

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



Site Monitoring Report of

Bear River Health Department
Local Substance Abuse Authority

Local Authority Contract #122435

Review Dates: November 5th, 2013

For Official Use Only

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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 Bear River Health Department (also referred to in this report as BRHD 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 Bear River Health Department on November 5th, 2013. 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 County'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 County's data and its compliance with established programmatic and operational objectives. Additionally, the review included an examination, through sampling, of the County'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 1	10 - 11
<i>Substance Abuse Prevention</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None None	
<i>Substance Abuse Treatment</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None 1 None	14 - 15

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health conducted its annual monitoring review at Bear River Health Department (BRHD). The Governance and Fiscal Oversight section of the review was conducted by Chad Carter, Auditor IV on November 5th, 2013. Overall cost per client data was analyzed and compared to the statewide Local Authority average, BRHD 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 County'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 Jones & Simkins P.C. performed an independent financial statement audit of Bear River Health Department for the year ending December 31, 2012. The Independent Auditors' Report issued on May 3, 2013 stated that there were no findings identified during the audit and issued an unqualified opinion.

Follow-up from Fiscal Year 2013 Audit:

FY13 Minor Non-compliance Issues:

- 1) The reviewed subcontractor file did not include evidence of current insurance as required by contract.

This finding has not been resolved and is continued in FY14; see Minor Non-compliance Issue #1.

- 2) The personnel files reviewed during the site visit did not include any documentation that HIPAA training was provided for the Center's staff.

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:

- 1) The reviewed subcontractor files did not include evidence of current insurance as required by contract:

“On an annual basis and upon request from DHS/DSAMH, the Local Authority shall obtain from its non-governmental subcontractor and shall provide to DHS/DSAMH, evidence that the subcontractor has the insurance coverage required by this Contract”.

Files were also found to be missing current and signed contracts for subcontractors that were actively providing services. Failure to obtain signed contracts and proof of insurance for providers creates a significant liability for BRHD.

Center’s Response and Corrective Action Plan:

We have contacted all providers and received contracts and insurance certificates for two agencies. We will continue to pursue the third provider for their documentation.

We have added the following to our policy: Residential treatment will be approved only to those facilities that have signed contracts with the Bear River Health Department, and have provided current proof of insurance documents. Brock Alder will approve the residential facilities and Linda Brown will track current documentation.

FY14 Deficiencies:

None

FY14 Recommendations:

None

Substance Abuse Prevention

The Division of Substance Abuse and Mental Health, represented by Ben Reaves, Prevention Program Manager, conducted its annual monitoring review of Bear River Health Department Substance Abuse prevention services on November 5th, 2013. The audit included a review of compliance with 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 evaluated the data used to establish prevention priorities.

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) It is recommended that BRHD continue its dialogue with Brigham City to encourage participation in the Eliminate Alcohol to Youth (EASY) checks, and to discuss options for collaborating with other law enforcement for training and resources to complete the EASY checks.

FY14 Division Comments:

- 1) BRHD is engaged in a coordinated effort with law enforcement to conduct and monitor the effectiveness of the EASY compliance checks. The Sheriff's offices in Cache and Rich counties and Police departments in several cities in Box Elder County are conducting EASY checks. BRHD has made great strides in conducting the EASY checks since last year. Brigham City was the only city of record that did not participate in the EASY checks this year.

Substance Abuse Treatment

David Felt, Program Administrator, and Becky King, Program Manager, conducted the Substance Abuse Treatment review for Bear River Health Department. This review focused on Substance Abuse Prevention and Treatment (SAPT) block grant compliance, compliance with Division Directives, clinical practices, consumer satisfaction and performance on outcome measures. Block grant and Division Directives compliance were evaluated through a review of program policies and guidelines; observation of Adult Felony Drug Court team staffing and court process; and discussions with staff members. Consumer satisfaction was evaluated through interviews with clients in services, tours of the physical facilities, and by reviewing Consumer Satisfaction Survey results. Program outcome measures were evaluated by reviewing the outcome measures against DSAMH standards. Clinical practices were evaluated by reviewing client charts.

Follow-up from Fiscal Year 2013 Audit

FY13 Significant Non-compliance Issues:

- 1) BRHD did not submit sufficient surveys in either the youth Satisfaction or Family Satisfaction categories to measure customer satisfaction. It was the third year for this finding. In FY13, due to technical issues related to the scorecard, none of the youth Satisfaction or Family survey results were used to measure outcomes this year.

This finding has not been resolved, but will not be continued as a finding in FY14 due to the above-mentioned technical issues.

FY13 Deficiencies:

- 1) The Treatment Plan objectives were too general and appeared to be treatment goals in that they were not measureable, specific or time oriented. Most could have remained unchanged for the entire length of treatment. This reduced the treatment plans to forms that were maintained in the record as opposed to clinical tools used to guide clients through the treatment process. This year, the treatment plans improved significantly, which had objectives that were specific and measureable.

This deficiency has been resolved.

- 2) The FY12 Utah Substance Abuse Treatment Outcomes Measures Scorecard reflects that BRHD's Retention in Treatment rate decreased from 61.8% in FY11 to 57.5% in FY12. While their retention rate after two quarters of FY13 was 64.6%, this remained a deficiency as BRHD's performance still failed to meet the FY12 Division Directives. In FY13, BRHD's retention in treatment increased to 66.4%, which now meets Division Directives.

This deficiency has been resolved.

