



Site Monitoring Report of

Bear River Health Department  
Local Substance Abuse Authority

Local Authority Contract #122435

Review Date: December 8<sup>th</sup>, 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 Bear River Health Department (also referred to in this report as BRHD or the Center) on December 8<sup>th</sup> 2015. 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 Center'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 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

| <b>Programs Reviewed</b>                 | <b>Level of Non-Compliance Issues</b>                                      | <b>Number of Findings</b> | <b>Page(s)</b> |
|------------------------------------------|----------------------------------------------------------------------------|---------------------------|----------------|
| <i><b>Governance and Oversight</b></i>   | Major Non-Compliance<br>Significant Non-Compliance<br>Minor Non-Compliance | None<br>None<br>1         | 7              |
| <i><b>Substance Abuse Prevention</b></i> | Major Non-Compliance<br>Significant Non-Compliance<br>Minor Non-Compliance | None<br>None<br>None      |                |
| <i><b>Substance Abuse Treatment</b></i>  | Major Non-Compliance<br>Significant Non-Compliance<br>Minor Non-Compliance | None<br>None<br>1         | 11             |

## **Governance and Fiscal Oversight**

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review at Bear River Health Department (BRHD). The Governance and Fiscal Oversight section of the review was conducted on December 8<sup>th</sup>, 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 Jones & Simkins P.C. performed an independent financial statement audit of Bear River Health Department for the year ending December 31<sup>st</sup>, 2014. The Independent Auditors' Report issued on May 11<sup>th</sup>, 2015 stated that there were no findings or deficiencies identified during the audit and issued an unqualified opinion.

### **Follow-up from Fiscal Year 2015 Audit:**

#### **FY15 Minor Non-compliance Issues:**

- 1) One of the reviewed subcontractor files included an insurance certificate that expired in 2013. This issue has been a repeat finding for three years.

All subcontractor files reviewed contained current insurance certificates and other necessary documentation.

**This issue has not been resolved and is continued in FY16; see Minor Non-compliance Issue #1.**

- 2) BRHD's client cost for Substance Abuse Treatment has increased more than 25% from the previous year. DSAMH Division Directives state, "The Local Authority shall meet an overall client cost within fifty (50) percent of the statewide Local Authority overall average cost per client and with-in twenty-five (25) percent of their previous year actual cost per client."

**This issue 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:**

- 1) During a review of expenditures, six payments were found to Comprehensive Treatment Clinic. Some of the invoices stated that the service provided was for individual psychotherapy. BRHD does not have a current contract in place with this provider. The DSAMH Local Authority contract requires that a written agreement and documentation of insurance is obtained before any public funds are disbursed for the provision of services or programs. It was noted during the review that all other subcontractor files reviewed during the site visit were in order and included all required documentation.

**Center's Response and Corrective Action Plan:**

A contract between BRHD-SA and Comprehensive Treatment Clinic has been drawn up and will be signed within a month or before further services are coordinated, whichever comes first.

**FY16 Deficiencies:**

None

**FY16 Recommendations:**

None

**FY16 Division Comments:**

None

## **Substance Abuse Prevention**

Susannah Burt, Program Manager, conducted the annual prevention review of Bear River Health Department on December 8<sup>th</sup>, 2015. The reviews focused on the requirements found in State and Federal law, Division Directives and contracts. In addition, the reviews evaluated the services described in the annual prevention area plan and evaluated the data used to establish prevention priorities.

### **Follow-up from Fiscal Year 2015 Audit**

#### **FY15 Minor Non-compliance Issues:**

- 1) There was a decrease in the number of Eliminating Alcohol Sales to Youth in the LSAA. A total of 110 Eliminating Alcohol Sales to Youth (EASY) compliance checks were reported by BRHD.

BRHD reported an increase in the number of EASY compliance checks from 110 to 133.

**This issue 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:**

- 1) It is recommended that BRHD reach out and engage the Logan Police Department (LPD) in the Northern Utah Substance Abuse Prevention Team (NUSAPT). The Logan Police Department has supported prevention efforts in the past, but they haven't been an active member of the NUSAPT. This will allow the LPD to see how they have positively impacted Cache County with prevention.
- 2) It is recommended that BRHD post their Strategic Plan and Needs Assessment publicly.
- 3) It is recommended that BRHD increase fidelity monitoring of strategies.

- 4) It is recommended that BRHD share the annual report of their strategies with the local coalitions. This is to show the members how the strategies selected and implemented are impacting their communities.

**FY16 Division Comments:**

- 1) Logan Police Department reached out to BRHD to share their Beer Tax dollars. This allowed for an oversampling of the Student Health and Risk Prevention (SHARP) survey as well as provide additional Lifeskills Training classes in Logan.
- 2) BRHD reports that they offer a Minor in Possession class twice a month and Utah State University offers one a month. The two agencies work together to refer participants to each other to minimize the wait for those in need of the class.
- 3) BRHD reported an increase in the number of Eliminating Alcohol Sales to Youth (EASY) compliance checks from FY14. In addition to the increase in overall checks, BRHD ensured that at least one of the compliance checks was in Rich County.
- 4) Ninety-three percent (93%) of the strategies offered by BRHD are considered evidence based strategies. DSAMH has set a goal of 80% for FY15.

