

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



Site Monitoring Report of

Davis Behavioral Health

Local Authority Contracts #122434 and #122387

Review Dates: January 28th and 29th, 2014

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 Davis Behavioral Health (also referred to in this report as DBH 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 Davis Behavioral Health on January 28th & 29th, 2014. 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; 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 1	12 - 14
<i>Adult Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None 1 None	16 - 17
<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 None None	

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health conducted its annual monitoring review at Davis Behavioral Health (DBH) on January 28th and 29th, 2014. 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; DBH was found to be within the client cost standards provided in the DSAMH Division Directives. 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. 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 Litz & Company performed the Center's financial statement audit for the year ending June 30, 2013. The Independent Auditor's Report dated October 21, 2013 issued an unqualified opinion, there were no deficiencies or findings.

Follow-up from Fiscal Year 2013 Audit:

FY13 Minor Non-compliance Issues:

- 1) No conflict of interest forms were found during a review of personnel and sub-contractor files.

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:

None

FY14 Recommendations:

None

FY14 Division Comments:

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 Davis Behavioral Health January 28th & 29th, 2014. The monitoring team consisted of Dinah Weldon, Program Administrator; Eric Tadehara, Program Manager; and Tracy Johnson, Utah Family Coalition (New Frontiers for Families). The review included the following areas: record reviews, discussions with clinical supervisors and management, case staffing, program visits, and feedback from families through questionnaires and a discussion group. During the discussions, the monitoring team reviewed FY13 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; Early Intervention Building Block programs; 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, Davis Behavioral Health is in full compliance with mandated service provisions.

Follow-up from Fiscal Year 2013 Audit

FY13 Minor Non-compliance Issues:

- 1) The Youth Outcome Questionnaire (YOQ) is not being administered at the required frequency, nor is it being incorporated into the clinical process.

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) Recovery Plan objectives are often not measurable or achievable tasks and lack a set timeframe for progress. In six of the 12 charts reviewed, objectives contained no timetable for completion and/or were difficult to measure. One objective stated that the youth "will eliminate physical aggression and have a safety plan in place to address his past assaultive behavior towards family members." This objective has no timetable for the youth to show progress and provides no way to measure the physical aggression. The objective also has a focus on a clinical task (having a safety plan) that is not something the youth is responsible to

initiate. Another objective reads, the youth will “have enough structure and supervision that he can stay out of trouble and achieve his goals.” The objective lacks any definitive timetable, has no way to measure the progress the youth will make and again includes items that are not the youth’s responsibility (structure and supervision). A third objective states that the child “will work through affects of sexual abuse, cognitively and emotionally; evidenced by improved moods, absence of any sexual reactivity.” This objective has no timetable, does not identify a measurable behavior, and would prove difficult for the youth to achieve without incremental steps.

Division Directives state that objectives should be "behavioral changes that are measurable, short term and tied to the goals." By working with children and their parents to develop measurable objectives with a time frame, progress may be tracked which will allow the child/youth to experience success.

Center’s Response and Corrective Action Plan:

Staff training was started individually while participating in the Peer Review process. This has provided an opportunity to review and revise specific objectives to make sure that these meet the standards for developing and measuring objectives. Additional training was completed on March 25, 2014 for supervisors. Further trainings will be completed in both small teams and as a large group.

Below is a summary of training on Objectives:

OBJECTIVES/MEASUREMENTS:

Measurable
Observable
Reportable

Objectives identify the focus of treatment. These need to be:

- Baby Steps. These are the incremental changes or short-term goals in the route to reach the destination; they reflect action and change
- Time specific, measurement focused for decreasing/increasing specific cognitions, feelings, behaviors, etc.
- A measureable rating demonstrating how the client is progressing in this area.
- At least one objective should be reviewed and progress documented during a session.

In addition, the document “Treatment statements” is being revised in order to provide examples for each diagnosis to include all of the above components for developing and monitoring an objective that has been developed with the child and parent. Included will be a statement about who is going to be reporting about the progress.

- Over the next 6 weeks, Jem will increase the frequency of positive self-statements to 10 times per week as observed and reported by parent.
- Jem will replace acts of physical aggression related to his anger with appropriate responses as evidenced by a decrease in YOQ # 6 observed and reported by parent.
- Over the next month, Jem will reduce the frequency of angry verbal outburst to 3 times per week, lasting no more than 5 minutes as observed and reported by parent.
- For the next 8 sessions, parent will report a reduction in the frequency of tantrums to 3 times per week, lasting no more than 10 minutes.
- Pt. will decrease the frequency of arguments to 5 per week as reported by self and parent.

FY14 Deficiencies:

None

FY14 Recommendations:

- 1) It is recommended DBH use updated forms for civil commitment of children found on the Division of Substance Abuse and Mental Health's website at the following link:
<http://dsamh.utah.gov/provider-information/civil-commitment/>.

