



Site Monitoring Report of

Davis Behavioral Health

Local Authority Contracts #160072 and #160073

Review Date: January 23rd, 2018

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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 Davis Behavioral Health (also referred to in this report as DBH or the Center) on January 23rd, 2018. 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

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 1	7
<i>Child, Youth & Family Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i>Adult Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i>Substance Abuse Prevention</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None 3	14 - 15
<i>Substance Abuse Treatment</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 1 2	16 16 - 17

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review at Davis Behavioral Health (DBH). The Governance and Fiscal Oversight section of the review was conducted on January 23rd, 2018 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.

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.

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

As required by the Local Authority, Davis County received a single audit for the year ending December 31st, 2016. The CPA firm Ulrich & Associates completed the audit and issued a report dated June 16th, 2017. The auditors' opinion was unqualified stating that the financial statements present fairly, in all material aspects, the financial position of WMH. In accordance with Government Auditing Standards and the OMB Compliance Supplement, the auditors also issued reports on internal control over financial reporting and compliance for each major Federal program. The Mental Health Block Grant was identified as a major Federal program and was selected for specific testing in the audit. The Division also sent a request for the auditors to test specifically for cost allowability, policies and executive compensation. The auditors did not report any deficiencies or areas of noncompliance.

The audit for Davis Behavioral Health was also reviewed. The CPA firm Litz & Company conducted the audit for the year ending June 30th, 2017 and issued an unqualified opinion in their auditor's report dated December 1st, 2017. The SAPT Block grant was selected for specific testing, the auditors did not report any deficiencies or area of noncompliance.

Follow-up from Fiscal Year 2017 Audit:

No findings were issued.

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) One employee was found to have an expired BCI background check during the review of personnel records. All other files that were reviewed were in order and had the necessary documentation

Center's Response and Corrective Action Plan:

The personnel file regarding this employee has been corrected and a current BCI background check has been completed. All other files were checked and found to be in order.

FY18 Recommendations:

- 1) During the finance payment review, DBH had some difficulties demonstrating that enough services were provided to JRI clients to justify the amounts billed to the Division for FY17. This was due to services provided to individuals who were not official clients in their electronic health record. Beginning July 1, 2017 it is required for all Local Authorities to report Recovery Support Services to the Division for all individuals, including JRI specific clients. Information on the Recovery Support File can be found at <https://dsamh.utah.gov/pdf/Data%20Specs/FY2018%20Recovery%20Support%20Spec%202.pdf>. It is recommended that DBH ensures that all recovery support services are reported so that this information can be used in next year's finance payment review.

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 Davis Behavioral Health on January 22nd, 23rd, and 24th, 2018. The monitoring team consisted of Eric Tadehara, Program Administrator; Codie Thurgood, Program Manager, Mindy Leonard Program Manager, and Brenda Chabot, Family Mentor with the Utah Family Coalition (Allies with Families). The review included the following areas: record reviews, discussions with clinical supervisors and management, case staffing, program visits, and feedback from families through questionnaires and a focus group. During the visit, the monitoring team reviewed the FY17 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 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 2017 Audit

No findings were issued.

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:

- 1) *Number of Youth Served:* DBH continues to increase the number of clients served throughout the agency since FY10 and continues to serve those whom are unfunded due to the recognized needs of their population. In FY18, DBH served 161 more children and youth than in FY17.

- 2) *Community Partnerships:* DBH is an integral service member throughout the community. DBH collaborates with schools, DCFS, Juvenile Courts, and other community agencies to provide the best possible care for the children and youth they serve. DBH is actively working with the Department of Human Services, Weber Human Services, and Bear River Mental Health to develop Stabilization and Mobile Response (SMR) services to aid families in crisis and keep children and youth in their homes and communities. One school voiced how thankful they are for DBH and the partnership. They reported that the school-based behavioral health program has kept children in school. The program has also allowed many children and youth the opportunity to remain on track for graduation.
- 3) *Family Feedback:* The UFC collected feedback from 37 families who responded to written questionnaires and five families who attended the focus group. One family reported that “Davis Behavioral Health has been a very good experience for me and my children. They have helped more than I can express. I am truly thankful for all the help and programs available.” Overall, the families served reported that they are satisfied with the services they receive.
- 4) *Family Resource Facilitation and High Fidelity Wraparound:* DBH provides High Fidelity Wraparound as defined by the Utah Family Coalition (UFC). DBH continues to support Family Resource Facilitators (FRF) and the services they provide. Nineteen of the families who responded to the feedback questionnaire received FRF services and reported the following: “Our family would not be where we are if not for the support of the FRF;” “they have saved our family;” and “she has helped so much in helping us put together a crisis/safety plan to help with the home concerns.”

