



Site Monitoring Report of

Weber Human Services

Local Authority Contracts #122400 and #122403

Review Dates: January 26th & 27th, 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 Weber Human Services (also referred to in this report as WHS or the Center) on January 26th & 27th 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 Significant Non-Compliance Minor Non-Compliance	None None None	
<i>Child, Youth & Family Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None 1	9 - 10
<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 1	16 - 17

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review at Weber Human Service (WHS). The Governance and Fiscal Oversight section of the review was conducted on January 26th, 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.

Weber Human Service's independent financial statement audit was reviewed as part of monitoring. The CPA firm Christensen, Palmer & Ambrose completed the audit for the year ending June 30th, 2015. The auditors issued an unqualified opinion; however, a repeat finding was discussed in the Independent Auditor's report dated December 7th, 2015 stating that the Center was not maintaining the required 60-day cash reserve as required by the Utah Department of Health. The Center is examining ways to come into compliance with this requirement; such as lines of credit refinancing of buildings, etc. This finding did not affect reported data for any of the mental health or substance abuse programs.

Follow-up from Fiscal Year 2015 Audit:

FY15 Minor Non-compliance Issues:

- 1) During the subcontractor review, it was found that two of the sampled subcontractor files were missing current insurance documentation. The DHS Contract requires that documentation of current insurance is kept and available for review upon request from DSAMH.

This issue has been resolved.

FY15 Deficiencies:

- 2) Executive travel and other reimbursement expenditures were reviewed during the site visit. One error was found where an executive was reimbursed for five nights at a hotel, but the receipt showed that the individual had only stayed four nights. This was just a one-time error as all other expenditures were correct and were supported with sufficient documentation.

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 Weber Human Services on January 26th & 27th, 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, case staffing, 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; juvenile civil commitment; compliance with Division Directives; and the Center's provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 2015 Audit

FY15 Minor Non-compliance Finding:

- 1) For FY14, WHS provided respite services at a lower rate than the urban and State averages. WHS provided respite to 17 children, which is a rate of 1.0%, compared to an urban average of 7.72% and a State average of 8.25%.

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

Findings for Fiscal Year 2016 Audit

FY16 Major Non-compliance Issues:

None

FY16 Significant Non-compliance Issues:

None

FY16 Minor Non-compliance Issues:

- 1) *Respite*: WHS continues to provide respite services at a lower rate than the urban and State averages. In FY15, WHS provided respite to 21 children, a rate of 1.3%, compared to an urban average of 9.3% and a State average of 8.9%. Since FY10, WHS has provided Respite services at the following rates:

Respite Services for Children and Youth						
	FY10	FY11	FY12	FY13	FY14	FY15
Rates of Service	.12%	.7%	1.9%	.3%	1.0%	1.3%

Number of Youth Served	2	11	28	4	17	21
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Center’s Response and Corrective Action Plan:

WHS remains committed to meeting the mental health needs of families in Weber and Morgan Catchment. We have recently re-named the position for respite as a psycho-social rehab specialist with a more competitive wage. We are hoping to recruit and maintain more staff with this change. We are strengthening our service continuum for identified children and youth while continuing to provide a well-deserved break for the caregiver/s.

FY16 Deficiencies:

- 1) *Psychosocial Rehabilitation and Case Management:* WHS provides psychosocial rehabilitation at a rate of 6.0% and case management at a rate of 8.6%. Each rate is lower than the urban averages of 17.1% and 23.0%, respectively. WHS has made progress in providing more case management services, with an increase of 41 more youth being served. WHS is encouraged to continue to increase the amount of psychosocial rehabilitation and case management services provided to children and youth.

FY16 Recommendations:

- 1) *Juvenile Mobile Crisis Team:* WHS is strongly encouraged to develop a Juvenile Mobile Crisis Team (JMCT). WHS is the only county in the state with a population over 125,000 that does not have a JMCT. JMCTs help children and adolescents remain in their own home, school, and community and avoid out of home placements (including inpatient admissions). JMCTs also help reduce police and juvenile justice involvement.

