



State of Utah

GARY R. HERBERT
Governor

SPENCER J. COX
Lieutenant Governor

Department of Human Services

ANN SILVERBERG WILLIAMSON
Executive Director

Division of Substance Abuse and Mental Health

DOUG THOMAS
Director

January 29, 2020

Craig Buttars
Cache County Executive
199 North Main
Logan, UT 84321

Dear Mr. Buttars:

In accordance with Utah Code Annotated 62A-15-103, the Division of Substance Abuse and Mental Health has completed its annual review of Bear River Health Department and the final report is enclosed. The scope of the review included fiscal management, substance abuse treatment and prevention services, and general operations.

The center has many strengths; however, this report by its nature focuses on the exceptions and areas in need of improvement. The Division has approved all corrective action plans submitted by the Center/County in response to each reported finding, which have been included in the final report. If you have any questions, please contact Chad Carter (801)538-4072

We appreciate the cooperation and assistance of the staff and look forward to a continued professional relationship.

Sincerely,

Doug Thomas

Doug Thomas (Feb 4, 2020)

Doug Thomas
Division Director

Enclosure

cc: Jeff Scott, Box Elder County Commission
Bill Cox, Rich County Commission

Lloyd Berentzen, Director, Bear River Health Department
Brock Alder, Director, Bear River Substance Abuse



Site Monitoring Report of

Bear River Health Department
Local Substance Abuse Authority

Local Authority Contract #160048

Review Date: November 19th, 2019

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Section One: Site Monitoring Report

Executive Summary

In accordance with Utah Code Section 62A-15-103, the Division of Substance Abuse and Mental Health (also referred to in this report as DSAMH or the Division) conducted a review of Bear River Health Department (also referred to in this report as BRHD or the County) on November 19th, 2019. The focus of the review was on governance and oversight, fiscal management, substance abuse prevention and treatment services and general operations.

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

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

Summary of Findings

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 Deficiency	None None 1 None	7
<i>Substance Abuse Prevention</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None 1	8
<i>Substance Abuse Treatment</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review at Bear River Health Department (BRHD). The Governance and Fiscal Oversight section of the review was conducted on November 19th, 2019 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. Executive travel reimbursements were reviewed to ensure they were appropriate and that no personal benefit has been gained. Meeting minutes were reviewed and discussions were conducted to determine if an appropriate level of involvement and financial oversight was provided by the governing board and County.

As part of the site visit, BRHD sent several files to demonstrate their allocation plan and to justify their billed amounts. The allocation plan is clearly defined and shows how administrative and operational costs are equitably distributed across all cost centers and that the billing costs for services are consistently used throughout the system.

There is a current and valid contract in place between the Division and the Local Authority. BRHD met its obligation of matching a required percentage of State funding.

Bear River Health Department met its obligation to receive a single audit as a component unit of Cache County's single audit. The CPA firm Jones & Simkins P.C. performed the audit on the County for the year ending December 31st, 2018. The Independent Auditors' Report dated June 25th, 2019 expressed an unmodified opinion. No deficiencies or material misstatements were reported.

Jones & Simkins P.C. also performed a specific audit on the financial statements of Bear River Health Department as a component unit of Cache County for the year ending December 31st, 2018. The Independent Auditors' Report dated May 1st, 2019 expressed an unmodified opinion. No deficiencies or material misstatements were reported.

Follow-up from Fiscal Year 2019 Audit:

No findings were issued in FY19.

Findings for Fiscal Year 2020 Audit:

FY20 Major Non-compliance Issues:

None

FY20 Significant Non-compliance Issues:

None

FY20 Minor Non-compliance Issues:

- 1) *Personnel Files:* In the review of personnel files, it was found that three clinical employees had BCI background checks that were expired and had not yet been renewed.

County's Response and Corrective Action Plan:

Action Plan: BCI checks were requested from the appropriate agency in December of 2019. We are still waiting, and regularly checking in with this agency, for these checks to be cleared.

