



Site Monitoring Report of

Davis Behavioral Health

Local Authority Contracts #122434 and #122387

Review Dates: February 9<sup>th</sup> & 10<sup>th</sup>, 2016

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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 Davis Behavioral Health (also referred to in this report as DBH or the Center) on February 9<sup>th</sup> & 10<sup>th</sup> 2016. 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

<b>Programs Reviewed</b>	<b>Level of Non-Compliance Issues</b>	<b>Number of Findings</b>	<b>Page(s)</b>
<i>Governance and Oversight</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None None	
<i>Child, Youth &amp; 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 None	
<i>Substance Abuse Treatment</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None 5	16 - 18

## **Governance and Fiscal Oversight**

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review at Davis Behavioral Health (DBH). The Governance and Fiscal Oversight section of the review was conducted on February 9<sup>th</sup>, 2016 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 Litz & Company performed the Center's financial statement audit for the year ending June 30<sup>th</sup>, 2015. The Independent Auditor's Report dated November 18<sup>th</sup>, 2014 issued an unqualified opinion, there were no findings or deficiencies.

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

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

- 1) Reimbursement to executive officer found to be in need of additional documentation and approval.

**This issue has been resolved.**

#### **FY15 Deficiencies:**

- 1) Samples of client fees were reviewed to test the Center's adherence to the approved sliding fee schedule submitted with the area plan. One instance was found of a client being over-charged for client fees.

**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:**

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 Davis Behavioral Health on February 9<sup>th</sup> & 10<sup>th</sup>, 2016. 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. During the visit, the monitoring team reviewed Fiscal Year 2015 audit findings and center 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.

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

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

- 1) *Juvenile Civil Commitment:* It is recommended that DBH strengthen their Juvenile Civil commitment tracking process to ensure that statutory requirements are met.

**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:**

None

#### **FY16 Division Comments:**

- 1) *Family Feedback:* The Utah Family Coalition (UFC) collected feedback from 37 questionnaires. Families and caregivers reported that staff at DBH care about them and their

children. Families appreciate the many services available through DBH, including Doodle Bugs, skills groups, school-based services, and individual and family therapy. 34 of the 37 families reported being included in their child’s treatment planning. Overall, families reported that DBH is a positive environment that provides useful services to children, youth, and families. The UFC recommends looking at providing services in the Bountiful area, as multiple families reported concerns with closer locations of service.

- 2) *Wraparound*: DBH provides Wraparound to fidelity as defined by the UFC. The UFC indicates that the Family Resource Facilitators (FRFs) are an integral part of the services provided at DBH. One family stated “our FRF has really made a difference. She has helped us communicate; she helped me feel like I can do this. The team is there to help us and my daughter. Without our Wraparound team, I am afraid my daughter would be stuck in the system with no hope.” The UFC reports an appreciation for the great efforts for families who do not have Medicaid and for the collaboration with community partners.
- 3) *Partnership with Juvenile Court*: DBH is partnering with the Second District Juvenile Court in Davis County and provides a FRF to assist families who are involved in the court system. The FRF works collaboratively with the youth, their families, Juvenile Court, Juvenile Probation, DBH, and others to ensure families are provided with the necessary services and resources to help them succeed. The FRF attends staffings and the court hearings with the youth and their families and is “on their team” throughout the process. One Juvenile Court staff member stated, “the FRF is one of the most valuable resources we’ve received.”
- 4) *Community Resource and Service Provider*: DBH continues to increase access to mental health services throughout the community. From FY10 through FY15, DBH has continually increased the number of children and youth receiving services, as illustrated below:

Fiscal Year	FY10	FY11	FY12	FY13	FY14	FY15
Number of Children/Youth Served	1,253	1,290	1,446	1,510	1,689	1,933

- 5) *Opioid Community Collaborative*: DBH is partnering with Intermountain Healthcare (IHC) to provide treatment for women who are misusing prescription opioids. The program consists of medication assisted treatment with therapy services, mindfulness based stress reduction, and other recovery supports. Presently, the program is serving 34 women, including 32 who have children and 3 who are pregnant. By helping mothers become sober, these services will have a positive impact on the entire family unit.