When a child or adolescent is in the midst of a mental, emotional or behavioral crisis, a family’s access to mobile crisis services is extremely beneficial. Common elements in each of Utah’s JMCTs include: 24-hour crisis line, mobile response, 2-person response, and a licensed therapist as part of the response team. Crisis respite services have proven critical to the success of JMCT. Two key partners in providing crisis respite for families are Juvenile Receiving Centers and Family Support Centers. Weber County has both of these services which are also accessible to Morgan County residents and are made available through partnerships with Juvenile Justice and Child Welfare. Access to crisis services increase the likelihood that families are linked to help before a tragedy occurs. Access to crisis services might also help reduce WHS’s high hospitalization rate for children and youth. WHS’s juvenile inpatient admission rate is 6.1%, which is twice the state average of 2.9%, and is significantly above the second highest rate in the state which is 3.9%.

FY16 Division Comments:

- 1) *Family Feedback:* Family feedback was collected from 45 Utah Family Coalition (UFC) questionnaires. WHS collected 36 English speaking and 9 Spanish speaking surveys. Overall, families reported positive feedback and believe they are an integral part of the treatment team and cared for by staff at WHS. Families reported that staff “are friendly,” “flexible and patient,” and “they have helped my children succeed.”

- 2) *Wraparound and Family Resource Facilitators:* WHS provides Wraparound to fidelity as defined by the UFC. The UFC reports the Family Resource Facilitators (FRF) are supported by WHS. The partnership with UFC continues to improve the skills and quality of work from the FRFs. One family stated “with this process, it was the first time we weren’t told what our goals were and who would be on our team. But we were given the opportunity to say what our goals were and who we wanted to be on the team.” It is recommended the FRF have a consistent place to share their Wraparound documentation to be available to clinicians who are working with the youth and families.

- 3) *Early Psychosis/Multi-Family Group:* WHS is providing early intervention for individuals in the beginning stages of psychotic disorders. WHS provides the PQ-B (Prodromal Questionnaire – Brief) screener to all children ages 10 and older during the intake process. Individuals who score an 8 or higher are then provided the SIPS (Structured Interview for Prodromal Symptoms) assessment to accurately diagnose youth with psychotic disorders. WHS utilizes the PIER model and provides a Multi Family Group when individuals are identified as needing treatment for early psychosis.

Adult Mental Health

The Division of Substance Abuse and Mental Health Adult Mental Health team conducted its annual monitoring review at Weber Human Services on January 26th and 27th, 2016. The monitoring team consisted of Pam Bennett, Program Administrator Adult Mental Health, LeAnne Huff, Program Manager Adult Mental Health, and Robert Snarr, Program Administrator Adult Mental Health. The review included: record reviews, and discussions with clinical supervisors and management teams. During this monitoring visit, site visits were conducted at Weber County Jail; Lantern House, adult psychosocial groups/facilities and Weber Human Services Administrative Offices. During the discussions, the team reviewed the FY15 audit findings and center responses; 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

FY15 Minor Non-compliance Issues:

- 1) Targeted Case Management (TCM): In review of the FY15 Mental Health Score Card, Weber Human Services reported 15.2% of TCM as compared to the urban areas average of 28.6%. WHS acknowledges the DSAMH concerns with the low numbers and was able to show in the Substance Abuse and Mental Health Information System (SAMHIS) that over the last 6 months the numbers for TCM have doubled. DSAMH recognizes and appreciate WHS's efforts in addressing the issue and a bringing their case management services numbers closer to the FY15 State average of 28.6%.

This finding has been resolved.

Findings for Fiscal Year 2016 Audit

FY16 Major Non-compliance Issues:

None

FY16 Significant Non-compliance Issues:

None

FY16 Minor Non-compliance Issues:

None

FY15 Deficiencies:

None

FY15 Recommendations:

- 1) *Inpatient and Unfunded Services:* Data presented in the DSAMH 2015 Annual Report demonstrates that the percentage of non-Medicaid clients from Weber County who are utilizing inpatient services is dramatically higher than other counties. The FY15 Scorecard indicates that the number of unfunded clients served has decreased dramatically between FY14 and FY15, while the percentage of clients receiving inpatient services is the highest across all Local Mental Health Authorities. DSAMH recommends that WHS explore potential causes for these changes in service percentages and relevant avenues to increase access for unfunded individuals across the continuum of care in efforts to address these mandated services.