Timeline for compliance: Based on the timeline of the agency conducting BCI clearance checks; none has been provided to us.

Person responsible for action plan: Brock Alder

FY20 Deficiencies:

None

FY20 Recommendations:

- 1) The BRHD emergency plan was reviewed by Robert Snarr, Program Administrator as part of the site visit. A checklist based on SAMHSA recommendations was completed and is included at the end of this report as Attachment A. It is recommended that BRHD review these suggestions and update their emergency plan accordingly. DSAMH is available for technical assistance.

FY20 Division Comments:

None

Substance Use Disorders Prevention

Becky King, Program Administrator, conducted the annual prevention review of Bear River Health Department on November 19th, 2019. The review focused on the requirements found in State and Federal law, Division Directives, and contracts. In addition, the review evaluated the services described in the annual prevention area plan and the data used to establish prevention priorities.

Follow-up from Fiscal Year 2019 Audit

No findings were issued in FY19.

Findings for Fiscal Year 2020 Audit

FY20 Major Non-compliance Issues:

None

FY20 Significant Non-compliance Issues:

None

FY20 Minor Non-compliance Issues:

None

FY20 Deficiencies:

- 1) The number of EASY Compliance Checks decreased from 206 in FY18 to 185 in FY19, which does not meet Division Directives. Local Authorities are required to increase the number of EASY Compliance Checks by at least one EASY Check each year.

County's Response and Corrective Action Plan:

Action Plan: In 2019 there were two law enforcement agencies who were understaffed and were not able to conduct alcohol compliance checks. The result is that we were under the number of checks completed in the prior year. We will continue partnering with law enforcement agencies to plan and implement the number of required checks each year. We will work with Tremonton City Police and Rich County Sheriff's Office to increase the number of alcohol checks completed in 2020.

Timeline for compliance: By June 30, 2020

Person responsible for action plan: Farrin Wiese

FY20 Recommendations:

- 1) *Community Coalitions:* BRHD currently has two coalitions operating under the Strategic Prevention Framework (SPF) Model and has a goal to move towards the CTC Model. Their

current coalitions include Bear River Safe Communities and the Northern Utah Substance Abuse Team. There are two other groups that are meeting on their own, but are not following a specific model - Northern Utah Hispanic Coalition and Rich County. It is recommended that BRHD continue to work with their Prevention Regional Director on moving their current SPF Coalitions to the CTC model and help the Northern Utah Hispanic Coalition and Rich County in developing a formal coalition model.

- 2) *Evaluation:* BRHD reports that they are striving to do better with evaluations to improve their programs. They started doing pre and post tests with the Minor In Possession (MIP) classes and added questions on attitudes during class, which has produced helpful results. It is recommended that BRHD continue in their efforts to improve the evaluation of their programs.

FY20 Division Comments:

- 1) *New Implementation Efforts:* BRHD was able to implement the Good Behavior Game (CBG), an evidence-based program in two schools in the Cache School District, which was a major accomplishment. They are planning to purchase this program and train 40 teachers in this model. CBG was selected as it has shown outcomes with preventing suicide, which is a concern for BRHD and the school district. CBG also impacts the protective factors of opportunities and involvement for prosocial involvement and rewards which tend to be some of the health district's lower protective factors. It was reported that the LSAA's in other areas of the State are waiting to see the results of this program in the Cache School District to see whether it will be a good program to implement in their area. BRHD is also working on expanding CBG to other school districts as well.
- 2) *Evidence-Based Programs:* BRHD has implemented a variety of evidence-based models in their area, including the following: (1) Parents Empowered (2) Prevention Dimensions (3) MIP (4) Youth Life Skills Training (5) Parenting Wisely (6) EASY Compliance Checks (7) Retailer Education (8) Two SPF Coalitions (9) Use Only as Directed Media Materials. BRHD reported that Parenting Wisely has been traditionally advertised as a DVD class where parents are able to view this class on their own. However, this past year, they decided to hold this as a live class with two workshops, which has worked out well. BRHD reported a great interaction between the parents in this class and received excellent feedback from the group. The pre and post tests also showed good results. Based on this feedback, BRHD is looking into expanding Parenting Wisely workshops in other areas as well.
- 3) *Empowering Parents:* BRHD received a mini grant from Parents Empowered and will be partnering with community agencies to provide opportunities for families to engage in fun activities together. They will also use the funding to further efforts on Parents Empowered initiatives, including educating parents on the power they have in preventing underage drinking through media campaigns. BRHD also supports Parents Empowered Month every January, shares educational materials throughout the year and during parent meetings with all of the 5th graders in Cache Valley. BRHD also hosts a Red Ribbon Run where they utilize and promote Parents Empowered messages and materials.

