



State of Utah

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Governor

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Lieutenant Governor

Department of Human Services

ANN SILVERBERG WILLIAMSON  
Executive Director

Division of Substance Abuse and Mental Health

DOUG THOMAS  
Director

November 18, 2019

Commissioner Larry Jensen  
Carbon County Commission  
751 E 100 N  
Price, Utah 84501

Dear Commissioner Jensen:

In accordance with Utah Code Annotated 62A-15-103, the Division of Substance Abuse and Mental Health has completed its annual review of Carbon County and its contracted service provider, Four Corners Community Behavioral Health; the final report is enclosed. The scope of the review included fiscal management, children, youth, family and adult mental health services, 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,

DocuSigned by:

A handwritten signature in cursive script that reads "Doug Thomas".

EB71C358FA4D437...

Doug Thomas  
Division Director

Enclosure

cc: Commissioner Kent Wilson, Emery County Commission

Jaylynn Hawks, Grand County Council  
Karen Dolan, Director of Four Corners Community Behavioral Health

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utah department of  
**human services**  
SUBSTANCE ABUSE AND MENTAL HEALTH



Site Monitoring Report of

Carbon County and  
Four Corners Community Behavioral Health

Local Authority Contracts #160135 and #160136

Review Date: September 25th, 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 Carbon County and its contracted service provider, Four Corners Community Behavioral Health (also referred to in this report as FCCBH or the Center) on September 25th, 2019. 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; Division Directives; State mandated mental health services; and Preferred Practice Guidelines. During the examination, the review teams evaluated: the reliability and integrity of the Center's data and its compliance with established programmatic and operational objectives. Additionally, the review included an examination, through sampling, of the Center's efficient and appropriate use of financial resources.

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

### Summary of Findings

<b>Programs Reviewed</b>	<b>Level of Non-Compliance Issues</b>	<b>Number of Findings</b>	<b>Page(s)</b>
<i><b>Governance and Oversight</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 3 None	7-8
<i><b>Child, Youth &amp; Family Mental Health</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 1 1	11-12 12-13
<i><b>Adult Mental Health</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 1 None	14-15
<i><b>Substance Abuse Prevention</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i><b>Substance Abuse Treatment</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 1 None	20-21

## Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review of the Local Authority, Carbon County, and its contracted service provider, Four Corners Community Behavioral Health (FCCBH). The Governance and Fiscal Oversight section of the review was conducted on September 25th, 2019 by Chad Carter, Auditor IV.

Carbon County conducted its annual monitoring of FCCBH and provided a copy of their completed monitoring tool. The County also provided a copy of their written procurement policy.

A site visit and review was conducted at FCCBH as the contracted service provider for Carbon, Emery and Grand Counties. 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. Board minutes were reviewed and discussions were conducted to determine if an appropriate level of involvement and financial oversight was provided.

As part of the site visit, the most recent version of the Medicaid Cost Report was reviewed. This report is a cost study conducted by the Local Authority and then reviewed/approved by the Department of Health (DOH), Medicaid Division. This report establishes the center's cost allocation plan as it pertains to overhead/administrative costs and spreads these costs across the Current Procedural Terminology (CPT) billing codes used by the Center that year. This allows the Division to fairly incorporate these overhead/administrative costs into the payments sent for services that qualify for funding found on the Center's contract allocation letter. FCCBH provided backup to support their costs and billed amounts, using rates taken from their Medicaid Cost Report.

The Local Authority, Carbon County received a single audit as required. The CPA firm Squire & Company, PC completed the audit for the year ending December 31, 2018. The auditors issued an unmodified opinion in their report dated September 18, 2019 and stated that the financial statements present fairly, in all material respects, the respective financial position of the governmental activities, the business-type activities, the aggregate discretely presented component units, each major fund, and the aggregate remaining fund information of Carbon County. There were two findings issued in the financial statement audit:

Finding 2018-001 Restatement of Prior Year Net Position/ Fund Balances - Certain accounts and activities were restated to reflect correct balances. The most significant restatement was due to removing Southeastern Utah Health District as a blended component unit. The restatements are listed in Note 12 to the basic financial statements. No restatements were made to any fund balances related to this contract.

