and the Tremonton outpatient clinic. Focus groups were conducted throughout the region to obtain feedback from consumers. During the site visit the team reviewed the State Fiscal Year 2013 recommendations; the Division Directives, the Mental Health Scorecard, area plans and the Center's provision of the ten mandated services.

From our review, Bear River Mental Health is in full compliance with mandated service provisions.

Follow-up from Fiscal Year 2013 Audit

No findings were issued in FY13.

Findings for Fiscal Year 2014 Audit

FY14 Major Non-compliance Issues:

None

FY14 Significant Non-compliance Issues:

None

FY14 Minor Non-compliance Issues:

None

FY14 Deficiencies:

None

FY14 Recommendations:

- 1) DSAMH encourages BRMH to continue expanding the Certified Peer Support Specialist program throughout their area. DSAMH commends BRMH for their current peer specialist and the good work that is being accomplished by their employee. Several program participants expressed interest in attending the Certified Peer Support Specialist training, which is recommended to continue to improve the recovery-based culture at BRMH.
- 2) Several consumers reported that they were offered and/or attended tobacco cessation classes. Several of these individuals are now tobacco free. DSAMH commends BRMH for continuing to follow through on this initiative on the mental health side. DSAMH recognizes

and acknowledges the efforts of BRMH in fulfilling the requirements of the Tobacco free environments directive. However; in the chart review, nicotine dependence on Axis I is not consistently documented. DSAMH encourages BRMH to improve documentation of Nicotine Dependence on Axis I.

FY14 Division Comments:

- 1) *Consumer Feedback:* All consumers interviewed in BRMH facilities gave positive feedback regarding services provided. They felt supported in treatment, employment and volunteering, transportation, housing, physical and spiritual health. Many participants expressed gratitude for the work of their case managers, therapists, and housing staff.
- 2) *Integration of Mental Health and Physical Health:* BRMH has made impressive efforts made to integrate mental health and physical health. BRMH is collaborating with the Department of Health and developed an outpatient clinic in Tremonton, with two-thirds of the clinic dedicated to physical health and one-third to mental health.
- 3) *Crisis Intervention Training (CIT) for police officers:* DSAMH recognizes and appreciates BRMH dedication to provide CIT training in their region. CIT continues to grow and BRMH has two staff members who are certified in CIT to conduct training for law enforcement officers. Currently this region has trained a total of 60 CIT officers.
- 4) *Suicide Prevention:* BRMH region has a strong Suicide Prevention Coalition with diverse representation including, individuals from the private sector, clinicians, educators, and health providers. This region has ten Question, Persuade, and Refer (QPR) instructors who have conducted seven trainings in the last year. In addition Box Elder County developed a media campaign targeting suicide prevention and has conducted meetings with law enforcement and health providers in the area to collaborate on suicide prevention efforts. BRMH is utilizing the Columbia Suicide Severity Rating Scale (C-SSRS) assessment tool in ER, residential and outpatient services.
- 5) *Wellness Activities:* BRMH has a strong commitment to addressing health and wellness and is offering a variety of wellness classes, including implementing a course for consumers on how to manage chronic illnesses such as diabetes, high blood pressure, and obesity. Weekly groups are conducted throughout each county focusing on physical fitness and overall wellness.
- 6) *Jail Services:* DSAMH met with BRMH and Jail staff in both Brigham City and Logan. BRMH has a strong collaborative relationship with the jails and are providing emergency services as well as contracted services to provide mental health assessment to incarcerated community members.
- 7) *Supported Employment:* DSAMH Adult Mental Health team met with Bear River House staff and clients in Logan. BRMH has made efforts to create two competitively paid employment positions within the program, these were reported to be going well and offering employment opportunities to clients of the program that had been experiencing barriers to employment. These efforts are commended and DSAMH encourages ongoing efforts to

create opportunities for supported employment where possible both with BRMH and the community in collaboration with community partners.

Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Cache County (District 1 Mental Health Authority – Bear River Mental 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:

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