



Site Monitoring Report of

Four Corners Community Behavioral Health

Local Authority Contracts #160135 and #160136

Review Date: October 17<sup>th</sup>, 2017

## Table of Contents

<b>Section One: Site Monitoring Report</b> .....	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
Substance Abuse Prevention .....	13
Substance Abuse Treatment.....	15
<b>Section Two: Report Information</b> .....	18
Background .....	19
Signature Page.....	22

## **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 Four Corners Community Behavioral Health (also referred to in this report as FCCBH or the Center) on October 17<sup>th</sup>, 2017. 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 None	
<i>Child, Youth &amp; Family Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None 1	9
<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 1	13
<i>Substance Abuse Treatment</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 1 1	16 - 17 17

## **Governance and Fiscal Oversight**

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review of Four Corners Community Behavioral Health (FCCBH). The Governance and Fiscal Oversight section of the review was conducted on October 17<sup>th</sup>, 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.

The CPA firm Wiggins & Co. P.C. completed an independent audit of Four Corners Community Behavioral Health for the year ending June 30, 2017. The auditors issued an unqualified opinion in the Independent Auditor's Report dated September 13, 2017 and stated that the financial statements present fairly, in all material respects, the financial position of FCCBH. There were no findings or deficiencies reported in the examination of internal controls and compliance.

As the contracted Local Authority, the financial statement audit of Carbon County was also reviewed. The CPA firm Smuin, Rich & Marsing completed the audit for the year ending December 31, 2017. The auditors issued an unqualified opinion in their report dated July 18, 2017. There were no findings or deficiencies reported.

### **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:**

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 October 17<sup>th</sup> and 18<sup>th</sup>, 2017. The monitoring team consisted of Eric Tadehara, Program Administrator; Mindy Leonard, Program Manager; and Tracy Johnson, Utah Family Coalition (Allies with Families). The review included the following areas: record reviews, discussions with clinical supervisors and management, 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 FY17 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 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) *Psychosocial Rehabilitation:* In FY17, FCCBH provided Psychosocial Rehabilitation at a low rate, providing this service to only six children. Psychosocial Rehabilitation is being provided at a rate of 1.2%. FCCBH is encouraged to review the needs and availability of these services and as indicated, seek opportunities to expand services for Psychosocial Rehabilitation to further meet the needs of the children and youth in the catchment area.

#### **Center's Response and Corrective Action Plan:**

FCCBH will increase the availability of our Psychosocial Rehabilitation services within our School-based services and within the clinic setting over the next year. This will be done throughout the year. The individual responsible for tracking this will be Melissa Huntington.

**FY18 Recommendations:**

None

**FY18 Division Comments:**

- 1) *Wraparound and Family Resource Facilitation:* FCCBH provides High Fidelity Wraparound as defined by the Utah Family Coalition (UFC). The Family Resource Facilitator (FRF) is an integral part of service delivery and the services they provide are valued throughout the community by families and partners. The FRF is able to provide useful resources for families in the community and provides a means for family voice to be present in treatment. A family stated the FRF “engaged our youth with wraparound, and he found his vision and felt empowered.” Another parent stated, the FRF “helped my daughter get in a coalition group at school and it really helped her. [the FRF] is amazing and she is the main reason my daughter pulled out of depression.”

It is recommended that FCCBH help staff better understand the FRF’s role as family voice and the importance of high fidelity wraparound. It is also recommended that FCCBH work with UFC and the mentor to continue to work on documentation and training.

- 2) *Family Feedback:* Family feedback was provided by 16 total families, with seven parents who attended the family feedback group and nine who completed the UFC Family Questionnaire. Most of the families reported they are included in their child’s treatment planning process. Families believe the staff truly care about them and their children.
- 3) *School Based Behavioral Health and Intergenerational Poverty:* FCCBH continues to show commitment to school based behavioral health services as a means to reduce barriers and increase access to services for children and youth. FCCBH is currently providing school based behavioral health services in 22 schools within the catchment area, including nine schools with high rates of intergenerational poverty. The school administration is very impressed with the services FCCBH provides and the outcomes achieved.

