



Site Monitoring Report of

Bear River Health Department
Local Substance Abuse Authority

Local Authority Contract #160048

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
Substance Abuse Prevention	8
Substance Abuse Treatment.....	10
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 Bear River Health Department (also referred to in this report as BRHD or the County) on November 28th, 2017. 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	6 - 7
<i>Substance Abuse Prevention</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i>Substance Abuse Treatment</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None 3 None None	11 - 12

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 29th, 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.

The CPA firm Jones & Simkins P.C. performed an independent financial statement audit of Bear River Health Department for the year ending December 31st, 2016. The Independent Auditors' Report issued on May 10th, 2017 provided an unqualified opinion stating that the financial statements present fairly, in all material aspects, the respective financial position of the governmental activities of BRHD. The auditor's report on internal control and compliance did not list any deficiencies or findings.

Follow-up from Fiscal Year 2017 Audit:

FY17 Minor Non-compliance Issues:

- 1) It was found during the review of subcontractor files that BRHD is not monitoring its subcontracted providers with a formalized monitoring tool as required by the DHS Contract and the Division Directives.

This issue has been resolved. There was only one active subcontractor during the review period and BRHD had completed an annual monitoring visit using a monitoring tool to document the outcome of each review activity.

Findings for Fiscal Year 2018 Audit:

FY18 Major Non-compliance Issues:

None

FY18 Significant Non-compliance Issues:

None

FY18 Minor Non-compliance Issues:

- 1) During the review of subcontractor files, it was found that the contract between BRHD and an active subcontractor had expired and a new one had not been signed. This is required by

the DHS contract, referring services to a provider without a legal contract is a potential liability for BRHD and DSAMH.

Center's Response and Corrective Action Plan:

A new contract was signed immediately upon discovery of this need. A schedule is in place to review these contracts on a time line for renewal.
Staff responsible: Brock Alder

FY18 Deficiencies:

None

FY18 Recommendations:

None

FY18 Division Comments:

None

Substance Abuse Prevention

Susannah Burt, Program Manager, conducted the annual prevention review of Bear River Health Department on November 28th, 2017. 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 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:

- 1) It is recommended that BRHD increase community awareness of strategic prevention throughout the Local Substance Abuse Authority (LSAA) area.
- 2) It is recommended that BRHD increase partnership and collaboration with Bear River Mental Health and suicide prevention efforts within the community, focusing on shared risk factors.

FY18 Division Comments:

- 1) BRHD has a strategic plan for the LSAA area (three counties).
- 2) BRHD staff are seen as experts and a resource for the community. The prevention coordinator is the point person on prevention for state legislators and mayors.
- 3) BRHD completed the Annual Report on time, as well as entered all prevention data within 60 days of service.
- 4) BRHD has a 100% Synar Tobacco compliance rate. The state goal is 90%.

- 5) BRHD exceeded minimum standards set in the Division Directives and increased Eliminating Alcohol Sales to Youth (EASY) compliance checks from 193 in FY16 to 208 in FY2017. 96% of the compliance checks resulted in no alcohol sales to youth.

Substance Abuse Treatment

VaRonica Little, Program Administrator, conducted the Substance Use Disorders Treatment review for Bear River Health Department on November 28th, 2017. 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 2017 Audit

FY17 Minor Non-compliance issues:

- 1) The percent of clients completing a treatment episode successfully decreased from 51.5% to 50.9% from FY15 to FY16 respectively. This was a previous finding Minor Non-Compliance Issue in FY15.

This issue has not been resolved and will be continued in FY18; see Significant Non-compliance Issue #1.

- 2) The percent of individuals retained in treatment 60 or more days decreased from 73.1% in FY15 to 68.3% in FY16. This is below that national average.

This has been resolved, in FY17 this percentage has increased to 71.1%

- 3) The percent of individuals that decreased their involvement in criminal activity from admission to discharge decreased from 57.1% to -271.4% respectively.

This has been resolved, in FY17 this percentage has increased to 47.6%

- 4) Client satisfaction survey data show that only 9.1% of the client satisfaction surveys were completed which is less than the 10% required and resulted in insufficient sample rate. This finding corresponds with FY16 findings two and three. These issues were not resolved due to insufficient data collected for client satisfaction survey in FY17.

This issue has not been resolved and will be continued in FY18; see Significant Non-compliance Issue #2.

- 5) BRHD uses an Electronic Health Record (HER) that was purchased by the Health Department and is designed for medical office use, not clinical treatment notes. It is highly recommended for BRHD to find a more sufficient way to monitor assessment and treatment plans and updates. It is a cumbersome system that requires the use of templates and numerous note entries. The entries do not link treatment plans together and therefore

requires staff to read all previous notes to know what the participant's goals, objectives and assignments have been in order to continue assessing the client's current needs. If old goals and objective have been met, this review is not being done. There was no evidence that old objectives or goals had been completed or achieved. The chart review showed a lack of ongoing assessments which is inconsistent with the Division Directives that state assessments will be ongoing. There was evidence of change in the level of care, but no assessments to justify the level change. Participants remained enrolled in treatment for reasons such as unpaid fees, or court ordered SUD treatment without clinical justification for placement. The review also showed a lack of treatment plan updates; treatment plans did not reference completion of goals, objectives or assignments. Clients were determined to need intervention, but no interventions or action plans were documented. BRHD needs to continue working on improving assessments, treatment plans and the discharge summary (random Chart #'s 4741, 1378, 203, 6990).

