



Site Monitoring Report of

Summit County  
Valley Behavioral Health

Local Authority Contracts #122280 and #122281

Review Dates: March 7<sup>th</sup>, 8<sup>th</sup> & 9<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 Summit County – Valley Behavioral Health (also referred to in this report as Summit - VBH or the Center) on March 7<sup>th</sup>, 8<sup>th</sup> & 9<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

Programs Reviewed	Level of Non-Compliance Issues	Number of Findings	Page(s)
<i>Governance and Oversight</i>	Major Non-Compliance	None	
	Significant Non-Compliance	1	6 - 7
	Minor Non-Compliance	1	7
<i>Child, Youth &amp; Family Mental Health</i>	Major Non-Compliance	None	
	Significant Non-Compliance	None	
	Minor Non-Compliance	3	11 - 12
<i>Adult Mental Health</i>	Major Non-Compliance	None	
	Significant Non-Compliance	2	14 - 15
	Minor Non-Compliance	None	
<i>Substance Abuse Prevention</i>	Major Non-Compliance	None	
	Significant Non-Compliance	None	
	Minor Non-Compliance	None	
<i>Substance Abuse Treatment</i>	Major Non-Compliance	None	
	Significant Non-Compliance	3	20 - 22
	Minor Non-Compliance	None	

## **Governance and Fiscal Oversight**

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review at Summit County – Valley Behavioral Health (Summit - VBH). The Governance and Fiscal Oversight section of the review was conducted on March 8<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 Ulrich & Associates, PC completed an independent audit of Summit County for the year ending December 2014. The auditors issued an unqualified opinion in the Independent Auditor's Report dated July 16<sup>th</sup>, 2015. No material weaknesses or deficiencies were identified.

The CPA firm Tanner LLC completed an independent audit of Valley Behavioral Health for the year ending December 2014. The auditors issued an unqualified opinion in the Independent Auditor's Report dated June 3, 2015. Two deficiencies were discussed in the report, but were not related to Summit County specifically. These issues will be discussed in the Tooele report.

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

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

- 1) Summit - VBH's overall client cost for Mental Health services has increased more than 25% from the previous year.

The cost per client for Mental Health services decreased by 5.4% from FY14 to FY15. Summit – VBH's client costs are now within Division Directive guidelines.

**This issue has been resolved.**

### **Findings for Fiscal Year 2016 Audit:**

#### **FY16 Major Non-compliance Issues:**

None

#### **FY16 Significant Non-compliance Issues:**

- 1) *Billings/Controls:* In FY15, Valley Behavioral Health decided not to implement their plan using Mental Health Early Intervention TANF funds. VBH continued to bill for these funds each month without providing the services and were required to repay it. VBH should have stronger financial controls in place to reconcile their billings with actual services provided.

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

To strengthen our financial controls, we have initiated a process whereby Accounting meets regularly with Operations to discuss and reconcile the services provided with the billings for those services. With this additional communication, we can make sure that only costs for services which have been provided will be billed. If a planned service line is not started, or is stopped before the contract year ends, all concerned parties will be made aware. We are confident that this process will keep this type of occurrence from happening in the future.

### **FY16 Minor Non-compliance Issues:**

- 1) *Executive Travel Reimbursements:* Executive travel reimbursements were reviewed to ensure they included proper backup, approval and to ensure that no personal benefit is gained from travel or other expenses per Utah Code Title 62A-15-713-(2)(a). Only two executive travel reimbursements were completed in FY15. One of the packets was missing two receipts and also included another receipt where cash back was taken. The Valley Behavioral Health travel policy was reviewed, which does not specifically prohibit cash back transactions. However, the policy does prohibit specific purchases, such as alcohol. It is not possible to monitor for restricted purchases if cash back transactions are allowed for reimbursement. The amount of cash back taken was only \$10, but Summit – VBH should review their approval process to ensure that all transactions are clear and appropriate.

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

Upon review of the VBH "Expense Reimbursements" policy it was identified that no current policy was in place to prohibit cash back taken by an employee. The policy will be updated and submitted to our policy and procedures committee for final review. The updated policy will include language ensuring that no personal gain or restricted purchases are made and that all transactions are clear and appropriate.