Finding 2018-002 Cash Allocation Reconciliations - Certain cash allocations had not been reconciled to the general ledger. This is a repeat finding from the previous year (Finding 2017-001). This will be addressed as a finding in this report as it has been reported for two consecutive years in the single audit. Please see Minor Non-compliance Issue #1.

Four Corners Community Behavioral Health also received a single audit, completed by CPA firm Wiggins & Co. P.C. for the year ending June 30, 2019. The auditors issued an unqualified opinion in the Independent Auditor's Report dated September 23, 2019 and stated that the financial statements present fairly, in all material respects, the financial position of FCCBH. There were two findings that were reported:

Finding 2019-01: No written Federal awards policy.

Finding 2019-02: No independent review of payments made on clients behalf. These issues are directly related to requirements under this contract and will be addressed as a finding in this report, please see Minor Non-compliance Issue #3.

**Follow-up from Fiscal Year 2019 Audit:**

**No findings were issued.**

**Findings for Fiscal Year 2020 Audit:**

**FY20 Major Non-compliance Issues:**

None

**FY20 Significant Non-compliance Issues:**

None

**FY20 Minor Non-compliance Issues:**

- 1) *Carbon County - Independent Audit Findings:* Carbon County has received a repeat finding in their financial statement audit, Finding 2018-002 Cash Allocation Reconciliations. Certain cash allocations had not been reconciled to the general ledger. Cash transactions are interrelated to other accounts. Potential misstatements may not be identified or corrected in a timely manner; the objective of safeguarding assets may not be achieved. The County partially resolved the issue, but received this finding for two consecutive years. Please provide a plan to resolve this issue:

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

**Action Plan:** The County treasurer and auditor have implemented an end of month checklist to ensure that reconciliations are done in a timely manner at the end of each month. Reconciliations will be done by the tenth of the following month.

**Timeline for compliance:** Action Plan has been implemented.

**Person responsible for action plan:** Seth Marsing

- 2) *Carbon County - Federal Awards Policy:* Carbon County does not have a written federal awards policy. 2 CFR 200 requires non-federal entities to have written policies regarding the management of their Federal award funds.

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

**Action Plan:** The Carbon County Board of Commissioners will adopt a written federal awards policy at an open and public meeting.

**Timeline for compliance:** November 20, 2019

**Person responsible for action plan:** Christian Bryner, Deputy Carbon County Attorney will draft the plan; the Carbon County Board of Commissioners (Larry Jensen, Tony Martines and Casey Hopes) will review, edit and ultimately approve the plan.

- 3) *Four Corners Community Behavioral Health - Independent Audit Findings:* FCCBH received two findings in their single audit.
  - 2019-01 No Written Federal Awards Policy. 2 CFR 200 requires non-federal entities to have written policies regarding the management of their Federal award funds. FCCBH resolved this issue prior to the site visit and provided a copy of their new Federal awards policy.
  - 2019-02: No independent review of payments made on clients behalf. FCCBH policy requires that payments made on behalf of clients be reviewed by an independent employee. The auditors discovered that at one location, the case worker establishes the budget and pays bills for a specific client with no independent review of these payments. There were not any questioned costs as a result of this finding, but it is important that FCCBH ensures that all staff are following policy and internal controls.

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

**Action Plan:** The federal awards policy was signed and put into place on 9/24/19. Prior to monitoring, the employee was trained on internal controls and another staff member was identified to review these payments. This was in place by 9/24/19.

**Timeline for compliance:** 9/24/19

**Person responsible for action plan:** Jeanie Willson

**FY20 Deficiencies:**

None

**FY19 Recommendations:**

- 1) The FCCBH 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 FCCBH review these suggestions and update their emergency plan accordingly.