This issue has not been resolved and will be continued in FY18; see Significant Non-compliance Issue #3.

Findings for Fiscal Year 2018 Audit:

FY18 Major Non-compliance issues:

None

FY18 Significant Non-compliance issues:

- 1) The percent of clients completing a treatment episode successfully decreased from 51.5% to 50.9% from FY15 to FY16 respectively. While the percentage increased in FY17 to 53.3%, it continues to be under the requirement. This has been a previous finding, since FY11.

Local Substance Abuse Authorities will meet or exceed their FY2017 Successful Treatment Episode Completion rates in FY 2018 and will work towards achieving a goal of 60%. Successful Treatment Episode Completion is defined as a successful completion of an episode of treatment without a readmission within 30 days. An episode of treatment is as defined in the Treatment Episode Data Set.

Center's Response and Corrective Action Plan:

This issue was discussed in our staff meeting on December 4, 2017. Staff were trained as to the requirements set by state and national standards for qualifying clients as successfully completed, and our policy adjusted, effective immediately. Staff have since been using the new standards in their discharges.

- 2) Client satisfaction survey data show there were insufficient number of surveys completed and returned, a requirement of 10% is expected to provide a sufficient sample. This has been a finding since FY10.

There were 10.5% Adult SA client satisfaction survey's collected however the youth surveys were 6.6% and Family surveys were 1.6% which is less than the 10% required and resulted in insufficient sample rate.

Center's Response and Corrective Action Plan:

In addition to using incentives for the upcoming surveys, we will be able to utilize students to take a proactive approach in contacting youth and their families to complete surveys. We will also look at the actual number of youth actively participating in treatment to ensure the percentage of surveys required matches actual clients seen, and discharge any open and inactive clients that may skew those percentages.

- 3) BRHD uses an Electronic Health Record (EHR) that was purchased by the Health Department and is designed for medical office use, not clinical treatment notes. The Templates created to help utilize this system more effectively create more effective content. The entries do not link treatment plans together and therefore requires staff to read all previous notes to know what the participant's goals, objectives and assignments have been in order to continue assessing the client's current needs, which did not appear to be present in some charts. If old goals and objective have been met, this review is not being done. There was no evidence that old objectives or goals had been completed or achieved. The chart review showed a lack of ongoing assessments which is inconsistent with the Division Directives that state assessments will be ongoing. The treatment plans did not reference completion of goals, objectives or assignments completed. There was no indication of follow up on assignments or tasks required in groups or past sessions. Treatment plans and goals were minimal where no interventions or action plans were documented, there was no time frame or measurements to ensure that a goal would be met. (*Random Chart #'s 203240, 436982, 402844, 463341*).

Design behaviorally measurable objectives to demonstrate what the client will do to achieve the goal. Use action verbs and identifiable outcomes such as quantity and frequency. Objectives should be time specific.

Center's Response and Corrective Action Plan:

We are in the process of implementing a behavioral health component of our EHR system that connects treatment planning and ongoing assessment to specific service provision progress notes. This component has recently become available and we have been proactive in moving forward with this option. With this component, each individual progress note will reflect treatment plan goals that are being addressed in session and notes in the EHR are automatically required to be connected to a current treatment goal or objective. This additional feature will prompt time-limited, specific goal-setting and documentation. As we implement the new system, we will train staff in not only the use of the system, but the process of creating thorough and clearly defined treatment plans, the requirements for reviewing treatment plan progress and connecting treatment plans to progress notes, ongoing assessment of current need, follow up of objectives and interventions, and proper time frame indicators.

FY18 Minor Non-compliance issues:

None

FY18 Deficiencies:

None

FY18 Recommendations:

- 1) More coordination with prevention team to provide support in the community recovery activities and support groups in your area.
- 2) Training on required documentation for assessment, treatment planning, goals and ASAM reviews with all clinical staff and do internal audits on this process frequently. Creating a clearer template of ASAM, goals and reviews for staff to utilize could be beneficial as well as creating a standard way to label the upload for these templates into their client charts. Training and technical assistance from DSAMH is available upon request.
- 3) Coordination with the courts to get the Level of Service Inventory Revised Risk Assessment (LSIR&R) into client charts and to use for treatment planning would be beneficial to BRHD.
- 4) Reach out and coordinate with the local high schools and middle schools to coordinate support for those students are identified as at risk for substance use.

FY18 Division Comments:

- 1) *Integration and Co-Occurring Services*: There was strong evidence that the Columbia Suicide Severity Rating Scale (CSSRS) is being utilized with all clients to ensure that the risk of suicide is monitored and managed effectively. There were no safety plans seen in the chart reviews but there was a clear administrative plan on how to manage clients who are at risk.
- 2) *Use of Evidence Based Practices (EBP)*: It has been indicated that BRHD utilizes many different EBP's such as Seeking Safety, Moral Reconciliation Therapy (MRT), participation in the Youth State Youth Treatment Implementation (UT SYT-I) Grant Project which is certifying staff in EBP assessments and interventions and integrating more Medication Assisted Treatment (MAT) services.

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.

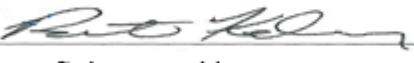
The Division of Substance Abuse and Mental Health

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