FY15 Division Comments:

- 1) *Jail Services:* DSAMH recognizes and appreciates WHS's relationship with Weber County Jail where they have two licensed social workers providing services to inmates five days a week, including suicide assessment, counselling services and connecting to resources. The CSSR-S has been implemented into the Jail's electronic medical record and has been in use for the last two years. The screening is given each time an inmate is seen.
- 2) *Homeless Services:* DSAMH commends WHS for the work in providing evidence based practices and treatment services through the Assertive Community Outreach team. WHS has been successful as well in facilitating placement into permanent supportive housing through participation in the Cooperative Agreement to Benefit Homeless Individuals (CABHI) grant. WHS has demonstrated active participation with local homeless service providers including partner agencies Problems Anonymous Action Group (PAAG), the local Public Housing Authorities and the Continuum of Care.
- 3) *Suicide Prevention:* DSAMH commends WHS in their efforts with suicide prevention. WHS has partnered with Weber and Morgan Health Departments and Weber State University to provide evidenced-based practices in suicide prevention and intervention for their community. WHS is one of two pilot sites in Utah for the Zero Suicide Initiative and is leading the way in Utah and Nationally on Zero suicide prevention efforts by partnering with National Action Alliance for Suicide Prevention and National Council for Behavioral Health.
- 4) *Documentation:* DSAMH appreciates WHS's thorough and clear documentation when reviewing charts. Goals are person centered and objectives tailored to individual treatment needs were measurable and attainable. There was evidence of good client engagement and follow up. One chart documented a follow up call after a client missed their appointment, including an outreach and coordination with other providers. There is evidence of a holistic approach to treatment in WHS documentation, including documenting smoking cessation support, and referrals to medical providers.
- 5) *First Episode Psychosis Program (FEP):* DSAMH commends WHS for their willingness to spearhead FEP in the State of Utah by being the pilot site for the new innovative initiative to better treat individuals and families during a first episode of psychosis. Review of charts documented the use of the Coordinated Specialty Care (CSC) Program, including

participation in Multi-family groups and community outreach. DSAMH appreciates WHS's willingness to accept clients from other counties. Documentation indicated services to a Salt Lake County resident commuting to WHS to receive FEP services.

- 6) *Program Participant Feedback:* Individuals in recovery were interviewed by Pam Bennett, DSAMH Adult Mental Health Program Administrator. These individuals reviewed several programs that they were involved with and provided positive feedback. They stated that the Supported Employment program is "amazing", that Illness Management Recovery is "empowering" and that Dialectic Behavioral Therapy has "changed my life. This is the best I've ever been".

Substance Abuse Prevention

Susannah Burt, Program Manager, conducted the annual prevention review of Weber Human Services on January 26th, 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 Weber Human Services post their area plan publicly (e.g. on their website).

FY16 Division Comments:

- 1) There was an increase in the number of Eliminating Alcohol Sales to Youth compliance checks, from 70 in FY14 to 103 in FY15. They had a compliance rate of 86% in FY15 compared to 82.86% in FY14.
- 2) WHS has implemented all but one of FY14 DSAMH recommendations. The last recommendation to be implemented was to increase staff, this was completed in FY15.
- 3) The prevention team is actively engaged in the JRI discussion.
- 4) Per the Annual Report submitted by WHS Prevention, the long term outcomes have either been met or are on target to reach their set goals.

Substance Abuse Treatment

Becky King, LCSW, Program Administrator, Shanin Rapp, Program Manager, and Crystal Garcia, Research Consultant conducted the review of Weber Human Services on January 26th, 2016. The review 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 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, contract requirements and DORA Program requirements were evaluated by a review of policies and procedures, interviews with clients, a discussion with WHS staff and a review of program schedules and other documentation. WHS 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 Deficiencies:

- 1) WHS made changes to their electronic charting system, which allowed for more flexibility with clinical documentation. As a result of this change, improvements were made to the assessment, ASAM and progress notes. However, there were still some areas that needed improvement. In FY15, WHS made improvements to the clinical charts in the following areas: (1) Treatment goals are now being updated on a regular basis; (2) The objectives are now measurable, time limited and achievable; (3) Progress notes now include the therapist's clinical observation.

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) The FY15 Utah Substance Abuse Treatment Outcomes Measures Scorecard shows:
 - The percent of clients retained in treatment 60 days or more decreased from 71.4% to 66.1% from FY14 to FY15 respectively.