**FY20 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 Four Corners Community Behavioral Health on September 25th, 2019. The monitoring team consisted of Mindy Leonard, Program Manager; Leah Colburn, Program Administrator; and Heather Rydalch, Peer Support Program Manager. The review included the following areas: record reviews, discussions with clinical supervisors and management, program visits, allied agency visits, During the visit, the monitoring team reviewed the FY19 monitoring report; statistics, including the Mental Health Scorecard; Area Plans; Youth Outcome Questionnaires; family involvement; Family Resource Facilitation (Family Peer Support); High Fidelity Wraparound; 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 2019 Audit

#### **FY19 Deficiencies:**

- 1) *Youth Outcome Questionnaire:* FCCBH does not administer the Youth Outcome Questionnaire (YOQ) at the required frequency of once every 30 days. The Division Directives state "the Youth Outcome Questionnaire (OQ/YOQ) be given to patients and consumers at intake, every thirty days or every visit (whichever is less frequent), and at discharge/discontinuation (inpatient stays for community mental health are exempt)." Through records reviews, six of the nine charts had YOQs that were not administered at the required rate of at least once every 30 days.

**This issue has not been resolved and will be continued in FY20; see Minor non-compliance Issue #1.**

### Findings for Fiscal Year 2020 Audit

#### **FY20 Major Non-compliance Issues:**

None

#### **FY20 Significant Non-compliance Issues:**

None

#### **FY20 Minor Non-compliance Issues:**

- 1) *Youth Outcome Questionnaire:* FCCBH does not administer the Youth Outcome Questionnaire (YOQ) at the required frequency of once every 30 days. Through records reviews, seven of the ten charts had YOQs that were not administered at the required rate of at least once every 30 days. Eight of the ten charts reviewed did not meet the criteria of

using the YOQ in treatment. The Division Directives state “*the Youth Outcome Questionnaire (OQ/YOQ) be given to patients and consumers at intake, every thirty days or every visit (whichever is less frequent), and at discharge/discontinuation (inpatient stays for community mental health are exempt).*” FCCBH will need to evaluate the process of administering and utilizing the YOQ in treatment.

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

**Action Plan:** Though this is a multiyear non-compliance issue, Four Corners has made improvements in the compliance of administration of the OQ in general. For example, the overall rate of administration of the OQ agency wide, has increased and FCCBH has some of the highest rates of completion of the tool. We believe this is largely due to the fact that adults check themselves in for appointments and by and large have the capacity to complete this tool, with full comprehension. However, entry of the score and meaningful use by clinicians continues to be a challenge.

With our youth population, it is very common to have parents send their children in for appointments unaccompanied, even though it is highly encouraged by treatment providers. We believe this has placed a barrier with getting consistent YOQ’s completed monthly. Also, several of the youth charts audited were part of the school-based early intervention program.

Administration of the YOQ in a school setting has proven difficult for several reasons; access to reliable internet connection, comprehension of the tool with the youth, time restraints with seeing children in the school (with adding the completion of a tool in addition to getting any therapy provided), parents not being present at the time service, and other barriers. However, Four Corners will continue to take a much more aggressive approach to getting YOQ’s completed through parents, school based children and within the clinic setting. Case manager’s will be sent to the homes of school-based children who need the tool completed by parents. Front office staff will be reminded monthly at support staff meetings to ensure they are offering and encouraging the completion of the tool at every session, to ensure once month scores are collected minimally. The tool will be provided in youth group settings when possible. Increased tracking will be added by our internal compliance officer as well.

**Timeline for compliance:** Will begin implementation of action plan immediately.

**Person responsible for action plan:** Melissa Huntington

**FY20 Deficiencies:**

- 1) *Objectives:* The recovery plan objectives were not measurable or achievable within the charts. Objectives in eight of the ten charts reviewed were vague and difficult to achieve (e.g. the “client will trust in others,” and the client “will improve self worth”). The Division Directives state, “*The current version of the approved Utah Preferred Practice Guidelines shall be the preferred standard for assessments, planning and treatment*” which state that “*objectives [should be] measurable, achievable and within a timeframe.*”

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

**Action Plan:** Substantial improvement in objective development in our overall treatment recovery plans has been demonstrated over the past several years. As such, this was not a deficiency with youth last audit year, and has continued not to be an issue with our adult population. However, with the decline of quality objectives with our youth population, Four Corners will renew an energetic attempt improve objectives in youth treatment plans to ensure that they are measurable, achievable, and time specific. This will be done through two methods: 1.) Greater oversight with program directors who will internally audit this with youth therapists in each of their own clinics. 2.) Ongoing education during every clinic staff meeting, where they will be randomly selecting youth charts to review the treatment plans for. This will be oversighted by the Clinical Director, who is primarily responsible for supervision of the middle management team.