### **FY16 Deficiencies:**

- 1) *Incomplete Forms:* A sample of employee files were reviewed to test for current licenses, background checks, training and required forms. Each file contained a code of conduct form that was signed by the employee, but most of the forms reviewed had a section for a supervisor to fill out that was left blank. Summit – VBH should ensure that all forms are completed.
- 2) *Data issues:* A comparison of year-end data that was submitted to the Division and data reported in the Substance Abuse Mental Health Information System (SAMHIS) showed some significant differences. A data meeting is held each year with the site visits between each Local Authority and DSAMH. The data meetings are a good opportunity for Summit – VBH to get technical assistance and to discuss ways to improve data reporting.

**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 Summit County - Valley Behavioral Health on March 8<sup>th</sup> & 9<sup>th</sup>, 2016. The monitoring team consisted of Dinah Weldon, Program Administrator; Eric Tadehara, Program Manager; and Lori Cerar, Utah Family Coalition (Allies with Families). 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 Fiscal Year 2015 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.

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

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

- 1) The number of children and youth who have been served by Summit-VBH has dropped in each of the previous four fiscal years.

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

- 2) Summit-VBH did not provide psychosocial rehabilitation services for children and youth during FY15.

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

- 3) The percent of children and youth who have received case management services from Summit-VBH was lower than the rural and state averages.

Summit-VBH now has a designated Children's Mental Health Case Manager and has served 30 youth in FY16 year to date, compared to four youth in FY15.

**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:**

- 1) *Youth Served:* The total number of children and youth served by Summit-VBH has decreased since FY09. In FY09, Summit-VBH served 250 children and youth, and in FY15, Summit-VBH served 152 children and youth. This is a decrease of 39.2%. There was a small increase from FY14 to FY15 (7 total children served).

Reduction in Children Receiving Services							
Fiscal Year	FY09	FY10	FY11	FY12	FY13	FY14	FY15
Number Served	250	240	230	217	169	145	152

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

Summit VBH is committed to serving our youth population in Summit County. The numbers showing an increase were due to the hiring of a Case Manager to focus on children and families in Summit County. Updated reports should continue to show this increase. May of 2016 full time hours for this child and family focused Case Manager were approved and implemented. More trainings have also been added to current full time clinicians to enhance skills so children and families have more access to clinicians in house. Additional trainings have been scheduled with FRF, as the new EHR system has been a barrier to these services being documented in Valley’s system and reported to the state.

- 2) *Psychosocial Rehabilitation Services:* Summit-VBH provided psychosocial rehabilitation services for only four children and youth during FY15, a rate of 2.6%. The rural and state averages are 15.7% and 16.6%, respectively.

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

Summit VBH is coordinating summer camps for youth in Summit county, in partnership with Basin Recreation, to provide PRS services to youth. One main objective of Child Case Manager is to set up groups and individual PRS services, in conjunction with increasing Case Management Services for FY 2017.

- 3) *Juvenile Civil Commitment:* Summit-VBH needs to strengthen their Juvenile Civil commitment administrative tracking process to ensure that all requirements are completed within the time frames required by statute. Summit-VBH also needs to ensure that copies of the Juvenile Civil Commitment forms are maintained administratively until it has verified that the forms are attached to the client’s electronic medical record.

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

- 1) Summit VBH and Tooele VBH met for training purposes on March 16, 18<sup>th</sup> and April 5<sup>th</sup> with the state, to understand these findings and create a PIP to correct future non-compliance issues. Utilization Management/Utilization Review (UM/UR) process now includes close monitoring and tracking of Youth Civil Commitments by assigned RN in Tooele. This includes collection of: the date of admission, date of commitment, facility, examiner and discharge date. All civil commitments from the State Hospital are also being collected and placed in client charts. The petitions are being completed by the Summit therapist or CM that works closely with the client and collected by UM/UR department to go with the civil commitment form. All patients under age 18 are expected to have a civil commitment completed if they are expected to be inpatient longer than 72 business hours and a blue sheet collected as well by UMUR dept. UMUR dept. is now working closely with all emergency room departments to collect clients' blue sheets completed on all youth.
- 2) These processes will be monitored for compliance by our UM/UR Team and Regulatory Oversight Team to assure tracking accuracy.