FY14 Division Comments:

- 1) *Family Feedback:* The Utah Family Coalition collected family feedback from 59 families. Families expressed gratitude for the staff of DBH indicating they are compassionate, helpful, and knowledgeable. Multiple families reported that DBH has been helpful for their children and their families. Parents were grateful for the different programs which are provided to their children and families. Along with the positive things discussed by the parents, some concerns were also addressed. DBH leadership participated in the family feedback group in an effort to better understand the concerns of the families that they serve.
- 2) *Mobile Outreach Services Team (MOST):* It is commendable that DBH provides mobile crisis services to the community. The Mobile Outreach Services Team's ability to respond to children, youth and families in their homes at the point of crisis allows for de-escalation of high risk situations in the least restrictive setting. As a result, youth are more frequently able to remain in their home, school and community; and their families are linked to needed services before a tragedy happens. The MOST team has also been successful in finding alternatives to emergency hospital stays for children and youth, while also decreasing the length of stay for those who need hospitalization. This has been accomplished through communicating with families and community agencies to find children the services which allow them to stay in or return to their homes.

The MOST team has added a Family Resource Facilitator (FRF) to act as a liaison between the family and the hospital. The FRF helps to coordinate and advocate for families to improve their input in the discharge process. The FRF is also responsible for linking the family to other community resources and helping them gain better access to services to improve a child's ability to succeed upon discharge.

- 3) *Wraparound*: DBH provides Wraparound to Fidelity as defined by the Utah Family Coalition. The Coalition indicates that the FRFs are an integral part of services at DBH and that FRFs are valued by the families, DBH, and community partners. One grandparent praised the Wraparound process and stated, "The support was overwhelming. We had a true, positive outcome."

The Coalition recommends providing training opportunities for new DBH staff to help them better comprehend a family driven, strengths-based approach, when working with families.

- 4) *Coordination with the Utah State Hospital*: DBH works to provide continued coordination of services even when a youth is temporarily placed outside of their catchment area. This is a standard requirement of all Local Mental Health Authorities, but DBH's efforts are exceptional. DBH works closely with the Utah State Hospital (USH). One example of this was observed in the charts in which weekly coordination between the case manager and the USH was observed. There was also evidence of coordination with the therapists and parents to ensure all parties were active in both the treatment and in discharge planning. This collaboration is also evident during monthly continuity of care meetings at the Utah State Hospital.

Adult Mental Health

The Adult Mental Health team consisted of Jeremy Christensen, Adult Program Administrator, Robert Snarr, Adult Program Manager, Michael Newman, Recovery and Resiliency Peer Program Manager, and LeAnne Huff, Program Manager Adult Mental Health. The review included: record reviews and discussions with clinical supervisors and management teams. Site visits were conducted, including visiting the Davis County Jail, Mental Health Court, Crisis Response Unit (CRU), Journey House, and various housing units. During the manager's discussion, the Adult team reviewed FY13 audit findings and Center responses, the Mental Health Scorecard, area plans, Division Directives and the ten mandated services.

Based on our review, Davis Behavioral Health is fully compliant with the provision of the ten mandated services, but not fully compliant with the Utah State Division Directives.

Follow-up from Fiscal Year 2013 Audit

FY13 Significant Non-compliance Issues:

- 1) DBH reported to DSAMH Outcome Questionnaire (OQ) utilization rates of 39.6% which did not meet the Division Directive required rate of 50% unduplicated client participation. The Center replied with a Response and Corrective Action Plan that resulted in a 3 percent increase, 42.6% for FY13.

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

Findings for Fiscal Year 2014 Audit

FY14 Major Non-compliance Issues:

None

FY14 Significant Non-compliance Issues:

- 1) DBH has steadily increased the amount of OQ administrations from 36.4% in FY11, 39.6% in FY12 and 42.6% in FY13, however the current rate of administration falls short of the Division Directives required 50% unduplicated client participation. DSAMH recognizes and appreciates DBH's efforts in implementing the OQ over the last few years and DSAMH will continue to encourage the Center to reach the required 50% participation rate.

Center's Response and Corrective Action Plan:

OQ Administration:

From July 1, 2014 to December 31, 2014, DBH has an administration rate of 50.4%. In order to continue

to increase the number of administrations among adults, DBH has begun to offer incentives to clients who participate in the OQ process. Each client is allowed one drawing entry per OQ taken. Two winners will be chosen each month. Further, as the clinical team continues to increase the usage of the OQ during sessions it's anticipated that clients won't resist taking the OQ and clinicians will encourage them to take it (many clients have refused to take the OQ).