Adult Mental Health

The Adult Mental Health team conducted its annual monitoring review of Davis Behavioral Health on January 23rd, 2018. The team included Pam Bennett, Program Administrator Adult Mental Health, LeAnne Huff Program Manager Adult Mental Health, Cami Roundy, Peer Support Program Manager and Pete Caldwell, Assisted Outpatient Treatment Program Manager. The review included the following areas: Discussions with clinical supervisors and management teams, record reviews, site visits to administrative offices, outpatient clinics, Journey House, and community partner sites. 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.

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) *Documentation:* During the chart review process, nine of thirteen charts reviewed lacked measurable goals and objectives. Measurable goals create structure and the ability to track an individual's treatment plan goals and objectives. Division Directives state that the objectives should be "behavioral changes that are measurable, short term, and tied to the goals." One method for creating measurable goals is the S.M.A.R.T method, Specific, Measurable, Attainable, Relevant and Timely. DSAMH recommends ongoing education and support to service providers with an emphasis on creating measurable and attainable goals. When goals are clear and measurable, it is easier for the client and therapist to evaluate progress toward recovery.

FY18 Division Comments:

- 1) *Integrated Care Project:* DBH has received a two year grant to provide two full-time therapists and one full time Recovery Support Specialist (Peer) in two Intermountain Healthcare outpatient clinics in Layton and Bountiful. The Peer Specialist splits their time between the two clinics, providing support to individuals experiencing mental health/and or substance abuse issues. The target population are those who qualify for Medication Assisted Treatment (MAT). DBH is also taking behavioral health referrals as their capacity allows. DSAMH appreciates these efforts to promote integrated health care.
- 2) *Crisis Follow-up from Emergency Departments:* DBH has completed a study involving post-discharge contact with 100 people who presented to local emergency departments with physical and/or mental health complaints. They were able to make contact with 38% of the individuals, and found that 92% of the individuals contacted were satisfied with and appreciated the call. Thirty percent (30%) of individuals contacted, needed and requested additional mental health services. DSAMH commends DBH for addressing potential barriers to follow-up care in a proactive manner.
- 3) *Trauma-informed care:* DBH has created an initiative to ensure their organization is trauma-informed. All staff have received trauma training over the past year, and DBH is focused on utilizing evidence-based practices for trauma including Seeking Safety. As choice is a stabilizing factor in trauma, DBH has made client choice a priority when working with individuals in treatment.
- 4) *Crisis Collaboration:* DBH and the local law enforcement department are holding monthly meetings to address stabilization of high utilizers of behavioral health services within the community. The law enforcement response is shifting to use of the crisis line for de-escalation and connection to services, and DBH is providing case management and follow-up care.
- 5) *Assisted Outpatient Treatment:* DSAMH recognizes and appreciates DBH for their implementation of the Assisted Outpatient Treatment (AOT) program. DBH has provided superb community-based mental health treatment services to 45 individuals on civil commitment who have a demonstrated history of poor treatment compliance. DBH continues to identify and implement new strategies to provide high-quality services to the target population. This was demonstrated most recently by the formation and implementation of a Seeking Safety group for AOT enrollees.
- 6) *Certified Peer Support Specialists (CPSS):* DSAMH Peer Support Program Manager, Cami Roundy, met with seven CPSS and their Supervisors. Peers report that they work well together as a team and feel supported. DBH continues to be an exemplary model of Peer Support Services and Peer Support Supervision.
- 7) *Participant Feedback:* Seven individuals in Recovery attending Journey House were interviewed by Cami Roundy, DSAMH Peer Support Program Manager. All seven individuals indicated that they had created their treatment goals and were making progress. They reported receiving resources for employment, housing, transportation and physical health/exercise. Six participants work with a CPSS, and feel the Peer is critical for their recovery. Several comments from members include: "I have made more progress coming

here in the last two and a half years that I have in twenty”, “Coming to Journey House helps me get through the week”, “My treatment is going well and I am working toward my High School Diploma”, “Journey House is awesome, and they do a good job running it. It helps you get out of the house and learn skills. I don’t know what I would do without it.”

Substance Abuse Prevention

Susannah Burt, Program Manager, conducted the annual prevention review of Davis Behavioral Health on January 23rd, 2018. 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

FY18 Deficiencies:

- 1) No coalitions have been established in the northern part of Davis County even though use rates in Northern Davis County are higher than state rates.

This issue has not been resolved and will be continued in FY18; see Deficiency #3.

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) Davis County did not achieve 90% compliance rates with the Synar tobacco sales. Per the Synar report, Davis County had a compliance rate of 88%. This is a decrease from last year.

Center's Response and Corrective Action Plan:

DBH contacted the Davis County Health Department on March 1, 2018 to address the decrease in the Synar compliance rates. DCHD will send out updated educational materials to all tobacco retail outlets. Follow-up meeting is scheduled for Thursday, April 12th.