**Timeline for compliance:** May take up to 3-4 months to determine overall improvement. Action on this will begin immediately.

**Person responsible for action plan:** Melissa Huntington

**FY20 Recommendations:**

- 1) *Safety Plans:* During the chart review process, two of the charts indicated an endorsed suicidal ideation through the C-SSRS screening, but did not demonstrate safety plans. The use of the C-SSRS by FCCBH is recognized and commended. It is recommended that FCCBH work with clinical staff to ensure safety planning is completed for all clients who endorse suicidal ideation and risk factors.

**FY20 Division Comments:**

- 1) *Evidence Based Programming:* FCCBH has a very dedicated staff that continues to look at innovative ways to provide services to their clients. FCCBH is providing various evidenced based treatments to fidelity including Motivational Interviewing, Trauma Focused Cognitive Behavioral Therapy, and Eye Movement Desensitization and Reprocessing (EMDR). This includes having a certified EMDR trainer.
- 2) *Community Partnerships:* FCCBH exhibits a positive partnership with the Division of Juvenile Justice Services (DJJS). DJJS is working with FCCBH on a Youth Services Model pilot to improve collaboration and increase positive youth and family development. DJJS reported a positive relationship for supporting youth with suicidal ideation. The two agencies have provided a summer program that includes a skills group and opportunity to use those skills in an appropriate activity. The service is provided for the ages of 10 to 18.
- 3) *Workforce Development:* FCCBH has identified the need for improved workforce retainment and is actively seeking opportunities to do so. FCCBH has improved their agency score for the National Health Services Corps Loan Repayment Program and has improved the ability for employees to qualify for student loan repayment. FCCBH is engaged with the local universities in order to improve local involvement in workforce development.

## **Adult Mental Health**

The Division of Substance Abuse and Mental Health Adult Mental Health team conducted its annual monitoring review of Four Corners Community Behavioral Health on September 25th, 2019. The monitoring team consisted of Mindy Leonard, Program Manager, Heather Rydalch, Program Manager and Leah Colburn, Program Administrator. The review included the following areas: Discussions with clinical supervisors and management teams, record reviews, site visits to administrative offices, outpatient clinic, and the New Heights program. During the discussions, the team reviewed the FY19 monitoring report; 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 2019 Audit**

#### **FY19 Deficiencies:**

- 1) *Use of OQ as an intervention:* Eight charts were reviewed for individuals with Medicaid. Five of eight charts did not include administration of the OQ. Three charts did include OQ administration, with only one of those charts indicating use of the OQ as an intervention. One of charts that included administration of OQ noted suicidal ideation marked but not noticed until after the client had left. Within that chart, there are no follow up notes indicating that this was addressed with the client. The FCCBH 2017 internal chart review reflects this with the OQ not present in 18 of 39 charts. A DSAMH FY19 survey indicates improvement as 21 clients indicated they were familiar with the OQ. Of those 21 clients, 15 marked that the OQ had been discussed with the purpose explained, 16 indicated that it was used in treatment planning and 13 felt it was helpful to treatment. It is recommended that FCCBH continue to administer the OQ, that clinicians are encouraged to use the OQ as an intervention in treatment, and that documentation reflects this.

