

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



Site Monitoring Report of

Four Corners Community Behavioral Health

Local Authority Contracts #130074 and #130075

Review Dates: September 17th and 18th, 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 Four Corners Community Behavioral Health (also referred to in this report as FCCBH 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 Four Corners Community Behavioral Health on September 17th and 18th, 2013. 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 None	
<i>Adult Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None None	
<i>Substance Abuse Prevention</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None 1	16 - 17
<i>Substance Abuse Treatment</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None 2	19 - 20

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health conducted its annual monitoring review at Four Corners Community Behavioral Health (FCCBH) on September 17th and 18th, 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; FCCBH 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. Client fees were reviewed for consistency and adherence to approved fee schedules. Detailed service, operating and travel expenditures were examined for proper approval and supporting documentation. All selected expenditures were found to be properly approved and were supported with adequate documentation.

The CPA firm Wiggins & Company performed the Center's audit for the fiscal year ending June 30, 2013. The Independent Auditor's Report on Compliance dated September 23, 2013 describes two separate findings. 1. Lack of controls over an off-site location. 2. Two 1099 forms were not issued. The independent auditors gave recommendations for each finding to ensure that policy and proper procedures will be followed. The Center has agreed to each finding and is currently following each recommendation.

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:

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 Four Corners Community Behavioral Health September 17 and 18, 2013. 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 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, Four Corners Community Behavioral Health is compliant with the ten mandated services.

Follow-up from Fiscal Year 2013 Audit

FY13 Minor Non-compliance Issues:

- 1) Data submitted in FY09, FY10, FY11, and FY12 indicates FCCBH has not been providing adequate respite services for children/youth receiving services at FCCBH. Data shows a continued upward trend in the number of respite services provided, with the percentage being in line with the State rural average.

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:

- 1) It is recommended that Safety/Crisis Plans become more individualized and detailed. An effective Safety/Crisis Plan identifies preventive steps that help keep children, youth and their families safe. Plans should also provide families with practical steps to help prevent a situation from becoming a crisis and to de-escalate (and minimize damage) when a crisis does occur. The plan should be developed with family and child/youth guidance, and copies should be provided to the family. Plans should also help families identify formal and informal supports that are willing to help in a crisis.
- 2) It is recommended that FCCBH more fully develop Recovery Plan objectives. Many of the objectives observed were vague, unattainable and/or difficult to measure. Short term, specific and measurable objectives will allow the child/youth to experience success and see their progress as they work towards, and accomplish, their goals. Division Directives state that objectives should be "behavioral changes that are measurable, short-term and tied to the goals".

FY14 Division Comments:

- 1) *Family Feedback & Strengthening Families Group:* Family feedback was provided by 16 families. Multiple parents stated that the staff demonstrated genuine concern and care for their children and they were grateful for the services they received. Parents also indicated FCCBH provides a number of valuable groups, including Strengthening Families, school-based groups, and summer groups.
- 2) *Wraparound:* FCCBH provides Wraparound to fidelity as defined by the Utah Family Coalition. The Family Resource Facilitators (FRFs) are treated as an integral part of the service delivery system and the services provided are important for families and agency partners. The FRFs are able to assist families and to help strengthen their informal and natural supports. It is commendable FCCBH has begun making efforts to incorporate the FRF documentation into the medical record. This will increase the continuity of care for children/youth and between staff providing services for the family.

Adult Mental Health

The Adult Mental Health Team consisted of Rick Hendy, Program Administrator, LeAnne Huff, Program Manager, and Michael Newman, Recovery and Resiliency Peer Program Manager. The site visit included: discussions with clinical supervisors and management teams and record reviews. During this review, records were reviewed from Emery, Carbon and Grand Counties. Visits were conducted in Carbon and Grand County to adult residential/supported housing, psychosocial services at New House and Interact Clubhouses; and adult outpatient services. The team visited with staff at Grand County Jail and focus groups were conducted at New House and Interact Clubhouses to obtain feedback from consumers. During the discussions, the site visit team reviewed the Fiscal Year 2013 Monitoring Report; statistics, including the Mental Health Scorecard; area plans; Outcome Questionnaires; Multi-Agency Coordination Committee; and the Center's provision of the ten mandated services.

Based on our review, the Center is fully compliant with the ten mandated services.

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) *Recovery Plus*: The Division encourages ongoing support to keep a tobacco free environment through continued nicotine cessation classes, individual conversations, and ongoing treatment and community discussions.
- 2) *Peer Support Services*: The Division encourages increased access to Peer Support Services for all consumers.