Local Substance Abuse Authorities will meet or exceed their FY2014 treatment retention in the FY2015 and will work towards achieving a goal of 70%. Local Substance Abuse Authorities who FY2014 retention rate was over 70% are required to meet or exceed a 70% retention rate in the FY2015. Retention is defined as the percentage of individuals who remain in treatment over 60 days.

- The percent of clients completing a treatment episode successfully decreased from 57.1% to 55.9% from FY14 to FY15 respectively.

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

- The percent of clients that used social recovery support services decreased from 18.0% to -9.0% from FY14 to FY15 respectively.

Local Substance Abuse Authorities' Scorecard will show that the percent of individuals participating in social support of recovery activities in the FY15 increased from admission to discharge. Participation is measured as those participating in social support recovery activities during the 30 days prior to discharge minus percent of individuals participating in social support of recovery activities 30 days prior to admission.

Center's Response and Corrective Action Plan:

Weber Human Services is committed to providing effective interventions that will promote better outcomes. Intake processes have been reviewed, including removing potential barriers, in regards to a client's ability to access treatment. Clinicians receive ongoing training and supervision in the use of Motivational Interviewing. We will continue to provide training and review the data collected to also increase accuracy in reporting the data. We now have two full time Peer Support Specialists who will be assisting clients with accessing social recovery support services.

FY16 Deficiencies:

None

FY16 Recommendations:

- 1) *Drug Testing Hours:* Clients report being dissatisfied with the drug testing hours at Weber Human Services, which are from 11:00 a.m. – 7:00 p.m. Monday through Friday, with 6:30 p.m. being the latest that clients can sign in to take the drug test. Clients who work or are in

Drug Court state that it is difficult to fit drug testing in their work schedule when they have to wait until 11:00 a.m. to test. It is recommended that WHS review their drug testing hours and consider other options that may be more flexible and conducive for their clients.

- 2) *Tobacco Cessation:* Several clients mentioned that they were not aware of the resources provided by Recovery Plus, but were aware of the “Smoke Free Campus” policy. It is recommended that WHS provide more information regarding “Recovery Plus,” (1) during intake; (2) during individual and group sessions; (3) and by posting Recovery Plus posters and flyers in the front lobby, staff offices, group rooms and other public areas.
- 3) *Day Care:* Clients with children in outpatient groups mentioned that they did not have access to day care at WHS since it is now only being offered to residential clients at Tranquility Home. Clients also mentioned that the day care option at the “Christmas Box” House is too far away from the treatment facility. It is recommended that WHS consider including other day care options for outpatient clients that may be more accessible to them.

FY16 Division Comments:

- 1) *Wellness Initiative:* WHS has a Wellness Committee that has contracted with the “WellRight” corporation, which helps organizations with health and wellness initiatives. In addition, the WHS Wellness Committee has connected with the *FitBit* program, to create challenges and incentives for staff to improve their health. In addition, the Wellness Committee has been focusing on health and wellness for their clients through the use of medication assisted treatment and smoking cessation efforts. For example, the residential treatment program has offered clients a 30 day smoking cessation challenge where they can receive a \$50.00 gift certificate from Walmart if they accomplish their goals.
- 2) *Medication Assisted Treatment (MAT):* WHS is making good progress in promoting the use of MAT in treatment and Drug Court. WHS recently shared more information regarding medication assisted treatment with the Drug Court Judge, who now accepts the use of MAT in the Drug Court Program. This change has led to all new Drug Court clients having the option to receive medication assisted treatment as needed.
- 3) *Evidenced Based Services:* WHS continues to be a leader in the State for providing a full continuum of evidenced based services. They have certified staff in the Matrix Model and hired Brenda Underhill to certify women’s treatment staff in the *Seeking Safety* Program. WHS continues to demonstrate good outcomes and quality services through the use of evidenced based practices.
- 4) *Direct Access:* WHS has developed an “*Open Access Team*,” that meets on a regular basis to staff new clients to send them to the appropriate level of services. It takes approximately one to two weeks for new clients to meet with a therapist after their intake. However, high priority populations and individuals who are in crisis are seen immediately. The Open Access Team has improved access to services for individuals in their community.

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 Weber Human Services 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

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