- 2) There has been a decrease in the number of overall Eliminating Alcohol Sales to Youth compliance checks, from 157 checks in FY16 to 142 checks in FY17.

Center's Response and Corrective Action Plan:

DBH has reached out to the Syracuse Police Department to discuss their interest in participating in the EASY compliance checks. Chief Atkins has agreed to move forward with conducting

them. DBH will connect Chief Atkins with Jill Sorensen at Utah Highway Safety. DBH will reach out to Clearfield, Layton, and Bountiful Police departments to encourage increased participation.

- 3) There are no current functioning coalitions outside of the county level coalition.

Center's Response and Corrective Action Plan:

Jessica Bigler was hired February 1, 2018 and is actively moving forward to form a functioning coalition in the Syracuse/Clearfield area.

FY18 Recommendations:

- 1) It is recommended that DBH identify areas and work on strategic plans for those sub-county areas.
- 2) It is recommended that DBH increase capacity of staff, contractors and support capacity building in coalitions by attending additional trainings, conferences or webinars.
- 3) It is recommended that DBH collaborate with the school district to prioritize to the school level. It is recommended that coalitions assist in requesting de-identified data down to school level.

FY18 Division Comments:

- 1) The county level coalition, Davis HELPS, has a strategic plan in place.
- 2) DBH has support from Davis School District in implementing Mindful Schools. DBH will follow up on Mindful School evaluations.
- 3) The Annual Report was submitted on time and shared with key leaders involved with the Davis HELPS coalition.

Substance Abuse Treatment

Christine Simonette, Adult Program Manager for Substance Use Disorder Services conducted the monitoring review on January 23rd, 2018. The review focused on: compliance with State and Federal laws, Division Directives, Federal Substance Abuse Treatment (SAPT) block grant requirements, JRI, DORA, Drug Court, 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, and the Consumer Satisfaction Scorecard.

Follow-up from Fiscal Year 2017 Audit

No findings were issued.

Findings for Fiscal Year 2018 Audit:

FY18 Major Non-compliance Issues:

None

FY18 Significant Non-compliance Issues:

None

FY18 Minor Non-compliance Issues:

- 1) Data from the FY17 Utah Substance Abuse Treatment Outcomes Scorecard shows:
 - a. Percent completing treatment episode successfully went from 51.1% down to 49.9%
 - b. Increase in stable housing-Percent increase in those employed full/part time or student from admit to discharge went down from -.03% to -1.6%
 - c. Tobacco use percent decrease in number of clients reporting tobacco use from admission to discharge fell from 29.7% to -7.6%

Center's Response and Corrective Action Plan:

Data has been reviewed these findings with the clinical team and an emphasis made to ask additional questions to ensure that we're collecting accurate information at admission. DBH is certain that treatment is neither detrimental to stable housing nor does it cause an increase in tobacco use. Therefore, we believe the issue is in relation to accurately collecting information at admission.

FY18 Deficiencies:

- 1) Old open admissions are 4.3%, which is more than the recommended state allowance of 4%.

Center’s Response and Corrective Action Plan:

All open admissions prior to July 1, 2015 have been deleted with the exception of those still enrolled in treatment. Further, we will work on those that should be closed since 2015.

- 2) Treatment Episode Data Set (TEDS) submissions reflect that 565 out of 926 admissions were not collected to indicate a client’s criminogenic risk.

Center’s Response and Corrective Action Plan:

Criminogenic risk was not collected on all clients due to an error in the EHR. Those errors have now been corrected and criminogenic risk is now being collected accurately.

FY18 Recommendations:

- 1) It was noted that charts of clients in drug court did not contain urinalysis results. At this time, it is requested that the center scan and attach drug testing results to document effective treatment.
- 2) In some of the charts reviewed, required documents were not electronically attached to the client’s Credible chart. It is recommended to scan and attach the following documents for off-site review:
 - a. Signed fee agreement that identifies individual financial responsibility for services;
 - b. Drug testing agreement that identifies the purpose of testing, potential consequences for testing positive, and right to confirmation test;
 - c. Consent form (only required if information is released);
 - d. Intake documents that include a Privacy statement that is signed and witnessed (It was noted that none of the charts reviewed had witness signatures, which is a requirement).

FY18 Division Comments:

None

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 Davis 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

Prepared by:

Chad Carter
Auditor IV



Date May 23, 2018

Approved by:

Kyle Larson
Administrative Services Director



Date May 23, 2018

Ruth Wilson
Assistant Director Children's Behavioral Health



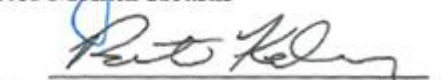
Date May 23, 2018

Jeremy Christensen
Assistant Director Mental Health



Date May 23, 2018

Brent Kelsey
Assistant Director Substance Abuse



Date May 23, 2018

Doug Thomas
Division Director



Date May 23, 2018