**FY16 Deficiencies:**

- 1) *Emergency and In-Home Services:* Summit-VBH is not reporting all of the services they are providing in the Substance Abuse and Mental Health Information System (SAMHIS). Emergency services and services provided in the home occurred during FY15, however no children and youth were reported as having an emergency services, and one child and youth was reported as having in-home services. In order to capture this information, an emergency modifier may be added to the service, and the location code should be updated based on where the services are being provided.

**FY16 Recommendations:**

None

**FY16 Division Comments:**

- 1) *Family Feedback:* The Utah Family Coalition (UFC) collected family feedback from five completed questionnaires. All of the feedback was provided from Spanish speaking families. Overall, families provided positive feedback regarding Summit-VBH. The families reported that staff at Summit-VBH are "helpful and dedicated," and provided services in a timely manner. A common barrier listed by the families was language and cultural considerations from staff.
- 2) *Wraparound and Family Resource Facilitation:* Summit-VBH provided Wraparound to fidelity as defined by the UFC during FY15. Family feedback indicated that families were thankful for the Family Resource Facilitator (FRF) and the services she provides. One parent reported that she was appreciative of the FRF's services and that this is the first time she has understood her role in her son's treatment. The FRF is often requested to provide other duties outside of the FRF role, it is recommended that Summit-VBH work with the FRF's schedule to ensure there is more time available for direct FRF services.

- 3) *School-Based Services:* Summit-VBH is currently providing school-based behavioral health (SBBH) services in 10 schools throughout the County. Summit-VBH reported 43 children and youth who received services in a school during FY15, which was an increase of 30% from the previous year. One community partner mentioned that the access to services in schools has been beneficial to the children and youth, families, the schools, and the local communities.

## **Adult Mental Health**

The Division of Substance Abuse and Mental Health Adult Monitoring Team conducted its annual monitoring review at Summit County – Valley Behavioral Health on March 8<sup>th</sup>, 2016. The team consisted of Pam Bennett, Program Administrator and LeAnne Huff, Program Manager. The review included: record reviews, discussions with clinical supervisors, management teams, and a community partner. Site visits were to administrative offices, the outpatient clinic and the county jail. During the site visit, the team reviewed the FY15 Monitoring Report; statistics, including the Mental Health Scorecard; area plans; Outcome Questionnaires; Division Directives, and Summit-VBH’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 Issues:**

- 1) *Failure to Provide Adequate Mandated Outpatient Services and Report Data to the Division as contractually required.* This includes community inpatient services, psychosocial rehabilitation (PRS), case management, services to incarcerated individuals and crisis services.

**This finding has not been resolved and is continued in FY16; see Significant Noncompliance Issue #1.**

### **Findings for Fiscal Year 2016 Audit**

#### **FY16 Major Non-compliance Issues:**

None

#### **FY16 Significant Non-compliance Issues:**

- 1) *Failure to Provide Adequate Mandated Outpatient Services and Report Data:* This finding is continued from FY15. According to the FY16 Mental Health Score Card, Summit-VBH provided community inpatient services to five individuals (2%), psychosocial rehabilitation (PRS) to two individuals (0.8%), and case management to 13 individuals (5.5%) and these numbers are below state averages. Despite conducting groups and crisis services at the jail, Summit-VBH continued to report zero individuals served at the jail and six (2.5%) individuals received crisis services. Summit-VBH has created action plans to address data collection issues in FY15 and FY16. DSAMH requires that Summit - VBH develop a plan to provide an adequate level of mandated services and to resolve data reporting issues to reflect services that are being provided.

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

Our IT department in conjunction with our EHR vendor completed a review of the reports system concerning both SUD and MH. The review focused on ensuring the report was pulling accurate data. Upon review some issues were identified and corrected. In conjunction of the IT review additional training was provided to end users to ensure information was entered into the system correctly. Some errors were identified and corrected. We continue to provide ongoing training and monitoring to ensure the numbers being submitted are accurate and meet expectations. Monitoring includes steps to track the number of admissions and validate that they are being pulled into the report that is uploaded into SAMHIS.