FY14 Division Comments:

- 1) *Suicide Prevention:* The Division appreciates FCCBH's suicide prevention efforts, including active participation in suicide prevention coalitions, and the organization of the Hope Walk to raise awareness for suicide prevention in Price.
- 2) *Integrated Health:* FCCBH demonstrates strong integration work with local Federally Qualified Health Centers and recently created a collaborative relationship with an Advanced Practice Registered Nurse (APRN) to provide primary care to consumers. In addition FCCBH added a position of an Outreach Specialist Licensed Practical Nurse (LPN) to provide case management, nursing, and medication management to consumers.
- 3) *Crisis Response:* In response to the high number of inpatient hospitalizations in FY12, FCCBH put into place WRAP teams in Emergency Rooms, crisis teams, and case management to provide outreach to consumers which has resulted in significantly reducing inpatient hospitalizations. FCCBH and Crisis Intervention Teams (CIT) have a positive collaborative relationship and the program continues to grow in the region.
- 4) *Crisis Intervention Teams:* CIT training is strongly supported in the region and FCCBH staff continues to provide planning and training support to law enforcement to respond to community needs.
- 5) *Supported Housing:* The Division recognizes and appreciates the efforts made in creating new community based living options for consumers with the planned addition of more apartments next to the Willows, a supported living facility in Moab.
- 6) *Peer Support Services:* New House (Clubhouse) hired Kevin Smith, a peer support specialist to provide support and recovery programming to consumers in Price. Interact in Moab has built positive community relationships that offer a variety of employment options for consumers. The monitoring team met with community partners at the Ad-vertiser/Mailing Center which continues to provide stable employment opportunities.
- 7) *Quality of Environment:* All of the facilities visited in the FCCBH area provided clean, well maintained, and positive environments for consumers. Consumers reported appreciation of services offered, including transportation offered by staff, treatment and recovery options, and positive living environments.

Substance Abuse Prevention

The Division of Substance Abuse and Mental Health, represented by Ben Reaves, Prevention Program Manager, conducted its annual monitoring review of Four Corners Community Behavioral Health prevention services on September 17, 2013. The monitoring site visit 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

FY13 Minor Non-compliance Issues:

- 1) FCCBH is not engaged in the Eliminate Alcohol Sales to Youth (EASY) alcohol compliance checks with local law enforcement for FY12. FCCBH prevention staff has engaged in discussion with local law enforcement, but no plans have evolved to complete the EASY checks.

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

FY13 Deficiencies:

- 1) FCCBH was deficient on entering data into the Minimum Data Set (MDS) data tracking system for FY12. While FCCBH is entering data for all of their counties, some program data was being omitted due to lack of communication and training of staff during transition and turnover. Technical assistance was provided on site.

This deficiency 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) FCCBH was not engaged in the Eliminate Alcohol Sales to Youth (EASY) alcohol compliance checks with local law enforcement for fiscal year FY13. This is a repeat finding from the FY13 report. FCCBH prevention staff has engaged in discussions with local law enforcement and has invited them to EASY training, but no EASY checks have been implemented.

DSAMH Recommends FCCBH continue its efforts to assist local law enforcement in conducting EASY checks throughout their three county area and concentrate efforts on the county or city that is most ready to implement the EASY checks. DSAMH is available for technical assistance as needed.

Center's Response and Corrective Action Plan:

FCCBH prevention staff in each county will maintain a written log of each contact that is had with local law enforcement regarding EASY compliance checks. This log will be presented to the DSAMH Prevention Administrator at the next monitoring site visit in FY 2015. Also, contacts with coalition members and other community members to build public support for the EASY compliance checks will be maintained in writing for presentation at the DSAMH monitoring visit. EASY compliance checks that occur within the three county area will be noted in writing for presentation at the next DSAMH site visit. The goal is that checks happen quarterly in each county and that these are discussed and championed with supportive acknowledgement in each county coalition.

FY13 Deficiencies:

- 1) Synar compliance was reported for Grand County only. Since the last site visit, Grand County has conducted the appropriate amount of Synar checks. For the Dec 28, 2012 check, 16 retail stores were checked, and two of them sold tobacco products to youth, a 12% non-compliance rate. For a June 20, 2013 check, 18 retail stores were checked and two of them sold tobacco products to youth, for a 11% non-compliance rate.

Recommendation:

FCCBH must report FY13 Synar data for Emery and Carbon Counties. They must also re-assess programs intended for tobacco use reduction and collaboration with the local health department to reduce tobacco sales through Synar compliance checks for all three counties.