Substance Use Disorders Treatment

Becky King, Program Administrator, conducted the Substance Use Disorders Treatment review for Bear River Health Department on November 19th, 2019. The review focused on compliance with State and Federal law, Substance Abuse Treatment (SAPT) Block Grant regulations, and adherence to DSAMH Directives and contract requirements. The review consisted of an interview with program staff, a review of clinical records and an evaluation of agency policy and procedures. In addition, performance and client satisfaction was measured using the Utah Substance Abuse Treatment Outcomes Measures Scorecard and Consumer Satisfaction Survey Data.

Follow-up from Fiscal Year 2019 Audit

FY19 Minor Non-compliance issues:

- 1) In FY18, 10.2% of the clients were sampled for Youth Satisfaction Surveys and 5.1% were sampled for the Youth Family Satisfaction Surveys, which did not provide a sufficient sample to produce accurate data results. This does not meet Division Directives, which requires at least a 10% collection rate for Consumer Satisfaction surveys.

This issue has been resolved. In FY19, 14.8% of clients were sampled for the Youth Satisfaction Surveys and 16.4% for the Youth Family Satisfaction Surveys, which now meets Division Directives.

Findings for Fiscal Year 2020 Audit:

FY20 Major Non-compliance issues:

None

FY20 Significant Non-compliance issues:

None

FY20 Minor Non-compliance issues:

None

FY20 Deficiencies:

None

FY20 Recommendations:

- 1) *Program Maintenance:* It is recommended that BRHD continue to seek funding opportunities through grants, DSAMH funding options and community partnerships to retain staff, sustain and expand program services.

- 2) *Event Based Data:* BRHD reported that they would like to receive technical assistance on developing a system for event based data. Their current EHR system does not produce event based data. It is recommended that they follow up with the DSAMH Data Team for training and technical assistance in this area.

FY20 Division Comments:

- 1) *Dedicated Staff:* BRHD reported that they laid off a few of their staff last year due to budget cuts related to Medicaid Expansion. Despite these job losses, BRHD has continued to provide the same level of services with fewer staff and limited resources. They have also worked with the Prevention Team to share resources and staff positions to maintain their services. For example, the BRHD SUD Treatment Case Manager moved to Prevention after losing his position; however, the Prevention Team has been willing to allow this Case Manager to continue helping BRHD SUD Treatment Team with case management services in the courts. They have also continued to work on building and maintaining partnerships with the community such the Family Institute, Corrections and other programs to maintain and expand services. BRHD is dedicated to providing quality services and meeting the needs of their community despite limited resources.
- 2) *Co-Occurring Treatment:* BRHD received funding from the State Primary Health Care Grant for \$96,000.00 to provide mental health services in their program. As a result of this grant, they have been providing co-occurring mental health and substance use disorder treatment in their program, which has expanded service options for their community.
- 3) *Medication Assisted Treatment (MAT):* BRHD continues to work on expanding access to MAT in their community. They have two physicians that prescribe Suboxone in their program and the Jail. BRHD is also contracted with the Day Spring Opioid Treatment Program which will provide access to Methadone and other options for Medication Assisted Treatment for their clients. BRHD also provides Naloxone kits and training for everyone in their program, which has been a helpful resource.