**This deficiency has not been resolved and will be continued in FY20; see Minor-Non-compliance Issue #1.**

### **Findings for Fiscal Year 2020 Audit**

#### **FY20 Major Non-compliance Issues:**

None

#### **FY20 Significant Non-compliance Issues:**

None

#### **FY20 Minor Non-compliance Issues:**

- 1) *Administration and Use of the Outcome Questionnaire (OQ)*: FCCBH does not administer the Outcome Questionnaire (OQ) at the required frequency of once every 30 days. Record reviews demonstrated that seven of the ten charts had OQs that were not administered at the required rate of at least once every 30 days. Seven of the ten charts reviewed did not meet the criteria of using the OQ in treatment. The Division Directives state “*the Outcome Questionnaire (OQ/YOQ) be given to patients and consumers at intake, every thirty days or every visit (whichever is less frequent), and at discharge/discontinuation*”. FCCBH will need to evaluate the process of administering and utilizing the OQ in treatment.

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

**Action Plan:** Though this is a multiyear non-compliance issue, Four Corners has made improvements in the compliance of administration of the OQ in general. For example, the overall rate of administration of the OQ, agency wide, has increased and FCCBH has some of the highest rates of completion of the tool state-wide. However, entry of the score and meaningful use by clinicians continues to be a challenge. Four Corners will continue to take a much more aggressive approach to getting OQ’s completed at least once every 30 days. In fact, the expectation is that the tool is being provided for completion at every visit. This is done to help at minimum, reach the once a month requirement; as many individuals are prescribed services more than once a month. Front office staff will be reminded monthly at support staff meetings to ensure they are offering and encouraging the completion of the tool at every session. In addition, front office staff have been asked to email the clinician if a client refuses to complete the tool. The tool will be provided in group settings when possible and increased tracking (monthly) will be added by our internal compliance officer as well.

**Timeline for compliance:** Will begin oversight of this immediately.

**Person responsible for action plan:** Melissa Huntington

**FY20 Deficiencies:**

None

**FY20 Recommendations:**

- 1) *Youth-in-Transition and Supported Employment and Education*: Representatives from DSAMH, Utah State Office of Rehabilitation, Utah State Board of Education and Grand School District met to review Grand School District's Youth-in-Transition Supported Employment and Education needs, barriers, and resources. Pre-employment services (Pre-ets), referral to a Community Rehabilitation Provider (CRP) job coach/developer/placer, and utilizing an Individual Placement and Support (IPS) employment specialist from FCCBH to assist with students in Moab were all discussed. FCCBH is encouraged to pursue partnerships for employment and education placements for youth-in-transition.

**FY20 Division Comments:**

- 1) *Peer Support Services*: FCCBH provides more Peer Support Services than the average for rural Local Authorities (FCCBH-6.6% vs Rural-4.3%) according to the FY19 Adult Mental

Health Scorecard. A Certified Peer Support Specialist (CPSS) at FCCBH indicated that he would like to see how other CPSSs interact with peers and members, and would also like opportunities for further training.

- 2) *Participant Feedback:* Heather Rydalch, Peer Support Program Manager, met with fifteen members at the New Heights Clubhouse. Several said they are doing much better now that they are coming to “Club” and not isolating so much. One said that she would just sleep and eat if she did not come to “Club”. Several members said they really like having a payee; they know that their bills are being paid. They have recovery-oriented groups twice a week, a member-led group once a month, and fun activities.

Several members did mention that they are struggling with treatment due to the turnover of therapists - just when they get comfortable with a therapist, they get a new one. One member said, “It’s hard to keep having a new therapist”. One of the members shared a favorite quote - “A journey of a thousand miles begins with one step”.

- 3) *Workforce Development:* FCCBH has identified the need for improved workforce retainment and is actively seeking opportunities to do so. FCCBH has improved their agency score for the National Health Services Corps Loan Repayment Program and has improved the ability for employees to qualify for student loan repayment. FCCBH is engaged with the local universities in order to improve local involvement in workforce development.
- 4) *Suicide Prevention:* FCCBH partners with DSAMH on the implementation of several activities related to the Utah Zero Suicide Grant. One component is the provision of structured follow up and caring contacts to individuals following a suicidal crisis (after individuals present at FCCBH or the Castle Dale Emergency Department). Another component is the implementation of safety/firearm safety activities. In addition to the grant activities, FCCBH has had an internal quality improvement committee focused on Zero Suicide implementation and has engaged in gatekeeper training and community engagement. Another suicide prevention coalition and additional suicide prevention efforts are being headed up by the Cache County Health Department.

