



Site Monitoring Report of

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

Local Authority Contract #130023

Review Dates: December 7th, 8th & 9th, 2015

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Section One: Site Monitoring Report

Executive Summary

In accordance with Utah Code Section 62A-15-103, the Division of Substance Abuse and Mental Health (also referred to in this report as DSAMH or the Division) conducted a review of Cache County (District 1 Mental Health Authority – Bear River Mental Health) (also referred to in this report as BRMH or the Center) on December 7th, 8th & 9th, 2015. The focus of the review was on governance and oversight, fiscal management, pediatric and adult mental health services, and general operations.

The nature of this examination was to evaluate the Center's compliance with: State policies and procedures incorporated through the contracting process; State mandated mental health services; and Preferred Practice Guidelines. During the examination, the review teams evaluated: the reliability and integrity of the Center's data and its compliance with established programmatic and operational objectives. Additionally, the review included an examination, through sampling, of the Center's efficient and appropriate use of financial resources.

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

Summary of Findings

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

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review at Cache County (District 1 Mental Health Authority – Bear River Mental Health) (BRMH). The Governance and Fiscal Oversight section of the review was conducted on December 7th, 2015 by Chad Carter, Auditor IV. Overall cost per client data was analyzed and compared to the statewide Local Authority average. Personnel and subcontractor files were examined for compliance with state licensing laws and adherence to contractual requirements, as well as the Center’s own policy. Client fees were reviewed for consistency and adherence to approved fee schedules. Executive travel reimbursements were reviewed to ensure they were appropriate and that no personal benefit had been gained. Detailed service and operating expenditures were examined for proper approval and supporting documentation.

The CPA firm Davis & Bott completed an independent audit of BRMH for the year ending June 30, 2015 and issued a report dated October 20th, 2015; the auditors’ opinion was unqualified and did not report any deficiencies or findings. As a part of the review, they also examined specific items at the Division’s request, including executive travel, personnel and allowability of costs reported. In the auditor’s opinion, these items are accurately presented and no findings or issues were discovered.

Follow-up from Fiscal Year 2015 Audit:

FY15 Minor Non-compliance Issues:

- 1) Several issues were found while reviewing the subcontractor files. One file contained insurance documentation that had expired in March of 2013. One subcontractor file showed that the last monitoring date was in February of 2012. The DSAMH Local Authority Contract requires that these items are updated or completed annually. Another file had a current contract which was signed by the subcontractor, but was never signed by BRMH.

This finding has been resolved.

Findings for Fiscal Year 2016 Audit:

FY16 Major Non-compliance Issues:

None

FY16 Significant Non-compliance Issues:

None

FY16 Minor Non-compliance Issues:

None

FY16 Deficiencies:

None

FY16 Recommendations:

None

FY16 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 Bear River Mental Health December 7th and 8th, 2015. The monitoring team consisted of Dinah Weldon, Program Administrator; Eric Tadehara, Program Manager; and Lori Cerar, Allies with Families (Utah Family Coalition). The review included the following areas: record reviews, discussions with clinical supervisors and management, program visits, and feedback from families through questionnaires. During the visit, the monitoring team reviewed the Fiscal Year 2015 audit; 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; juvenile civil commitment; compliance with Division Directives; and the Center's provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 2015 Audit

No findings were issued in FY15.

Findings for Fiscal Year 2016 Audit

FY16 Major Non-compliance Issues:

None

FY16 Significant Non-compliance Issues:

None

FY16 Minor Non-compliance Issues:

None

FY16 Deficiencies:

- 1) *Juvenile Civil Commitment:* BRMH is missing Notice of Proceeding forms and is using juvenile civil commitment forms from 2007. To be in compliance with Utah Code Annotate 62A-15-703, BRMH should begin using the following two forms: (1) Petition for Commitment of Physical Custody of Child to the Local Mental Health Authority, (2) Notice of Proceeding of Child for Commitment of Physical Custody to the Local Mental Health Authority. BRMH also needs to use the current Juvenile Civil Commitment forms, which have been updated in 2012 and 2015, and are available on the DSAMH website, <http://dsamh.utah.gov/provider-information/civil-commitment/>.