Section Two: Report Information

Background

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

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

Non-Compliance Issues, Action Plans and Timelines

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

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

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

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

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

A **deficiency** results when the contractor is not in full compliance, but the deficiency discovered is not severe enough to require a formal action plan. However, the monitoring team may request action to fix the problem by a given date.

A **recommendation** occurs when the contractor is in compliance. The Division is simply making a best practice or technical suggestion. The contractor is encouraged to implement the suggestion but not required.

In rare instances, a non-compliance issue from a previous year may continue unresolved at the time of the monitoring site visit. A recurring non-compliance issue will be prominently displayed in the current monitoring report and will require special attention by the Local Authority to ensure its immediate resolution.

Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Bear River Health Department and for the professional manner in which they participated in this review.

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

The Division of Substance Abuse and Mental Health

Prepared by:

Chad Carter  Date 01/29/2020
Chad Carter (Jan 29, 2020)
Auditor IV

Approved by:

Kyle Larson  Date 01/29/2020
Kyle Larson (Jan 29, 2020)
Administrative Services Director

Brent Kelsey  Date 02/04/2020
Brent Kelsey (Feb 4, 2020)
Assistant Director Substance Abuse

Doug Thomas  Date 02/04/2020
Doug Thomas (Feb 4, 2020)
Division Director

UTAH DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Emergency Plan Monitoring Tool

Name of Agency: Bear River Health Department

Date: November 25, 2019

<i>Compliance Ratings</i>				
Y = Yes, the Contractor is in compliance with the requirements. P = Partial, the Contractor is in partial compliance with requirements; comments provided as suggestion to bring into compliance. N = No, the Contractor is not in compliance with the requirements.				
Monitoring Activity	Compliance			Comments
	Y	P	N	
Preface				
Cover page (title, date, and facility covered by the plan)		X		Need date on plan
Signature page (with placeholders to record management and, if applicable, board of directors' approval of the plan and confirmation of its official status)			X	Need signature page, approval of plan and confirmation of its official status
Title page (with placeholders to record the dates that reviews/revisions are scheduled/have been made)	X			
Record of changes (indicating when changes have been made and to which components of the plan)			X	Need place to identify changes to the plan, made by whom, and date of change
Record of distribution (individual internal and external recipients identified by organization and title)			X	Need distribution record
Table of contents	X			
Basic Plan				
Statement of purpose and objectives	X			
Summary information	X			
Planning assumptions	X			
Conditions under which the plan will be activated	X			
Procedures for activating the plan	X			
Methods and schedules for updating the plan, communicating changes to staff, and training staff on the plan		X		Need to identify the methods for communicating changes and how staff are trained.
Functional Annex: The Continuity of Operations (COOP) Plan				
Essential functions and essential staff positions	X			
Continuity of leadership and orders of succession	X			
Leadership for incident response	X			
Alternative facilities (including the address of and directions/mileage to each)			X	Need to identify alternative facilities to be used, if needed; contact information page for partners is blank

Planning Step				
Disaster planning team has been selected, to include all areas (i.e., safe/security, clinical services, medication management, counseling/case management, public relations, staff training/orientation, compliance, operations management, engineering, housekeeping, food services, pharmacy services, transportation, purchasing/contracts, medical records, computer hardware/software, human resources, billing, corporate compliance, etc.)			X	Need to identify who is on the planning team and representing which area.
The planning team has identified requirements for disaster planning for Residential/Housing services including: <ul style="list-style-type: none"> ● Engineering maintenance ● Housekeeping services ● Food services ● Pharmacy services ● Transportation services ● Medical records 			X	Need to specify how these functions will be provided
The team has coordinated with others in the State and community.	X			

DSAMH is happy to provide technical assistance.