FY14 Minor Non-compliance Issues:

None

FY14 Deficiencies:

None

FY14 Recommendations:

- 1) *Objectives and Person-Centered Recovery Plan:* During the chart review process, a majority of the treatment plans lacked measurable objectives. According to Division Directives, Person-Centered Planning shall identify objectives that are measurable, short term and relevant to the goal. While there are various methods to create measurable objectives, one possible method is to implement SMART objectives, SMART objectives are:

Specific
Measurable
Attainable
Relevant
Time-based

Also, DBH is consistently identifying strengths during the intake session; however these strengths are not evidenced in the treatment planning process. Identifying clients' strengths through collaboration with the client and utilizing their strengths in the treatment process can help ameliorate barriers and improve treatment outcomes.

DBH leadership expressed planning and focus on improving their electronic medical record to include the capability to have treatment plans and evaluations tied in closer to ongoing documentation; allowing for better integration of plans to current progress which would incorporate strengths and more measurable "living" objectives. DBH reports they plan on implementing this in the next year to include system wide training and monitoring. DSAMH applauds this planning and encourages continued movement in this direction.

FY14 Division Comments:

- 1) *Suicide Prevention:* DBH is making significant efforts to address the problem of suicide and recently drafted a three year plan to implement suicide prevention in their Community health system. They have held two Question, Persuade & Refer (QPR) trainings, Mental Health First Aid (MHFA) training, and have another MHFA scheduled for March 7, 2014. They are currently providing a suicide support group in their community. DBH is supporting a suicide prevention coalition town hall meeting on February 25th, 2014. DSAMH appreciates DBH's efforts in incorporating the Columbian Suicide Severity Rating scale (CSSR-S) into their electronic record with the goal of addressing suicide and suicide risk with all their clients.

- 2) *Access to Services:* DSAMH commends DBH's efforts in improving access to services in their community. DBH has made "same day access" a priority in their behavioral health system. In order to achieve their goal of same day access, DBH has established two separate appointment blocks every day for individuals in crisis or new clients. DBH has also opened the Living Well Clinic providing a variety of behavioral health services to both uninsured and insured individuals.
- 3) *Community Collaboration:* DSAMH recognizes and appreciates DBH's efforts in establishing excellent community partnerships with the Davis County Jail, Davis Hospital, Mental Health Court, and the Bountiful Sheriff's department. These relationships result in improved communication and collaboration in the integrated treatment efforts of clients. DBH has also increased their capacity to see client's with serious mental illness with traditional insurance in their Living Well Clinic, expanding their services to more individuals and allowing for better community integration.
- 4) *Evidence Based Practice (EBP):* DBH has expressed and demonstrated diligent efforts to access training and implement a variety of EBP throughout their system. It is anticipated these effort will result in marked improvement in care and outcomes.
- 5) *Consumer Feedback:* Individuals were interviewed in a group setting at the DBH's Crisis Response Unit, Dual Diagnosis Group, Journey House, and the Youth in Transition group at Journey House. Individuals in recovery responded that they overall felt satisfied with their behavioral health treatment. Many expressed gratitude for their individual clinician. Many felt supported in their employment / volunteering by their case manager, opportunities at the Journey House, and from other DBH entities. Some expressed the difficulty of becoming employed with record of even minor criminal activity. Many also felt supported in their transportation needs between bus tokens, bus passes, independent and staff provided transportation. Many individuals felt supported in their housing as well, but again stated that having even a misdemeanor made this venture very difficult for them.
- 6) *Peer Support Services:* DSAMH commends DBH for the integration of their Peer Support workforce utilizing Certified Peer Support Specialists. DBH has a total of nine employed Certified Peer Support Specialists who work within housing, finance, and group settings. All of the Peer Specialists expressed positivity in their management, work environment, and employment satisfaction. Three out of four groups interviewed had been offered Peer Support Services.
- 7) *Journey House:* DBH has expressed the goal of having Journey House becoming a certified clubhouse with the International Center for Clubhouse Development (ICCD), an effort which DSAMH encourages DBH to continue to pursue. Many individuals at Journey House were pleased with the services they have received. Bringing the clubhouse into full fidelity to ICCD standards will augment opportunities towards education, meaningful employment and recovery. Many of the individuals interviewed felt that Journey House could provide more resources related to education and support around the idea of physical health.

- 8) *Step Forward*: The youth in transition group, Step Forward, was an impressive resource for those in attendance. The need for supports for this age group is continually growing and the group demonstrated a lot of positive skills for youth in a critical time in their life.
- 9) *Supported Housing*: DBH has an ongoing commitment to provide affordable housing and supports to individuals with mental illness and individuals that are chronically homeless. DSAMH recognizes and appreciates DBH's willingness to address the housing needs in Davis County and to address the Prioritization Committee's concerns to the Continuum of Care Grant. DSAMH is pleased to provide additional technical assistance in conjunction with the State Community Services office if requested.