FY16 Recommendations:

- 1) *Youth Outcome Questionnaires:* BRMH is not administering the Youth Outcome Questionnaire (YOQ) at the frequency required by DSAMH. The Division Directives state

“DSAMH will require that the OQ/YOQ be given to patients and consumers at intake, every thirty days or every visit (whichever is less frequent), and at discharge/discontinuation (inpatient stays for community mental health are exempt).” In four out of nine charts reviewed, the YOQ was administered at a lower frequency.

- 2) *Peer Support Documentation:* During FY15, data reported from the Electronic Medical Record (EMR) to the Substance Abuse and Mental Health Information System (SAMHIS) shows six individuals/families received Peer Support services, while the Family Resource Facilitators (FRF) recorded 38 individuals/families who received services in the FRF database. It is recommended that BRMH record more Peer Support services in the EMR provided by FRFs which would give staff access to valuable information from the FRF forms.

FY16 Division Comments:

- 1) *Co-Occurring Mental Health and Intellectual Disability Training:* BRMH has improved their ability to work with children and youth who have co-occurring mental health and intellectual disabilities. BRMH has trained with Chrysalis to help with collaborative efforts. BRMH has also sent a therapist to a training sponsored by the National Association for the Dually Diagnosed (NADD) for more specialized training for treating co-occurring issues.
- 2) *Grandfamilies/NAMI:* BRMH provides building space for Grandfamilies and NAMI which allows both agencies to hold parenting and family groups. The shared space helps families who are served by BRMH and the partnering agencies by allowing groups and individual therapy to be held in one location.
- 3) *Family Feedback:* Family feedback was gathered from nine families who completed the Utah Family Coalition (UFC) Questionnaire. Families said the BRMH staff are “friendly and caring” and have “patience and willingness to do whatever is necessary.” Families also reported an appreciation for the classes held at BRMH from Grandfamilies and NAMI.
- 4) *Wraparound:* BRMH is providing Wraparound to Fidelity as defined by the UFC. BRMH is supportive of the Family Resource Facilitator (FRF) program. Administration has introduced the FRF to the local interagency councils and partnering agencies which has increased exposure to the program.

Adult Mental Health

The Division of Substance Abuse and Mental Health Adult Monitoring Team conducted its annual monitoring review at Bear River Mental Health on December 8th and 9th, 2015. The monitoring team consisted of Pam Bennett, Program Administrator. The review included the following areas: record reviews, and discussions with clinical supervisors and management teams. During this monitoring visit, charts were reviewed from Cache and Box Elder Counties. Visits were conducted to the Cache County Jail, Bear River House, adult residential/supported housing, and outpatient services. A client focus group was held at the Recovery Program in Logan. During the discussions, the team reviewed the FY2015 monitoring report; statistics, including the mental health scorecard; area plans; outcome questionnaires the Division Directives, and the Center's provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 2015 Audit

No findings were issued in FY15.

Findings for Fiscal Year 2016 Audit

FY16 Major Non-compliance Issues:

None

FY16 Significant Non-compliance Issues:

None

FY16 Minor Non-compliance Issues:

None

FY15 Deficiencies:

- 1) *Adult Peer Support Services (PSS):* Peer Support Services have been recognized as an evidence-based practice by the Centers for Medicare and Medicaid Services (CMS) since 2007. DSAMH continues to encourage BRMH to expand the use of their Adult Peer Support Services in Tremonton (which remains at 3-4 hours a week), as was recommended in FY15. The recent addition of a Peer Support Specialist in Logan is acknowledged and appreciated.

FY15 Recommendations:

- 2) *Documentation:* Division Directives state that the objectives should be “behavioral changes that are measurable, short-term and tied to the goals.” By creating objectives which are measurable and achievable, the progress may be easier to track for individuals and clinicians. Five of seven charts reviewed did not include measurable objectives (ie. “decrease symptoms”, “work on skills”) or used change in OQ as an objective without regular OQ administration.