## **Substance Use Disorder Prevention**

Becky King, Program Administrator, conducted the annual prevention review of Four Corners Community Behavioral Health on September 25th, 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**

#### **FY19 Deficiencies:**

- 1) There was a decrease in the number Eliminating Alcohol Sales to Youth (EASY) compliance checks. In FY16, Price Police Department conducted 18 checks. In FY17 Price PD conducted 9 compliance checks. In FY18 there were 0 checks throughout the entire Four Corners Local Substance Abuse Authority area.

**This issue has been resolved. In FY19, there were 17 EASY Compliance Checks conducted in the FCCBH local area, 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) *Grand County Coalition:* Over the past two years, it has been difficult to organize a coalition in Grand County. Grand County expressed concern that “they tried the coalition process before and it had not worked.” The new FCCBH Prevention Coordinator recently met with the Mayor of Grand County to begin discussions of starting a coalition in their area, which went well. The Prevention Coordinator received key contacts from the Mayor and met with other County leaders to review strengths and barriers, which will be used to

help build a coalition in Grand County. It is recommended that FCCBH continue their efforts to build a coalition in Grand County.

- 2) *Emery County Coalition:* Over the past two years, it has been difficult to build a coalition in Emery County. There has been some changes in Emery County in capacity due to the influence of the Utah State University (USU) Health Extension: Advocacy, Research and Teaching Initiative (HEART) Program. Continued readiness assessment and outreach to partners will be used to try and increase capacity in these counties. Emery County is working on developing a “Prosper Model Coalition,” which is run through the University Extension Program. This would be the first “Prosper Model Coalition” in Utah, which could serve as an example for Grand County and other areas of the State. It is recommended that FCCBH continue their efforts to build a coalition in Emery County.
- 3) *Community Readiness Assessment:* FCCBH’s readiness assessment is focused on community leaders rather than the community as a whole. While they have not had the capacity to implement a formal community readiness assessment in their area, they have been working to build this capacity. In the absence of a formal assessment, efforts have been made to incorporate as much informal discussion as possible with community leaders to match strategies until their communities are ready to address the issues identified in the needs assessment. It is recommended that FCCBH continue in their efforts to complete a readiness assessment for their community.

**FY20 Division Comments:**

- 1) *Carbon County Community Coalitions:* The Carbon Addiction Reduction and Elimination Coalition (CARE) has been in place for 15 years and is working towards implementing the Communities that Care (CTC) Model. They will be working on another round of assessments in the upcoming fiscal year. The Green River CHEER Coalition has been in place for 10 years, which uses the Strategic Prevention Framework and CTC Model respectively. The coalition members are very active and the coalition is self sustainable and has their own 501(c)(3) Status.
- 2) *Evidence Based Practice:* 100% of FCCBH’s prevention programs and practices are evidence-based, which are monitored to fidelity. FCCBH ensures fidelity through the following measures: (1) Training - Providing the appropriate training and certification for the individuals delivering the program; (2) Review - Monitoring of implementation through an outside observer to ensure appropriate delivery, as well as short term participant feedback to demonstrate knowledge change; (3) Oversight - Documentation of program delivery in both internal and state reporting.
- 3) *Capacity Building:* FCCBH continues to build capacity in their community through evidence-based training and certification for their staff, strengthening partnerships with key stakeholders and community partners, supporting and sustaining community coalitions, and securing federal / state funds for prevention programs and maintaining staff. Examples of capacity building through FCCBH include the following: “Big Brain” at the Arts Festival, the Harlem GlobeTrotters Basketball Game, Use Only As Directed Campaign, Take Back

Boxes, Family Dinner Night and Parents Empowered Campaigns. FCCBH also recently hired a full time Coalition Leader, who has been instrumental in building and sustaining coalition efforts.