- 2) *Consumer Satisfaction Surveys:* Summit-VBH had a 6.6% sample collection rate for the FY15 Adult Mental Health Satisfaction Surveys, which does not meet Division Guidelines. This is a shared finding with Substance Abuse Treatment.

*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:**

VBH – Summit is committed to meeting the requirement for consumer satisfaction surveys. This is a valuable tool for our programs in terms of feedback that will guide and lead our future goals and directions as well as address more immediate concerns. We have committed to this process this current FY and have been able to significantly improve the responses across adult mental health, adult substance abuse and parents and children's responses. Some noticeable changes will be in the coming year to make sure that we are exceeding the 10%. These changes include a more robust tracing system and an ability to track the surveys at the unit level and at the administrative level. This will increase communication between the units and administration. We have already begun planning for next year ensure that we get these surveys completed with a minimum of 10% or higher.

#### **FY16 Minor Non-compliance Issues:**

None

#### **FY16 Deficiencies:**

- 1) *Documentation Issues:* Five of 10 charts did not have measurable goals and objectives. The clearer and more measurable goals are, the easier it is for the client and treatment provider to perform and evaluate progress. One method to develop measurable goals and objectives is to utilize the **SMART** method, *Specific, Measurable, Assignable, Realistic, and Time related*. This was a recommendation in FY15.

#### **FY16 Recommendations:**

- 1) *Peer Support*: Peer Support Specialists are a critical member of the clinical treatment team. DSAMH recommends that Summit-VBH continue efforts to hire a Peer Support Specialist.
- 2) *Integration of the OQ*: DSAMH commends Summit-VBH for excellent administration of the OQ. However, 8/10 charts (80%) did not document clinical use of the OQ. Division Directives state that data from the OQ or YOQ shall be shared with the client and incorporated into the clinical process, as evidenced in the chart. DSAMH recommends that Summit - VBH train clinical staff to use the OQ as a clinical tool and to document accordingly.

**FY16 Division Comments:**

- 1) *Jail Services*: DSAMH commends Summit-VBH for their efforts in providing services to incarcerated individuals in the Summit County Jail. Jail staff continue to report an exceptional working relationship with Summit-VBH staff that includes providing group and crisis services. This has included the development of a working relationship between the medication provider at the jail and a VBH psychiatrist, to provide medication consultation for those incarcerated who have more complicated psychiatric medication regimens.
- 2) *Justice Reinvestment Initiative (JRI)*: DSAMH commends Summit-VBH for participation on the JRI Implementation Team. In addition, Summit-VBH facilitates Evidence-Based Programs including “Courage to Change”, “Getting It Right” and the “STEP” parenting classes.
- 3) *Spanish Services*: Summit-VBH is commended for providing multiple services in Spanish, including individual therapy, case management, and community training, despite a small client base.

## **Substance Abuse Prevention**

Susannah Burt, Program Manager, conducted the annual prevention review of Summit County – Valley Behavioral Health on March 8<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**

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:**

None

#### **FY16 Recommendations:**

- 1) It is recommended that Summit-VBH has a strategic plan in place for the LSAA and with United Against Bullying coalition by December 2016.
- 2) It is recommended that Summit-VBH do observations of prevention programming to ensure programs are being delivered to fidelity.

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

- 1) Summit-VBH has increased the number of Eliminating Alcohol Sales to Youth (EASY) compliance checks from 35 to 83. This demonstrates Summit-VBH's commitment to collaboration and the youth of the community.
- 2) Summit-VBH utilized a variety of data sources in their assessment of Summit County.
- 3) Summit-VBH worked with the community and has two functioning coalitions impacting multiple cities in the county; United Against Bullying and Suicide Prevention.

- 4) Summit-VBH uses the Parents Empowered campaign in conjunction with the Deer Valley Concerts to increase the engagement of parents in preventing Underage Drinking.
- 5) Summit-VBH collaborated with the local Food Bank to provide information on Eating Dinner with your Family to prevent underage drinking. They disseminated information with the food bags given to families.