## **Adult Mental Health**

The Division of Substance Abuse and Mental Health and Adult Mental Health team conducted its annual monitoring review at Davis Behavioral Health on February 9<sup>th</sup> and 10<sup>th</sup>, 2016. The monitoring team consisted of Pam Bennett, Program Administrator, Robert Snarr, Program Administrator, and Cami Roundy, Peer Support and Resiliency Program Manager. The review included: record reviews, discussions with clinical supervisors and management teams. During this monitoring visit, site visits were conducted at Clearfield Outreach; Davis County Jail; Journey House, and Davis Behavioral Health Administrative Offices. During the discussions, the team reviewed the FY15 audit; statistics, including the Mental Health Scorecard; area plans; Outcome Questionnaires 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.

### **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) *Recovery Plus*: Recovery Plus is an initiative to promote health and wellness in people with mental illness and/or substance use disorders. Three charts reviewed identified nicotine use without evidence of cessation services being offered. One chart (#77517) was coded as a non-smoker, although the assessment reported that the individual had been a smoker since the age of 13. In addition, groups of individuals were smoking next to the Davis Behavioral Health entrance and just outside the Journey House building. Division Directives indicate that tobacco use will be identified in the assessment with resources offered as indicated. Services are also to be provided in a tobacco free environment.

#### **FY15 Recommendations:**

- 1) Case Management (CM): In review of the FY15 Mental Health Score Card, DBH reported 19.8% of CM as compared to the urban areas average of 28.6%. A review of CM in the Substance Abuse and Mental Health Information System (SAMHIS) demonstrates substantially higher numbers over the last six months, and DBH is on track to exceed the

FY15 urban average. DSAMH recognizes and appreciate DBH's efforts in addressing the issue, and recommends continued efforts to bring case management services numbers to meet or exceed the urban average.

**FY15 Division Comments:**

- 1) *Peer Support Services:* DSAMH was very impressed with DBH and their continuing efforts with Peer Support Services. DBH is commended for their work on the Skill Development Documentation template and how this helps the Peer Support Specialists as they complete their notes and documentation. DBH continues to build and incorporate the Peer Support Specialists into clinical and recovery support services programming. They have done an admirable job with Peer Support Specialist supervision, and Peers report that they feel supported by DBH leadership. The Peer Support Specialists consistently share their story when working with clients, and one of them commented that "They [the clients] seem to open up and talk more when they know that I've been there and that I know what they're going through." Another Peer Support Specialist commented that "people [clients] are becoming more open, the more that you reach out to them."
- 2) *Living Well Program:* DBH demonstrates significant commitment to serving those in the community who are uninsured/underinsured. With a three-fold increase in referrals over the past three years, DBH has applied for and received a grant to cover services and assist in stabilizing these individuals. Severity is assessed and those meeting criteria for SPMI are funneled into more traditional services.
- 3) *Trauma-Informed Care:* DSAMH appreciates the efforts that DBH has made to address complex trauma. Key principles of a trauma-informed approach are evident in the assessment, treatment, and response of individuals in treatment. In addition to evidence-based practices, individuals are offered empirically validated, adjunctive treatments such as trauma-sensitive yoga.
- 4) *Journey House:* DBH has received a three-year provisional accreditation from Clubhouse International for Journey House. In addition, they have received additional funding for skills training. They are encouraged to make improvements to the program including development of a Clubhouse Board of Directors.
- 5) *Program Participant Feedback:* Individuals in recovery were interviewed in a group format by Pam Bennett, Program Administrator and Cami Roundy, Peer Support and Resiliency Program Manager. Feedback regarding group facilitators was positive, stating that the therapists "keep things real", "call us on stuff" and "I like them". Individuals reported that they enjoyed the variety of groups offered by DBH, with several stating that they hoped the new Trauma-Sensitive Yoga group would be offered at more times. All individuals in the group said that they had created their own treatment goals and that they felt they were making progress toward those goals. Two clients did state that they wished there were Access to Recovery funds available to help with Wellness needs. One client stated that his case manager had helped him figure out how to budget for a gym membership.

## **Substance Abuse Prevention**

Susannah Burt, Program Manager, conducted the annual prevention review of Davis Behavioral Health on February 9<sup>th</sup>, 2016. 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 Deficiencies:**

- 1) Only 40% of the programming is considered evidence based. Eight of the 20 identified strategies are considered evidence based. The goal is 100% with up to 20% of programming being innovative or non-evidence based.

DBH has increased the percent of programming considered evidence based. They are still working on raising the percentage higher.