## **Substance Use Disorders Treatment**

Becky King, Program Administrator, conducted the monitoring review of Four Corners Community Behavioral Health on September 25th, 2019. The review focused on compliance with State and Federal laws, Division Directives, Federal Substance Abuse Treatment (SAPT) Block Grant requirements, Drug Offender Reform Act (DORA), Justice Reinvestment Initiative (JRI), Bureau of Justice Administration (BJA) Drug Court requirements, scorecard performance, and consumer satisfaction. The review included a document review, clinical chart review, and an interview with the Clinical Director and other staff members. Consumer satisfaction and performance were also evaluated using the Division Outcomes Scorecard, the Consumer Satisfaction Survey, other data measures.

### **Follow-up from Fiscal Year 2019 Audit**

#### **FY19 Minor Non-compliance Issues:**

- 1) *Division Outcomes Measures Scorecard:* The SUD Outcomes Measures Scorecard showed that the percent of individuals who reported using tobacco from admission to discharge increased from -1.9% to -9.8% from FY17 to FY18 respectively, which does not meet Division Directives. This is the second year for this finding.

**This issue has been resolved. In FY19, the percent of individuals who reported using tobacco from admission to discharge moved to 7.8%, which now meets Division Directives.**

- 2) *Treatment Episode Data Set (TEDS):* Criminogenic risk data was not collected for 27.6% of clients compelled to treatment upon admission in the criminal justice system, which does not meet Division Directives.

In FY19, criminogenic risk data was not collected for 27.4% of all clients in the Criminal Justice System, which does not meet Division Directives.

**This issue has not been not resolved and will be continued in FY20; see Minor Non-Compliance Finding #1.**

### **Findings for Fiscal Year 2020 Audit:**

#### **FY20 Major Non-compliance Issues:**

None

#### **FY20 Significant Non-compliance Issues:**

None

#### **FY20 Minor Non-compliance Issues:**

- 1) *Treatment Episode Data Set (TEDS)*: Criminogenic risk data was not collected for 27.4% of all clients involved with the criminal justice system, which does not meet Division Directives.

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

**Action Plan:** Our data manager is primarily responsible for the oversight of data entry. For the upcoming audit year, FCCBH will have a new data manager who will be responsible for the collection and reporting of this data.

**Timeline for compliance:** Will begin action on this immediately

**Person responsible for action plan:** James Jewkes

**FY20 Deficiencies:**

None

**FY20 Recommendations:**

- 1) *Chart Review*: Most charts showed that the Addiction Society of Addiction Medicine (ASAM) Justification Summary was missing in the ASAM Assessment and the ASAM Goals were not included in the Recovery Plan and Reviews. ASAM and Recovery Plans should have specific goals to change behavior along with the client’s goals. It is recommended that FCCBH include a Justification Summary for ASAM which outlines the client’s problem areas and recovery goals. The ASAM goals should be included in the client’s Recovery Plan and Reviews (*Chart #'s 5590, 5989, 3910, 10817, 6112, 1004165, 1304051, 10784, 6324*).
- 2) *Housing and Relocation Efforts*: FCCBH reported that several people are relocating from Salt Lake to East Carbon, who are primarily homeless. With the lack of housing available in all three counties - Carbon, Emery and Grand, it has been difficult to find housing options for these individuals. Due to the high cost of living in Grand County and limited housing options in other counties, FCCBH has developed housing options for their staff and clients, which have been very helpful. It is recommended that FCCBH continue in their efforts to locate safe and affordable housing options for clients and staff.

**FY20 Division Comments:**

- 1) *Quality Staff and Services*: FCCBH has a dedicated leadership team who provides ongoing support for their staff. They ensure that staff receive ongoing training and certification to provide quality services. They have been providing trauma-informed supervision to provide ongoing support for job stress, secondary trauma or other areas to help them do their job effectively. All programs and models at FCCBH are 100% evidenced-based to fidelity. They provide individualized services which include 47 groups and classes offered in all three counties, which is a large undertaking for a small staff. FCCBH continually strives to seek new ways to improve services, which has made a positive difference for their clients and their families.

- 2) *Services for Women and their Children:* FCCBH has provided gender-responsive services for women and their children for many years. They recently developed a safe and sober living home for women and children, which has been very successful. This facility has provided a positive, safe environment for women and their children. FCCBH continues to see innovative ways to help women and their children receive the quality services.
  
