



Site Monitoring Report of

Cache County (District 1 Mental Health Authority –
Bear River Mental Health)

Local Authority Contract #160238

Review Date: November 28th, 2017

Table of Contents

Section One: Site Monitoring Report	3
Executive Summary	4
Summary of Findings.....	5
Governance and Fiscal Oversight	6
Mental Health Mandated Services	8
Child, Youth and Family Mental Health.....	9
Adult Mental Health.....	11
Section Two: Report Information	14
Background	15
Signature Page.....	18

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 Cache County (District 1 Mental Health Authority – Bear River Mental Health) (also referred to in this report as BRMH or the Center) on November 28th, 2017. The focus of the review was on governance and oversight, fiscal management, pediatric and adult mental health 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 Deficiency	None None None None	
<i>Child, Youth & Family Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 1 None	9
<i>Adult Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None 1	11 - 12

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review at Cache County (District 1 Mental Health Authority – Bear River Mental Health) (BRMH). The Governance and Fiscal Oversight section of the review was conducted on November 28th, 2017 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 has been gained. Board 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/or the contracted County.

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. During the site visit review, a sample of billings submitted by the Center were pulled and verified that the costs charged were consistent with the Medicaid Cost Report and also met the requirements established for the funding source.

The CPA firm Davis & Bott completed an independent audit of BRMH for the year ending June 30th, 2017 and issued a report dated October 12th, 2017; the auditors’ opinion was unqualified and did not report any deficiencies or findings. As a part of the review, they also examined specific items at the Division’s request, including policy, executive compensation and allowability of costs reported. In the auditor’s opinion, these items are accurately presented and no findings or issues were discovered.

Follow-up from Fiscal Year 2017 Audit:

No findings were issued in FY17.

Findings for Fiscal Year 2018 Audit:

FY18 Major Non-compliance Issues:

None

FY18 Significant Non-compliance Issues:

None

FY18 Minor Non-compliance Issues:

None

FY18 Deficiencies:

None

FY18 Recommendations:

None

FY18 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 Bear River Mental Health on November 28th and 29th, 2017. The monitoring team consisted of Eric Tadehara, Program Administrator; Codie Thurgood, Program Manager; Mindy Leonard, 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, a case staffing, program visits, allied agency visits, and feedback from families through questionnaires and a focus group. During the visit, the monitoring team reviewed the Fiscal Year 2017 audit; statistics, including the Mental Health Scorecard; Area Plans; Youth Outcome Questionnaires; family involvement; Family Resource Facilitation (Peer Support); High Fidelity Wraparound; Multi-Agency Coordinating Committees; school-based behavioral health; Mental Health Early Intervention Funding; civil commitment; compliance with Division Directives; and the Center's provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 2017 Audit

No findings were issued in FY17.

Findings for Fiscal Year 2018 Audit

FY18 Major Non-compliance Issues:

None

FY18 Significant Non-compliance Issues:

None

FY18 Minor Non-compliance Issues:

- 1) *Unfunded Client Count*: Data reported to the Division of Substance Abuse and Mental Health regarding children and youth receiving unfunded services is incorrect. Data reported in Substance Abuse and Mental Health Information System (SAMHIS) indicates 1,103 children and youth were served using unfunded code. This represents a total of 72.8% of the total children and youth served by BRMH in FY17.

Center's Response and Corrective Action Plan:

The number is inaccurate because of the new software system that was implemented. The issue has been corrected within the software and the correct number should be report for the current reporting year. Beth Smith is the individual that looked into this issue and had the corrections made.

FY18 Deficiencies:

None

FY18 Recommendations:

- 1) *Community Collaboration, Communication, and Partnership:* BRMH does collaborating with certain community partners, including the schools, as well as within the different teams and services offered throughout the agency. Other community partners reported the need for improved communication and collaboration with BRMH, as it could enhance the service provision for children, youth, and their families throughout the catchment area. Additionally, families reported very little communication with primary care providers or school providers in regards to their child’s treatment. It is recommended BRMH work on strengthening the collaboration, communication, and partnership with community agencies to improve relationships and enhance integrated services for children, youth, and families.

FY18 Division Comments:

- 1) *Family Feedback:* Family Feedback Questionnaires were completed by 18 families. Additionally, three families participated in the family focus group. Of the completed surveys, one of the families stated staff “made me feel validated in my feelings and my thoughts, not like taking sides but I feel like they are backing me...it’s nice to feel like someone is on my side and makes me feel good.” Families also reported they “feel supported” and BRMH “are there if I need them and can’t figure out what to do.” When asked about the most important things appreciated about BRMH the families reported, “help with communication with my child,” “I feel like the staff care about my son and myself,” and “[BRMH] make you feel important.”
- 2) *Wraparound and Family Resource Facilitators:* BRMH provides High Fidelity Wraparound as defined by the Utah Family Coalition (UFC). BRMH has welcomed a new Family Resource Facilitator (FRF) who is learning the skills of wraparound and how she can help families realize their dreams. Feedback from the families illustrate the FRF is an important resource to the families who receive services and helps them feel supported. The UFC reports the FRF of BRMH is working hard at developing her skills and is an integral part of the service delivery system in providing support to parents/caregivers in a variety of situations and settings.
- 3) *School-Based Mental Health Services:* BRMH has done well at building strong relationships with many of the schools within their catchment area. BRMH provided mental health services within the school to 286 children and youth (a rate of 18.9%) in FY17. School counselors and administrators spoke highly of the program. In an effort to continue to serve youth in the schools, BRMH would benefit from clarifying with school counselors and administrators the school based referral process and who can qualify for school based services.