FY15 Division Comments:

- 1) *Suicide Prevention:* DSAMH commends efforts BRMH has made to expand their suicide prevention efforts across their catchment area, including representation on all suicide prevention coalitions across the catchment area.
- 2) *Mental Health Court:* DSAMH commends BRMH's ongoing efforts to partner with the Mental Health Court programs. With the expansion of First District Mental Health Court to Box Elder County, BRMH is now involved with two adult and two juvenile Mental Health Courts.
- 3) *Community Relationships:* BRMH has made significant efforts to build community relationships by inviting outside organizations to present during staff meetings, semiannual brown bag presentations for community therapists and hosting NAMI groups.
- 4) *Program Participant Feedback:* Individuals in recovery interviewed by Pam Bennett, Program Administrator, gave positive feedback regarding their experiences with BRMH – “I’m working with my therapist”, “I’ve made a lot of friends” and “I feel really safe here”. Individuals stated that staff were responsive to their suggestions, including expanding the Day Program curriculum when it was requested. Participant feedback around physical health programs like Wellness groups and gym memberships also continued to be positive.

Section Two: Report Information

Background

Utah Code Section 62A-15-103 outlines duties of the Division of Substance Abuse and Mental Health. Paragraph (2)(c) states that the Division shall:

- Consult and coordinate with local substance abuse authorities and local mental health authorities regarding programs and services,
- Provide consultation and other assistance to public and private agencies and groups working on substance abuse and mental health issues,
- Receive, distribute, and provide direction over public funds for substance abuse and mental health services,
- Monitor and evaluate programs provided by local substance abuse authorities and mental health authorities,
- Examine expenditures of any local, state and federal funds,
- Monitor the expenditure of public funds by local substance abuse authorities and mental health authorities,
- Contract with local substance abuse authorities and mental health authorities to provide a continuum of services in accordance with division policy, contract provisions, and the local plan,
- Assure that these requirements are met and applied uniformly by local substance abuse authorities and mental health authorities across the state,
- Conduct an annual program audit and review of each local substance abuse authority and mental health authority in the state and its contract provider in a review and determination that public funds allocated to by local substance abuse authorities and mental health authorities are consistent with services rendered and outcomes reported by them or their contract providers,
- Each local substance abuse authority and each mental health authority is exercising sufficient oversight and control over public funds allocated for substance abuse and mental health programs and services, and
- Other items determined by the division to be necessary and appropriate.

Non-Compliance Issues, Action Plans and Timelines

This report is organized into individual sections, in which inadequacies will be identified and discussed. Inadequacies are assigned a level of severity based on the combined judgment of the monitoring team. In order to fully understand the degree of severity, a short discussion of the inadequacy levels follows.

A **major non-compliance issue** is non-compliance in contract requirements which affect the imminent health, safety, or well being of individuals. In cases of non-compliance at this level, a written corrective action plan must be completed by the Local Authority immediately and compliance must be achieved within 24 hours or less.

It should be noted that in extreme cases where, in the professional opinion of the monitoring team, an elevated threat of imminent health, safety, or well being of individuals exists, contract payments may be suspended indefinitely.

A **significant non-compliance issue** is either 1) non-compliance with contract requirements that do not pose an imminent danger to clients but that result in inadequate treatment or care that jeopardizes the well being of individuals; OR 2) non-compliance in required training, paperwork, and/or documentation that are so severe or pervasive as to jeopardize the effectiveness of services and continued contract funding. This type of finding will also require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 10 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 30 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **minor non-compliance issue** results when the reviewers identify a performance inadequacy that is relatively small in scope and does not impact client well being or jeopardize funding. This type of finding will require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 15 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 60 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **deficiency** results when the contractor is not in full compliance, but the deficiency discovered is not severe enough to 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.

Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Cache County (District 1 Mental Health Authority – Bear River Mental Health) and for the professional manner in which they participated in this review.

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

The Division of Substance Abuse and Mental Health

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