- 3) The FY12 Treatment Outcomes Measures Scorecard reflects that BRHD's Successful Treatment Episode Completion rate declined from 46.6% in FY11 to 45.4% in FY12. This was a deficiency as BRHD's performance failed to meet the FY12 Division Directives. In FY13, the BRHD's Successful Treatment Episode Completion rate increased to 48.3%, which now meets Division Directives.

This deficiency has been resolved.

- 4) The FY12 Treatment Outcomes Measures Scorecard reflected that BRHD's Increased Employment rate dropped from 17.1% in FY11 to 7.4% in FY12. This was below 75% of the national average for this measure. The rate for the first two quarters of FY13 also dropped to 3.4%. In FY13, the Employment rate was 6.5%, which still does not meet Division requirements.

This deficiency has not been resolved and is continued in FY14; see Minor Non-compliance finding #1.

Findings for Fiscal Year 2014 Audit

FY14 Major Non-compliance Issues:

None

FY14 Significant Non-compliance Issues:

None

FY14 Minor Non-compliance Issues:

- 1) The FY13 Treatment Outcomes Measures Scorecard reflects that that BRHD's Increased Employment rate decreased from 7.4% in FY12 to 6.5% in FY13. This is the second year that this is a finding and continues to be below 75% of the national average for this measure.

Center's Response and Corrective Action Plan:

We will provide training and networking opportunities for staff to expand employment assistance in the following ways:

Representatives from AP&P's UDOWD parolee employment program presented to staff on August 26, 2013. We will schedule similar presentations with state and community employment agencies (DWFS, LDS employment office, USU personnel office, Intermountain, Kelly and SOS staffing agencies), and will offer cross-training and cross-referral services with these agencies. Some staff will be assigned as liaisons to coordinate services with these agencies. We will make information gathered from these combined meetings and contacts available to clients in reception and treatment areas. The Drug Court case manager will make employment issues a top priority for sessions. The women's case manager will address this issue as well during client meetings. Both case managers will keep updated regarding local job fairs and opportunities.

We have incorporated resume and application writing, job hunting and job retention topics into

our Life Skills/Early Intervention Group.

Staff will be trained regarding incorporating employment related issues into treatment and goal planning.

We will also train staff on proper data collection at intake and discharge to ensure accurate reporting, such as: reporting a student as a student rather than unemployed, or making sure to report all employment.

FY14 Deficiencies:

None

FY14 Recommendations:

- 1) *Agency Check-In and Payment Procedures:* BRHD requires all clients to check-in and make payments at the front desk prior to receiving any type of service (group, individual, drug tests, etc.). On Monday evening, there was a large line of clients waiting in line to check in and make a payment, which created chaos in the waiting room and a stressful environment. It is recommended that BRHD revisit their “check-in and payment policy” to create a more welcoming and less stressful environment in the waiting room for clients and visitors.
- 2) *Drug Court Testing Procedures:* In the group interview, Drug Court clients reported that BRHD has restricted hours for drug tests, which makes it difficult to fulfill other obligations required by Drug Court (i.e. employment, treatment, community service, etc.). Currently, BRHD requires Drug Court clients to call in Monday – Thursday at 11:00 a.m. to receive their color for their random drug test color and then provide a sample from 12:00 p.m. – 2:00 p.m. On Friday, they only have an hour to provide the sample from 12:00 p.m. – 1:00 p.m. It is recommended that BRHD review their Drug Court Testing times and make accommodations for clients that have a legitimate conflict with the Drug Testing hours.
- 3) *Program and Payment Policies:* In the group interview, clients reported that they were not allowed to graduate from Drug Court or treatment until all their fees have been paid. One client at the Brigham City office stated that she was required to continue attending group (whether she needed it or not) until she graduated from treatment. It is recommended that the client’s treatment be individualized and not be program driven or based on the payment of fees.

FY14 Division Comments:

- 1) *Clinical Charts:* BRHD transitioned from hand-written charts to the “*E Clinical Works System*” in July 2013, which the Medical and Behavioral Health Department are both using. BRHD has made a dramatic improvement from last year in their clinical charts. They have started using the new “*engagement process*” recommended by Division Directives and are making better use of the American Society of Addiction Medicine (ASAM) in their assessments, treatment plans and progress notes. BRHD’s Clinical Charts were very impressive this year.

- 2) *Expansion of Detox Services:* BRHD is working on expanding their detox services in the hospital in Tremonton, which will help serve more clients in this county.
- 3) *Preparation for the Affordable Care Act:* BRHD has been preparing for the Affordable Care Act by moving to an electronic chart system; partnering with more community agencies and signing on with more insurance agencies. In addition, BRHD continues to collaborate closely with Bear River Mental Health to provide a continuum of co-occurring services for their community.
- 4) *Drug Testing Lab:* BRHD recently started working with a medical lab to expand drug testing services. If Medicaid expansion goes through in Utah, BRHD is considering moving their entire drug testing services to this medical lab which accepts Medicaid. This will save BRHD a considerable amount of money.
- 5) *Safe House:* BRHD is looking into developing a “Safe House” in the community to provide a temporary place for individuals needing stabilization after detox or hospital services. This Safe House may also be used for Drug Court clients that may need temporary support rather than jail time.
- 6) *Youth Treatment Services:* The number of youth served at BRHD has increased since last year due to increased outreach and efforts to improve services.
- 7) *Client Satisfaction:* The clients reported that they appreciate the staff and services that they receive at BRHD, which is also reflected in the FY13 Adult Consumer Satisfaction Survey. The General rate of satisfaction is 83%.

Signature Page

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

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

The Division of Substance Abuse and Mental Health

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