Adult Mental Health

The Adult Mental Health team conducted its annual monitoring review of Bear River Mental Health on November 28th and 29th, 2017. The team included LeAnne Huff, Adult Mental Health Program Manager, Cami Roundy, Recovery and Resiliency Peer Program Manager, and Pete Caldwell, Adult Mental Health Program Manager. The review included the following areas: Discussions with clinical supervisors and management teams, record reviews, site visits to administrative offices, Cache County Jail, Logan Regional Hospital, and Bear River House. During the discussions, the team reviewed the FY17 audit; statistics, including the Mental Health Scorecard; area plans; Outcome Questionnaires, and the center's provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 2017 Audit

No findings were issued in FY17.

Findings for Fiscal Year 2018 Audit

FY18 Major Non-compliance Issues:

None

FY18 Significant Non-compliance Issues:

None

FY18 Minor Non-compliance Issues:

None

FY18 Deficiencies:

- 1) *Use of Outcome Questionnaire (OQ) as an intervention:* DSAMH recognizes and appreciates BRMH efforts in administering the OQ at the 50% requirement as evidenced through OQ data reports and documentation in the charts. During FY18 chart reviews, there was no evidence in the progress notes indicating that the OQ scores were being used as a clinical tool for intervention. Division Directives require that the data from the OQ be shared with the client and incorporated into the clinical process, as evidenced in the chart.

Center's Response and Corrective Action Plan:

Center staff was trained on December 5, 2017, regarding the OQ and documenting the use in the chart. This training was in response to DSAMH's report. Supervisors are addressing the OQ and the documenting of the OQ in individualized supervision. Supervisors are emphasizing, in particular, the documentation of the OQ in their supervision. This has occurred after receiving DSAMH's report. Additionally, the OQ was added as part of BRMH's peer audit form. Peer audit reviews occur at every transfer of a client within the agency and every six months. Staff

will continue to use the OQ as a clinical tool for intervention and document the use of the OQ in the charts. Clinical Supervisors are responsible for the training and monitoring the use and documentation regarding the OQ. These individuals are Dan Sorensen, Tim Frost, Lance Bingham, and Carolina Brog.

FY18 Recommendations:

- 1) *Evidence-Based Supported Employment:* Participants report that BRMH provides excellent services through the Bear River House and Brigham City House programs. Three participants interviewed did suggest additional assistance with employment be added to the program. DSAMH recommends that BRMH continue to work toward provision of an evidence-based supported employment model, as the provision of a scientifically established behavioral health intervention should improve supported employment outcomes.
- 2) *Suicide Prevention:* DSAMH strongly encourages BRMH to take a leadership role in the Suicide Coalitions generally, and specifically to assume a leadership and coordinating role in development of comprehensive mental health and crisis response. In addition, Suicide Coalitions are encouraged to reach out to the DSAMH Suicide Prevention Coordinator for technical assistance around data collection and interpretation.

FY18 Division Comments:

- 1) *Documentation:* DSAMH appreciates the excellent documentation in the new BRMH electronic medical record. Individual evaluations are thorough, contain regular updates and show engagement. Recovery Plans are current, and the goals and objectives are measurable and attainable. Progress notes are thorough, individualized, and follow a golden thread.
- 2) *Trauma Focused Care:* DSAMH commends BRMH for demonstrated dedication to providing trauma focused care to their clients. BRMH has multiple therapists trained in Eye Movement Desensitization and Reprocessing (EMDR), including two EMDR therapists in Tremonton and four EMDR therapists in Brigham City.
- 3) *Hospital Liaison:* DSAMH recognizes and appreciates the excellent coordination of care and education that the hospital liaison provides to their clients at BRMH and to the staff at Logan Regional Hospital psychiatric inpatient unit. This position is able to keep track of those on commitment, make sure they attend their hearings, and provides coordination of care that improves quality of treatment.
- 4) *Participant Feedback:* DSAMH Peer Support Program Manager, Cami Roundy, met with a group of six peers from Bear River House who participate in the day treatment program. Two of the participants mentioned that their treatment is excellent, one feels like their treatment is a great stepping stone to work, and two said that they “fought it” at first but now are making progress. Participants shared: “I feel like people here truly care.” “I don’t think I would be here today without this place.” “This gives me something to do with my day, it is uplifting and gives me purpose.” “This is my second home and family.” “Everyone here is supportive and helps me, even on bad days.”

- 5) *Emphasis on Wellness:* Evidence of a holistic approach to wellness was evident at Bear River House. Tobacco cessation is offered as part of a stress management group and participants are aware of Recovery Plus options. There is a wellness/nutrition group on Mondays, and all participants are able to attend a fitness group or go the gym three days a week if they choose.

- 6) *Adult Peer Support Program:* DSAMH Peer Support Program Manager, Cami Roundy, met with the Certified Peer Support Specialist (CPSS) for BRMH and her supervisor. The CPSS feels supported, enjoys her work as a Peer Specialist, and reported that everyone helps each other. BRMH participants said that they have been offered Peer Support Services and spoke very highly of the BRMH CPSS.

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 Cache County (District 1 Mental Health Authority – Bear River Mental 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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