## **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 October 17<sup>th</sup>, 2017. The team included Pam Bennett, Adult Mental Health Administrator and LeAnne Huff, 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, outpatient clinic, and the New Heights program. During the discussions, the team reviewed the FY17 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 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) *Recovery Plus*: Recovery Plus is an initiative to promote health and wellness in people with mental illness and/or substance use disorders. Five charts reviewed identified nicotine use without evidence of cessation services being offered to four of the clients. In addition, individuals were smoking next to the FCCBH clinical building in Price. Division Directives indicate that tobacco use will be identified in the assessment with resources offered as indicated. Services are also to be provided in a tobacco free environment.

#### **FY18 Division Comments:**

- 1) *Suicide Prevention*: DSAMH appreciates FCCBH's efforts toward suicide prevention: FCCBH received a Prevention by Design grant from the National Alliance for Mental Illness (NAMI), held three Train-the-Trainers in Mental Health First Aid, and now have trainers located in each County. In addition, FCCBH is partnering with DSAMH for the Utah Zero Suicide Grant with funds from Substance Abuse and Mental Health Services Administration

(SAMSHA). FCCBH will hire a fulltime employee to coordinate follow-up care for individuals who go to emergency departments due to a behavioral health crisis, and for those discharging from a psychiatric inpatient setting.

- 2) *Training and Evidenced-Based Practices (EBPs)*: DSAMH commends FCCBH for providing regular EBP training to all staff. FCCBH has developed an extensive monthly training schedule for staff that includes treatment modalities, documentation, and the electronic health record system.
- 3) *Access to Care*: In an effort to reduce no shows, improve access to care and client engagement, FCCBH has implemented Just in Time scheduling (JIT) and open access within their outpatient centers as a pilot program. Clients receive an appointment scheduling call one week before they need to be seen, allowing clients to organize around other obligations and prompting clients to remember the upcoming appointment. This has resulted in a decrease in no show rate, more flexibility to fit walk-in clients into an appointment, and improved client engagement.
- 4) *Participant Feedback*: Pam Bennett, Adult Mental Health Program Administrator, met with four participants at the New Heights program in Price. The individuals all reported that they directed their own treatment and created their own goals. They expressed appreciation for the assistance they had received with transportation, managing benefits, and learning living skills. Participants stated: “Coming here makes me feel like I have a purpose”, “I love the support”, and “I feel like I’m part of something”.
- 5) *Building Improvements*: FCCBH has purchased property and will be building a new outpatient clinic in Moab, along with a new building for the Interact program. The agency continues to demonstrate commitment to staff with five units of affordable staff housing on the new property.
- 6) *Documentation*: The documentation from FCCBH continues to demonstrate engagement during the assessments, evidence of coordination of care across providers and during transitions, and excellent community outreach to clients during crises.

## **Substance Abuse Prevention**

Susannah Burt, Program Manager, conducted the annual prevention review of Four Corners Community Behavioral Health on October 17<sup>th</sup>, 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.**

### **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) 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. No other law enforcement agencies in the LSAA completed any compliance checks.

#### **Center's Response and Corrective Action Plan:**

In FY19 FCCBH will continue to work with law enforcement to address funding stream barriers to completing the buys.

If challenges persist with law enforcements concerns over funding FCCBH will seek to implement a reward and remind effort as a means to address limiting retail access of alcohol to youth.

The person responsible for tracking the progress around this will be Tiffany VanSickle.

#### **FY18 Recommendations:**

- 1) It is recommended that FCCBH share data and outcomes from Annual Prevention Report with County Commissioners.

- 2) It is recommended that FCCBH update the Youth assessment and Strategic plans as well as the CHEER coalition assessment and strategic plan.

**FY18 Division Comments:**

- 1) FCCBH continues to engage prevention into all areas of the agency. Prevention is a part of the Directors' meetings, Karen Dolan and Melissa Huntington have been advocates for better prevention in the agency.
- 2) FCCBH is collaborating with multiple agencies throughout the LSAA. Prevention works with these agencies to build readiness to implement prevention strategies. FCCBH's dedication to evidence based processes has increased the capacity and readiness with these communities.
- 3) FCCBH completed their Annual Prevention Report.
- 4) FCCBH has a strategic plan posted online for the Local Substance Abuse Authority. The coalitions within Four Corners are working on strategic plans for local issues and planning.
- 5) 100% of FCCBH Prevention programming is considered Evidence Based.