FY13 Recommendations:

None

FY13 Division Comments:

None

Substance Abuse Treatment

Dave Felt, Program Administrator and Becky King, Program Manager conducted the monitoring review which focused on: Substance Abuse Treatment (SAPT) block grant compliance, compliance with Division Directives and contracts, drug court program compliance, consumer satisfaction and clinical practices. Compliance with SAPT block grant, the Drug Court program and contract requirements were evaluated by a review of policies and procedures, interviews with program managers and client chart audits. Consumer satisfaction and compliance with Division Directives were evaluated using the Division Outcomes Scorecard, the Consumer Satisfaction scorecard and through face to face interviews with a group of clients.

Follow-up from Fiscal Year 2013 Audit

FY13 Minor Non-Compliance Issues:

- 1) Data from the Utah Substance Abuse Treatment Outcomes Scorecard showed that:
 - In FY12, FCCBH's rate of increase in employment from admission to discharge decreased from 7.3% to 5.1%, which was below 75% of the National average. However, in FY13, employment increased to 16.7%, which now meets National standards.
 - In FY12, FCCBH's retention of clients in treatment for 60 or more days decreased from 50.6% in FY10 to 49.0% in FY11. It decreased again in FY12 to 47.5%. In FY13, the retention rate increased to 52.2%, which now meets the requirements in the Division Directives.

This finding has been resolved

FY13 Deficiencies:

- 1) Data from the Utah Substance Abuse Treatment Outcomes Scorecard showed that:
 - In FY12, FCCBH's rate of increase in abstinence from drugs from admission to discharge was 26.6%, which was below 75% of the National average of 44.9%. In FY13, the rate of abstinence from drugs from admission to discharge increased to 85.8%, which is significantly above the National average.
 - In FY12, FCCBH's decrease in criminal involvement from admission to discharge decreased from 63.8% to 22.8%, which was below 75% of the National average of 50.4%. In FY13, the decrease of criminal involvement from admission to discharge increased to 76.4%, which now exceeds National standards.

This deficiency has been resolved

- 2) Clinical records fail to reflect the work that FCCBH is doing. Clinical documentation continues to vary significantly from therapist to therapist, with some records doing an excellent job of reflecting client progress and work, and others reflecting little clinical thought or effort.

This deficiency has not been resolved and is continued in FY14 as a finding; see Minor Non-compliance Issue #2.

Findings for Fiscal Year 2014 Audit:

FY14 Major Non-compliance issues:

None

FY14 Significant Non-compliance issues:

None

FY14 Minor Non-compliance issues:

- 1) FCCBH is not reporting the number of clients using Social Support Recovery, as required by Division Directives.

Recommendation:

Begin collecting and reporting the number of clients using Social Support Recovery at admission and discharge immediately.

Center's Response and Corrective Action Plan:

The reporting on Social Support Recovery will be improved with the roll-out of the Credible EMR planned for the 2014 calendar year. Until that time the reporting will be improved by an additional pull-down option on the discharge summary form in the present EMR. This pull-down option will enable a therapist to indicate whether a client discharging from formal services is using some method of informal social support 1) 1 to 3 times in the past month, 2) 4-7 times in the past month, 3) 5-18 times in the past month, 4) 16-30 times in the past month, 5) no attendance in the past month. These pull-down options are the same pick list as are offered at intake on the therapist completed clinical profile. As this pick option is made available to clinical staff immediately (first week of November, 2013) training in its use and intention will be delivered at each of the three clinic offices.

- 2) Clinical documentation continues to vary significantly from therapist to therapist, with some records doing an excellent job of reflecting client progress and work, and others reflecting little clinical thought or effort (Case #'s: [REDACTED])

Recommendation:

- Clinical documentation would benefit from increased emphasis on clinical supervision. Continued staff training and improvement in clinical supervision is recommended.
- FCCBH should consult with other agencies already using their proposed electronic health record and work to simplify documentation requirements to assist clinicians in documenting effectively and accurately.

Center's Response and Corrective Action Plan:

FCCBH will increase emphasis on clinical supervision in FY 2014 by convening a mandatory supervisor summit January 22, 2014 and developing a sustainable supervision of supervisors' protocol. The planned agenda for this summit is attached. As part of the roll out of the planned Credible EMR in calendar year 2014, additional clinical training will be provided on assessment, treatment planning and notation of progress toward objectives. The process of integrating these formerly disparate clinical functions in the new EMR will provide opportunity for additional training in client-centered/collaborative documentation. This opportunity will be taken to refresh staff on the principle of the document as shadow of the golden thread that connects assessment, treatment and discharge planning and acknowledgement of progress toward measurable objectives.