**This issue has been improved and will be addressed as a recommendation in FY16; see Recommendation #1.**

### **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 DBH continue to increase the percentage of evidence based policies, programs, and practices. Currently 52% of the strategies are considered evidence based. Select one strategy to submit to the Evidence Based Workgroup by December 2016.
- 2) It is recommended that DBH establish additional coalitions in the County. Look at creating a plan to address Syracuse and Clearfield/Layton.

- 3) It is recommended that DBH finds ways to enhance fidelity monitoring of all prevention programs.
- 4) It is recommended that DBH offers additional capacity opportunities for coalition members and staff. It is recommended that the capacity opportunities include coalition training such as the Coalition Summit.

**FY16 Division Comments:**

- 1) DBH reported they currently have two active coalitions in the County: Bountiful Communities that Care, and Davis Helps.
- 2) Davis Helps has completed a comprehensive prevention needs assessment for Davis County.
- 3) DBH increased the number of Eliminating Alcohol Sales to Youth (EASY) compliance checks from 103 to 118. The compliance rate is 92%.
- 4) DBH will look at posting data and information from their area plan online.
- 5) DBH is collaborating with Davis School District to develop a “Parent University”. This will include video vignettes for parents to learn about topics such as substances and risk factors. This strategy is to support their goal of reaching more parents.

## **Substance Abuse Treatment**

Shanel Long, Program Administrator and Heather Lewis, Program Manager, conducted the review of Davis Behavioral Health, which focused on Substance Abuse Treatment (SAPT) Block Grant Compliance; Drug Court and DORA 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 2015 Audit**

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

- 1) The Utah Substance Abuse Treatment Outcomes Scored showed that tobacco use from admission to discharge increased from 50.7% to 70.3% from FY13 to FY14 respectively. In FY15, the percent of tobacco use moved to -1.2%, which still does not meet Division Directives.

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

- 2) Davis County Adult Felony, DUI and Family Dependency Drug Courts are charging a flat fee rate of \$1,250.00 per year for treatment fees, which is not in compliance with Division Directives. Drug Courts that receive State funding are required to use a sliding fee scale.

**This issue has not been resolved and is continued in FY16; see Minor Non-compliance Issue #2.**

#### **FY15 Deficiencies:**

- 1) Drug Court Clients who are referred to Intensive Outpatient Treatment are charged treatment fees in addition to their Drug Court Fees.

**This issue has not been resolved and is continued in FY16; see Minor Non-compliance Issue #5.**

- 2) The Davis Felony Drug Court Manual ties Phases of Drug Court to specific levels of treatment and frequency of treatment sessions. Frequency and intensity of treatment should be based on individual client needs and progress, and should be separate from Drug Court phases. Changes in treatment should not be used as either sanctions or rewards.

**This issue has not been resolved and is continued in FY16; see Minor Non-compliance Issue #4.**

**Findings for Fiscal Year 2016 Audit:**

**FY16 Major Non-compliance issues:**

None

**FY16 Significant Non-compliance issues:**

None

**FY16 Minor Non-compliance issues:**

1) The Utah Substance Abuse Treatment Outcomes Measures Scorecard shows:

- The percent of individuals that completed a treatment episode successfully decreased from 51.3% to 44.8%, from the FY14 to FY15 respectively. This does not meet the Division Directives:

*Local Substance Abuse Authorities will meet or exceed their Successful Treatment Episode Completion rates in FY2016 and will work towards achieving a goal of 60%.*

- The percent of individuals that were arrested prior to admission from discharge moved from 52% to 24%, from the FY14 to FY15 respectively. This does not meet the Division Directives:

*Local Substance Abuse Authorities' Scorecard will show that they decreased the percentage of their clients who were involved in criminal activity from admission to discharge at a rate greater or equal to 75% of the national average.*

- Tobacco use from admission to discharge moved from -38.7% to -1.2% from FY14 to FY15 respectively, which does not meet Division Directives:

*Local Substance Abuse Authorities Scorecard will show that the percent of clients who use tobacco will decrease from admission to discharge by 5%.*

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

DBH will provide ongoing training to clinical staff to assist them in reporting accurate information.

Further, all unsuccessful discharges will now be sent to a recovery support specialist to do outreach to the individual before the episode is closed.

- 2) Davis County Adult Felony, DUI and Family Dependency Drug Courts are charging a flat fee rate of \$1,250.00 per year for treatment fees, which is not in compliance with Division Directives. Drug Courts that receive State funding are required to use a sliding fee scale.