## **Substance Abuse Treatment**

Becky King, Program Administrator, and Shanin Rapp, Program Manager, conducted the review of Summit County – Valley Behavioral Health Substance Abuse Treatment Program on March 7<sup>th</sup> & 8<sup>th</sup>, 2016. The review focused on Substance Abuse Treatment (SAPT) Block Grant Compliance, Drug Court compliance, clinical practice and compliance with contract requirements. Drug Court was evaluated through staff discussion, clinical records and attendance at the Adult Felony Drug Court staffing and court session. 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, a discussion with Summit-VBH staff and a review of program schedules and other documentation. Summit-VBH performance was evaluated using Utah Substance Abuse Treatment Outcomes Measures Scorecard and Consumer Satisfaction Survey Data. Client satisfaction was measured by reviewing records, Consumer Satisfaction Survey data and results from client interviews.

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

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

- 1) Summit-VBH had a 4.9% sample collection rate for the FY14 Youth (Family) Satisfaction Surveys, which is a decrease from FY13 rate of 9.8%. In FY15, the collection rate dropped to 7.1%, which continues not to meet Division Guidelines. This has been a repeat finding the past four years in a row.

**This finding has not been resolved and is continued in FY16; see Major Noncompliance Issue #1.**

- 2) Summit – VBH had 4.8% of old open admissions for non-methadone outpatient, IOP, residential or detox, which is above the Division allowance of 4%. In FY15, the old open admissions decreased to 3.4%, which now meets Division Guidelines.

**This issue has been resolved.**

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

- 1) Only 44.9% of Summit-VBH client's remained in treatment for 60 days, an almost 9% decrease from FY13. In FY15, the percent of clients retained in treatment increased to 60.9%, which now meets Division Directives.

**This issue has been resolved.**

- 2) In 2014, Summit-VBH increased the level of employment from admission to discharge by only 1.9%, which failed to meet the Division Standard. In FY15, the percent of client employed from admission to discharge increased to 10.2%, which still does not meet Division Directives.

**This finding has not been resolved and is continued in FY16; see Significant Noncompliance Issue #1(a).**

- 3) Clinical documentation continues to not meet the Division Standards as stated in the Division Directive. In FY15, improvements were made to clinical documentation in the group notes, treatment goals and objectives, which are now measureable and achievable. The ASAM and Assessment are current and updated as needed.

**This issue has been resolved.**

**FY15 Deficiencies:**

- 1) Summit-VBH has been using Drug Court Recovery Support Services (RSS) funding to pay for client's drug testing and treatment fees. In FY15, Summit-VBH stopped using RSS funding to pay for drug testing and treatment fees, which is now in compliance with Division Directives.

**This issue has been resolved.**

**Findings for Fiscal Year 2016 Audit:**

**FY16 Major Non-compliance issues:**

None

**FY16 Significant Non-compliance issues:**

- 1) The FY15 Utah Outcomes Data Measures Scorecard shows:
  - a) In 2014, Summit-VBH increased the level of employment from admission to discharge by only 1.9%, which failed to meet the Division Standard. In FY15, the percent of client employed from admission to discharge increased to 10.2%, which still does not meet Division Directives.

*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:**

Upon initial review the majority of clients coming into services at VBH-Summit are already employed, and remain employed throughout the course of their treatment. Those clients that are not employed while in treatment are actively worked with to obtain gainful employment.

- b) The percent of clients completing a treatment episode successfully decreased from 58.3% to 48.7% from FY14 to FY15 respectively, which does not meet Division Directives.

*Local Substance Abuse Authorities will meet or exceed their FY2014 Successful Treatment Episode Completion rates in the FY2015 and will work towards achieving a goal of 60%. Local Substance Abuse Authorities whose FY2014 completion rate was over 60% are required to meet or exceed a 60% completion rate in the FY2015. Successful Treatment Episode Completion is defined as a successful completion of an episode of treatment without readmission within 30 days. An episode of treatment is as defined in the Treatment Episode Data Set.*

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

Summit VBH has scheduled trainings for June and again in August on SUD Admissions to assure that clinical staff are inputting data correctly into the TED’s data. Training will also include definition of “episode” of treatment, as some of the issues pertain to how staff define the terms in TED’s data. Staff turnover has affected lack of consistency in inputting correct data, Summit VBH is working to retain staff so training is effective.