Substance Abuse Prevention

Susannah Burt, Program Manager, conducted the annual prevention review of Davis Behavioral Health on January 28th, 2014. 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 evaluated the data used to establish prevention priorities.

DBH was compliant with all contractual prevention requirements according to Utah Code 17-43-301 and the Division of Substance Abuse and Mental Health Directives.

Follow-up from Fiscal Year 2013 Audit

No findings were issued.

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 review of the Eliminating Alcohol Sales to Youth (EASY) compliance checks in Davis County, there was a decrease from FY12 (159) to FY13 (113).

FY14 Recommendations:

None

FY14 Division Comments:

None

Substance Abuse Treatment

Dave Felt, LCSW, Program Administrator and Becky King, Program Manager, conducted the review of Davis Behavioral Health, which focused on Substance Abuse Treatment (SAPT) Block Grant Compliance, Drug Court Program compliance, clinical practice and compliance with contract requirements. Drug Court was evaluated through staff discussion, clinical records; attendance at the Adult Felony Drug Court, DUI Court Proceedings and Team Meeting. Clinical practices and documentation were evaluated by reviewing client charts and discussing current practices. Adherence to SAPT Block Grant requirements and contract requirements were evaluated by a review of policies and procedures, interviews with clients and a discussion with DBH staff. Treatment schedules, policies, and other documentation were viewed. The Utah Substance Abuse Treatment Outcomes Measures Scorecard results were reviewed with DBH staff. Client satisfaction was measured by reviewing records, Consumer Satisfaction Survey data and results from client interviews.

Follow-up from Fiscal Year 2013 Audit

FY13 Minor Non-compliance Issues:

- 1) The FY12 Utah Substance Abuse Treatment Outcomes Measures Scorecard reflected that DBH's reported abstinence rates for alcohol from admission to discharge did not meet the DSAMH performance standard. DBH achieved an improvement of 19% from admission to discharge, which was below 75% of the National Average of 36.7% on this measure. In FY13, the abstinence rate for alcohol use from admission to discharge improved from 19% to 103.1%, which now meets Division requirements.

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) DBH did not collect a sufficient amount of Youth Satisfaction Survey (Family) surveys to obtain accurate data results. DBH collected a sample rate of 9.4%, which does not meet requirements in the Division Directives, which states that:

“A minimum sample of 10% of the number of annual unduplicated clients served for the prior year is required by all providers.”

FY14 Recommendations:

- 1) *Tobacco Cessation:* Client interviews revealed that there is a general lack of knowledge regarding tobacco cessation and *Recovery Plus* resources that are available to them. DBH needs to improve tobacco cessation education for their clients in groups, individual sessions and through the distribution of *Recovery Plus* pamphlets. On a positive note, DBH is starting to identify tobacco dependence in assessments, which is a good step in this area.
- 2) *Medication Assisted Recovery (MAR):* DBH has made substantial progress with MAR through their collaboration with Midtown Clinic and staff psychiatrists who prescribe Suboxone as needed. DBH should continue providing MAR in their program and move forward in assessing individuals on alcohol and opioids to provide them with MAR options.

FY14 Division Comments:

- 1) *Clinical Charts:* DBH has made excellent improvements in their new electronic health record system (Credible). Progress notes have become more individualized and meaningful, which is reflected in the Women’s Recovery Resource Center and Adolescent Program charts. DBH has also created a new assessment in the American Society of Addiction Medicine (ASAM) format, which was an excellent idea and will assist their transition to a focus on client engagement and person centered treatment plans.
- 2) *Employment and Housing:* Clients reported positive comments regarding DBH staff and how they appreciated efforts that are being made in providing them with housing and employment assistance.
- 3) *Client Engagement:* Traditionally, organizations have focused on generating a complete bio-psychosocial assessment in the first session, which typically takes a few hours to complete. Over the next year, it is recommended that DBH focus more on “engaging” the client in the first session rather than having a “complete” assessment done, which will result in better treatment outcomes.
- 4) *Clinical Supervision:* DBH continues to provide effective clinical supervision, which is reflected through improvements made in the clinical charts and staff performance. Program Managers are involved in all levels of service delivery, which has improved treatment at DBH.
- 5) *Treatment:* DBH has a variety of groups available, which has led to individualized treatment and expanded services for the community.
- 6) *Drug Court Treatment:* DBH has individualized treatment services that are not dictated by the Drug Court levels. Often, treatment programs implement “program driven” services that are based on the Drug Court levels, which interferes with the client’s ability to succeed in treatment. DBH is doing an excellent job in providing treatment services that are strength based and client centered.

Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Davis 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:

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Auditor IV

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