## **Substance Abuse Treatment**

Becky King, Program Administrator, conducted the Substance Use Disorders Treatment review for Bear River Health Department on December 8<sup>th</sup>, 2015. 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, guidelines and discussions with staff members. Consumer satisfaction was evaluated through interviews with clients in services 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 2015 Audit**

#### **FY15 Significant Non-compliance issues:**

- 1) BRHD did not submit a sufficient amount of Family Satisfaction surveys to measure customer satisfaction. BRHD submitted surveys for 4.8% of the clients sampled. The Division Standard for FY14 was 10%, which was a repeat finding. Although this was not carried as a finding in FY14 due to technical issues, it needed to be resolved by FY15. In FY15, the percent of Family Satisfaction surveys that were collected increased to 15.4%, which now meets Division Directives.

**This issue has been resolved.**

#### **FY15 Minor Non-compliance issues:**

- 1) BHRD's percentage of open cases (4.3%) exceeds the Division Standard of 4.0%. In FY15, the percentage of open cases decreased to 1%, which now meets Division Directives.

**This issue has been resolved.**

#### **FY15 Deficiencies:**

- 1) The FY14 Treatment Outcome Measures Scorecard reflects that BRHD's tobacco use at admission and discharge showed an increase from 61.0% to 61.8%. While this was a small increase, the Division Directives stated that the standard is a decrease in tobacco use from admission to discharge. In FY15, tobacco use from admission to discharge decreased by 10.2%, which now meets Division Directives.

**This issue 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:**

1) Data from the FY15 Outcomes Measures Scorecard and Consumer Satisfaction Survey reflects the following:

- The percent of clients completing a treatment episode successfully decreased from 56.4% to 51.5% from FY14 to FY15 respectively.

*Local Substance Abuse Authorities will meet or exceed their FY2014 Successful Treatment Episode Completion rates in FY 2015 and will work towards achieving a goal of 60%. Local Substance Abuse Authorities whose FY 2014 completion rate was over 60% are required to meet or exceed a 60% completion rate in FY2015. 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 as defined in the Treatment Episode Data Set*

- Family (youth) surveys show that 67% of the families are receiving culturally sensitive services, which is less than 75% of the national average.
- Family (youth) surveys show that 33% of the families are involved in the treatment planning process, which is less than 75% of the national average.

*Providers who receive less than 75% of the established target for the outcome domains may receive a finding in the audit report.*

**Center’s Response and Corrective Action Plan:**

Regarding the decrease in successful discharges, we believe there are two contributing factors: The first being the focus this past year to discharge old admissions left in the system before and during the change in EHS systems. The majority of old admissions have been discharged and we will continue to monitor to ensure discharges are done within required timeframes, increasing accuracy. The second is the number of clients that have completed treatment, but may have a balance owing and so are discharged as not complete. In these cases, when the client pays the balance at a later date, the discharge does not reflect the completion. We will train staff again in our business staff meeting regarding accurately discharging clients that have completed treatment.

In the two issues surrounding family (youth) surveys, we will start at intake by talking with the client and his/her parents about both cultural needs and treatment planning. Our goal will be to create an open dialog at the onset of treatment that can be continued throughout. In our next business staff meeting, we will train staff on appropriate approaches and follow up on these two issues and continuing focus on family involvement and cultural sensitivity.

**FY16 Deficiencies:**

None

**FY16 Recommendations:**

- 1) *Tobacco Cessation:* During the group interview, most clients stated that they were unaware of the Recovery Plus Program or that Tobacco Cessation classes were being offered by the Bear River Health Department. It is recommended that BRHD increase efforts to educate clients regarding the Recovery Plus program and Tobacco Cessation classes through the following measures: (1) increasing the number of Recovery Plus posters in the front lobby and staff offices; (2) distributing pamphlets regarding tobacco cessation classes to clients in the front lobby, at intake, individual and group sessions.

**FY16 Division Comments:**

- 1) *Integration and Co-Occurring Services:* Over the past year, BRHD and Bear River Mental Health (BRMH) have increased collaboration and integration efforts, which have improved services in the community. In addition, BRHD has started serving more individuals with co-occurring substance use disorder and mental health issues, which has increased services in their local area.
- 2) *Drug Court and DORA:* Over the past year, BRHD has worked with Drug Court and DORA Team Members to develop and implement their sanctioning matrices. In addition, case management staff have created a seamless transition from jail to treatment and community resources by meeting clients in the jail and connecting them directly to these support systems.
- 3) *Drug Testing Hours:* BRHD increased their drug testing hours over the past year by including evening and weekend times, which has improved access to drug testing services.
- 4) *Youth Treatment:* BRHD continues to work on increasing youth referrals to their program through the use of interns from Utah State University to educate the youth and promote referrals to BRHD through the Juvenile Justice Observation and Assessment Program. In addition, BRHD is working on other methods increasing youth referrals to their program.
- 5) *Direct Access Testing:* BRHD does not have a waiting list and is able to see new clients within a week or less. Pregnant women and other high risk individuals are seen immediately.

## **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 Bear River Health Department 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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