2) The FY15 Utah Consumer Satisfaction Survey Report shows:

- a) The percent of Adult Consumer Satisfaction Surveys collected was 7.9%, which is below the required collection rate of 10% outlined by Division Directives.
- b) The Percent of Youth Satisfaction Surveys collected was 4.5%, which is below the required collection rate of 10% outlined by 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:**

VBH – Summit is committed to meeting the requirement for consumer satisfaction surveys. This is a valuable tool for our programs in terms of feedback that will guide and lead our future goals and directions as well as address more immediate concerns. We have committed to this process this current FY and have been able to significantly improve the responses across adult mental health, adult substance abuse and parents and children’s responses. Some noticeable changes will be in the coming year to make sure that we are exceeding the 10%. These changes include a more robust tracing system and an ability to track the surveys at the unit level and at the administrative level. This will increase communication between the units and administration. We have already begun planning for next year ensure that we get these surveys completed with a minimum of 10% or higher.

- 3) Summit-VBH had a 4.9% sample collection rate for the FY14 Youth (Family) Satisfaction Surveys, which is a decrease from the FY13 rate of 9.8%. In FY15, the collection rate dropped to 7.1%, which continues not to meet Division Guidelines. This is a shared finding with Adult Mental Health.

*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:**

VBH – Summit is committed to meeting the requirement for consumer satisfaction surveys. This is a valuable tool for our programs in terms of feedback that will guide and lead our future goals and directions as well as address more immediate concerns. We have committed to this process this current FY and have been able to significantly improve the responses across adult mental health, adult substance abuse and parents and children’s responses.

Some noticeable changes will be in the coming year to make sure that we are exceeding the 10%. These changes include a more robust tracing system and an ability to track the surveys at the unit level and at the administrative level. This will increase communication between the units and administration.

We have already begun planning for next year ensure that we get these surveys completed with a minimum of 10% or higher.

**FY16 Minor Non-compliance issues:**

None

**FY16 Deficiencies:**

None

**FY16 Recommendations:**

None

**FY16 Division Comments:**

- 1) *Clinical Charts:* Over the past year, Summit-VBH has made significant improvements in their clinical charts. They have used person centered approach in their documentation; individualized assessments and treatment plans; are now using objectives that are measureable and achievable and are using the Addiction of Society Medicine (ASAM) to determine the level of care. Summit-VBH’s quality work with their clients is reflected in their charts.
- 2) *Justice Reinvestment Initiative (JRI):* Summit-VBH has used the JRI funds to improve services in their community. Summit-VBH’s JRI goals include: (1) increase court appearance rates; (2) reduce recidivism; (3) reduce unnecessary incarceration; (4) provide

access to rehabilitation services at the earliest possible opportunity; (5) use data to measure outcomes. Summit-VBH has developed collaborative relationships with community partners and meets with the JRI Committee on a regular basis.

- 3) *Direct Access:* Summit-VBH has made efforts to reduce waiting lists for services by hiring a full time Advance Practice Registered Nurse (APRN) and additional clinical staff. Individuals are able to get into services fairly quickly.
- 4) *Health and Wellness:* Summit - VBH has added various tobacco cessation classes, which has decreased tobacco use in their program. This is reflected in their FY15 Outcomes Measures Scorecard which demonstrated a significant decrease in tobacco use from 13.6% to 3.9% from FY14 to FY15 respectively. In addition, Summit-VBH has incorporated wellness initiatives for their staff, which has improved their health and performance outcomes.

## **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 Summit County – Valley 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 \_\_\_\_\_  
Auditor IV

Approved by:

Kyle Larson \_\_\_\_\_ Date \_\_\_\_\_  
Administrative Services Director

Jeremy Christensen \_\_\_\_\_ Date \_\_\_\_\_  
Assistant Director Mental Health

Brent Kelsey \_\_\_\_\_ Date \_\_\_\_\_  
Assistant Director Substance Abuse

Doug Thomas \_\_\_\_\_ Date \_\_\_\_\_  
Division Director