- 3) *Medication Assisted Treatment (MAT):* FCCBH continues to expand Medication Assisted Treatment (MAT) in their community. They set up “Operation Recovery,” an Opioid Treatment Program in Carbon County two years ago, which provides MAT, such as Methadone, Suboxone, Vivitrol, Naloxone and other medications. Since opening Operation Recovery, FCCBH has served 173 clients to date. They also offer daily van transportation for clients of Operation Recovery. FCCBH is in the process of setting up a “MAT Van” to provide Medication Assisted Treatment for Grand County residents, which they will be working on over the next year.

## **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 be categorized as a non-compliance issue. A written corrective action

plan is required without a formal timeline. 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.

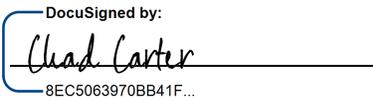
### Signature Page

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

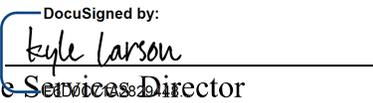
If there are any questions regarding this report please contact Chad Carter at (801)538-4072.

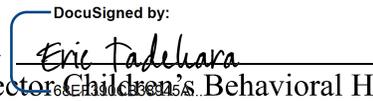
The Division of Substance Abuse and Mental Health

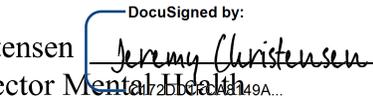
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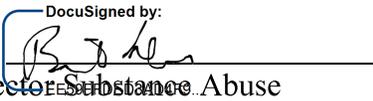
Chad Carter  Date November 18, 2019  
 Auditor IV DocuSigned by: 8EC5063970BB41F...

Approved by:

Kyle Larson  Date November 19, 2019  
 Administrative Services Director DocuSigned by: 8EC5063970BB41F...

Eric Tadehara  Date November 19, 2019  
 Assistant Director of Children's Behavioral Health DocuSigned by: 8EC5063970BB41F...

Jeremy Christensen  Date November 18, 2019  
 Assistant Director Mental Health DocuSigned by: 8EC5063970BB41F...

Brent Kelsey  Date November 18, 2019  
 Assistant Director Substance Abuse DocuSigned by: 8EC5063970BB41F...

Doug Thomas  Date November 19, 2019  
 Division Director DocuSigned by: EB71C358FA4D437...

**Attachment A****UTAH DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH****Emergency Plan Monitoring Tool****Name of Agency: Four Corners Community Behavioral Health****Date: September 25, 2019**

<i>Compliance Ratings</i>				
<b>Y = Yes, the Contractor is in compliance with the requirements.</b>				
<b>P = Partial, the Contractor is in partial compliance with requirements; comments provided as suggestion to bring into compliance.</b>				
<b>N = No, the Contractor is not in compliance with the requirements.</b>				
Monitoring Activity	Compliance			Comments
	Y	P	N	
<b>Preface</b>				
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
Title page (with placeholders to record the dates that reviews/revisions are scheduled/have been made)			X	Need dates of reviews/scheduled revisions
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			
<b>Basic Plan</b>				
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 clearly identify the methods for communicating changes and how staff are trained.
<b>Functional Annex: The Continuity of Operations (COOP) Plan</b>				
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
<b>Planning Step</b>				
Disaster planning team has been selected, to include all departments (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 department(s)
The planning team has identified requirements for disaster planning for Residential/Housing services including: <ul style="list-style-type: none"> <li>● Engineering maintenance</li> <li>● Housekeeping services</li> <li>● Food services</li> <li>● Pharmacy services</li> <li>● Transportation services</li> <li>● Medical records</li> </ul>			X	Need to specify how these functions will be provided
The team has coordinated with others in the State and community.	X			

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Envelopeld Stamping: Enabled	Kyle Larson
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	Salt Lake City, UT 84116
	kblarson@utah.gov
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bkelsey@utah.gov  
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erictadehara@utah.gov  
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Director  
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