FCCBH Supervisors' Summit

Jan 22, 2014

Price Administration Conference Room

Rick Donham, Clinical Director

9AM: Welcome, Introductions, sign-in

9:15A: Shared Issues in Supervision

The working alliance

The power differential

Parallel process & isomorphism

Cultural/gender issues

10AM: Motivational Interviewing in Supervision Refresher

11AM: Supervision Standards

Job autonomy

Procedural & Distributive Justice

Utah Guidelines/FCCBH Policy & Procedure

12:30-1PM: lunch and networking-to be provided

1PM: Sustaining Supervision of Supervision Going Forward

2PM: Supervision Decisions

Observation

Clinician development

Influence strategies

3PM: Fin

FY14 Deficiencies:

- 1) Data from the Utah Substance Abuse Treatment Outcomes Scorecard shows that in FY13, the percentage of clients that completed a treatment episode successfully decreased from 34.7% to 31.3%, which does not meet Division Directive requirements:

The Division Directives state that Local Substance Abuse Authorities will meet or exceed their FY12 Successful Treatment Episode Completion rate in FY13 and will work towards

achieving a goal of 60%. Local Substance Abuse Authorities who's FY12 completion rate was over 60% are required to meet or exceed a 60% completion rate in FY13.

Successful Treatment Episode Completion is defined as a successful completion of an episode of treatment without a readmission within 30 days. An episode of treatment is defined in the Treatment Episode Data Set.

Recommendation:

- Check the data for accuracy. If necessary, develop a plan to improve the rate of clients successfully completing treatment.
 - FCCBH outcomes should meet the Division Directive standard for FY14.
- 2) FCCBH has not placed an emphasis on the Recovery Plus Program/Tobacco Cessation.
- a. The clients interviewed this year (*and last year*) reported that they were not aware of "Recovery Plus" or received assistance with tobacco cessation.
 - b. Other than the signs provided by the Division, There were no signs, posters or pamphlets on "Recovery Plus" or tobacco cessation in the front lobby of the Administration building or Substance Abuse Treatment Center in Price.
 - c. None of the group schedules for FCCBH's three locations listed tobacco cessation classes for their substance use disorder (SUD) population.
 - d. While some documentation of the client's use of tobacco was evident in initial assessments, and one group member "vaguely" remembered a woman talking about the benefits of quitting tobacco, there was no evidence of a systemic approach to addressing tobacco use in treatment plans or as topics in either individual or group discussions.

Recommendation:

- Increase the emphasis of the Recovery Plus Program/Tobacco Cessation in SUD services, especially in the Price office and administrative areas.
 - This emphasis could include: (1) widely distributing resources on tobacco cessation by placing posters and pamphlets in the front lobby of all treatment/administration buildings at FCCBH. (2) Identifying tobacco use in the first assessment and providing the client with tobacco cessation resources; (3) discussing tobacco cessation in therapy and group sessions; (4) hold ongoing tobacco cessation educational classes.
 - This should be completed by the FY15 site visit.
- 3) FCCBH is not closing cases appropriately. They have 6.4% of "old open admissions", which is above the required amount according to Division Directives:

Old open admissions should account for less than 4% of clients served for a given fiscal year for non-methadone Outpatient and/or IOP and any residential and/or detox.

Recommendation:

- Establish a system to routinely evaluate open admissions that are over two years old. Technical assistance is always available from DSAMH.
- This should be completed by the FY15 site visit.

- 4) FCCBH is not reporting Tobacco use at discharge which makes it impossible to determine the effectiveness of their Recovery Plus Policy.

Recommendation:

- Begin collecting and reporting Tobacco Use at discharge immediately.
- Use the data to focus agency efforts on reducing tobacco use and improving client health.

FY14 Recommendations:

None

FY14 Division Comments:

- 1) *Individualized Treatment:* While FCCBH continues to provide innovative treatment programming with its individualized group scheduling, they are hindered by their agency policy that requires one week to be added to the client's program every time they miss a class. This policy is contradictory to individualized treatment.
- 2) *Electronic Health Records:* FCCBH has made improvements to their electronic health record to facilitate outcome data reporting. For example, they significantly improved their outcome for decreased criminal justice involvement and increased abstinence from drug use from admission to discharge. FCCBH is also planning to move their electronic health record to "Credible," which will provide them with a great opportunity to improve their clinical charting.
- 3) *Client feedback:* Clients reported that they felt supported in their recovery efforts and that staff members were knowledgeable, caring and flexible.
- 4) *Housing and Employment:* FCCBH has increased efforts in developing housing and employment support for their clients. This support has improved treatment and recovery outcomes.
- 5) *Adolescent Treatment:* FCCBH has increased family involvement in the adolescent program, which has improved treatment outcomes and recovery support.

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 _____ Date _____
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