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

DBH has been offering drug court participants the option of sliding fees or a contracted rate as allowed by statute. However, in order to remain in compliance with the AOC for court certification, all drug court fees shall be based on a sliding scale and the approved fee policy and schedule.

- 3) The Adult and Youth Consumer Satisfaction Survey shows that the percentage of youth clients sampled at Davis Behavioral Health was 4.9%, which does not meet the Division Directives:

*A minimum sample rate of 10% of the number of annual unduplicated clients served for the prior year is required by all providers. Providers returning less than 10% will be considered deficient and will receive a finding in the audit report.*

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

Very few youth received the YSS because we determined that more accurate information would be gathered if parents of youth between the ages of 12 and 18 years old complete the parent version. Useful information was gathered by collecting data this way. However, in order to meet the sample rate requirement, youth between 12 and 18 years old will be given the YSS rather than their parents.

- 4) The Davis Felony Drug Court Manual ties Phases of Drug Court to specific levels of treatment and frequency of treatment sessions. Frequency and intensity of treatment should be based on individual client needs and progress, and should be separate from Drug Court phases.

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

This training has already been provided and explained to the Davis County Drug Court in regard to treatment frequency and duration. However, the Drug Court manual still needs to be updated to reflect the current practice of not tying phases to treatment and frequency of sessions. This update will occur by April 15.

- 5) Drug Court Clients who are referred to Intensive Outpatient Treatment are charged treatment fees in addition to their Drug Court Fees.

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

DBH has been offering drug court participants the option of sliding fees or a contracted rate as allowed by statute for outpatient and Intensive outpatient. However, in order to remain in compliance with the AOC for court certification, all drug court fees shall be based on a sliding scale and the approved fee policy and schedule. This will likely increase the amount of money clients pay for IOP treatment compared to the contracted rate due to the number of services they receive in IOP.

**FY16 Deficiencies:**

None

**FY16 Recommendations:**

- 1) *Clinical Charts:* Family group and individual therapy are not being documented appropriately in the clinical charts. It is recommended that a specific code be built into the electronic charting system that allows for proper documentation of family involvement and individual therapy. Currently the chart notes are being included under other treatment codes which are not easily identifiable or easily recalled.
- 2) *Drug Court:* The Risk and Needs Triage (RANT) tool was not scanned into some of the Drug Court files. The RANT should be included in all the Drug Court charts.
- 3) *Drug Tests:* All drug tests that are contested at DBH are being charged to the client whether the confirmation results are positive or negative. This does not comply with Division Directives which state if the contested drug test are negative, the client shall not be charged for the drug test.

**FY16 Division Comments:**

- 1) *Clinical Charts:* DBH has improved their clinical charts over the past year. For example, the treatment plan objectives are now measureable, time limited and achievable. ASAM dimensions are clearly defined, assessments are person centered and the treatment plans are individualized (*Chart #'s 82394, 77523, 3529, 73435, 3193*).
- 2) *Peer Support:* DBH has one of the most robust peer support service systems in Utah. The Youth and Children's Program has Family Resource Facilitators and case managers that work with clients, families, Juvenile Justice, Felony Drug Court, Davis Behavioral Hospital, the Spanish speaking community and other groups. The Adult Peer Support Specialists and Case Managers provide home health management services; facilitate a Saturday and Sunday Support Group that is Peer run; and assist with groups in the Housing Urban Development (HUD) homes on Thursdays and Fridays. They receive weekly supervision from a licensed mental health therapist, which provides them with guidance and support. The Peer Support

Specialists, FRF's and Case Managers have done an outstanding job in providing recovery support services and building bridges with the community.

- 3) *DBH Staff:* Clients feel supported by DBH Staff and appreciate the variety of services that are available. DBH staff has demonstrated a commitment to providing a continuum of quality services for their clients. Their ongoing dedication to clients has resulted in positive outcomes in treatment and consumer satisfaction surveys. Clients expressed gratitude in having access to a therapist any time.
- 4) *Medication Assisted Treatment (MAT) and Recovery:* DBH has made tremendous progress in incorporating MAT into the services provided. Availability of doctors and medication has increased which now allows clients to be seen within a week. Clients involved in MAT reported gratitude for the quick response and effort of the staff in getting clients into these services.

## **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 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

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