## Substance Abuse Treatment

Christine Simonette, Program Manager for Substance Use Disorder Services and VaRonica Little, Project Administrator to the Utah Opioid STR grant conducted the monitoring review on October 17<sup>th</sup>, 2017. The review focused on: compliance with State and Federal laws, Division Directives, Federal Substance Abuse Treatment (SAPT) block grant requirements, DORA, JRI, Utah Opioid STR grant requirements, 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 Scorecard, and by observing Carbon County Drug Court.

### Follow-up from Fiscal Year 2017 Audit

#### **FY17 Minor Non-compliance Issues:**

- 1) Data from the FY16 Utah Substance Abuse Treatment Outcomes Scorecard shows:
  - a) The percent of completing treatment episode successfully decreased from 48.9% in FY15 to 44.0% in FY16.

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

- b) The percent of individuals using social recovery support decreased from admission to discharge by 1%.

**This issue has been resolved. FY18 reflected a 99.2% for Social Support Recovery, up from 1% with the previous year finding, which meets the Division Directives.**

- 2) Data from the FY16 Consumer Satisfaction Surveys shows the percent of clients sampled for the Youth Family Satisfaction Survey was 6.4%, which is below the required amount of 10%.

**This issue has been resolved. FY18 reflected an 18.7% for Consumer Satisfaction Survey Youth (Family), up from 6.4% with the previous year finding, which meets the Division Directives.**

#### **FY16 Deficiencies:**

- 1) The majority of Treatment Episode Data Set (TEDS) submissions for the first two months of FY17 do not indicate whether clients have been “compelled to treatment” by the criminal justice system. Of 45 admissions submitted to DSAMH, this information was only collected on 11 clients. A maximum of 10% of clients can be unknown for this field according to the 2017 data specifications. This information is necessary to track outcomes related to Utah’s Justice Reinvestment Initiative.

- 2) **This issue is currently being corrected. In FY18 there were 315 of 322 collected, which will assist Utah in tracking those compelled to treatment. It will not remain a deficiency for FY18.**

**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) The percent of completing treatment episode successfully decreased from 44% to 30.4% for FY18. This is the second year for this finding.

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

FCCBH has begun an effort to more frequently and thoroughly evaluate SUD program participants who may be appropriate for final discharge, or discharge into Limited Treatment. Four Corners has found that some participants have remained in OP or IOP treatment despite treatment objectives having been completed. Some of these folks stop coming to treatment and are indicated as "Dropouts" because of their not coming to scheduled appointments.

FCCBH has also made an effort to increase our implementation of SUD programming using Evidence Based Programming. FCCBH will continue to monitor our programs to ensure evidence based curriculum is used in all programs. FCCBH believes that clients will recognize valuable benefit from receiving Evidenced Based Services which will translate into improved client engagement in treatment.

FCCBH is hoping to see dramatic improvement in the data around this within the first 6 months of the year. Melissa Huntington will be tracking this progress.

- b) The percent change of individuals who reported using tobacco from admission compared to discharge raised from a 9.9% decrease to -1.9% increase, indicating that there are more clients smoking at discharge than at admission, which does not meet the Division standards.

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

FCCBH will ensure that the tobacco indicator reported by the client is verified by the clinician and marked accordingly in the electronic health record to ensure that accurate data for the tobacco indicator is gathered at admission.

FCCBH will ensure that smoking cessation classes are offered to all participant attending

FCCBH programs and documented in the electronic health record.  
Melissa Huntington will be responsible for tracking this.

**FY18 Deficiencies:**

- 1) The majority of Substance Use Disorder Treatment Charts reviewed did not contain a RANT and or an LSI-RNR screen. This information was optional in previous years, but is now required for all those who are criminally involved.

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

FCCBH has been administering Risk Level tools for SUD and Drug Court clients for many years. Since that RANT is not accessible within our electronic database system, it was difficult to access those screens on many of the older admissions of clients that were audited this year. Currently, we are almost exclusively using the LS/RNR screening tool with all FCCBH SUD clients, including most Drug Court clients. FCCBH will work to ensure over the next year that all screening tools will not only be completed with all SUD clients, but will also ensure completed tools get scanned into the clients EHR. Melissa Huntington will be responsible for tracking this.

**FY18 Recommendations:**

- 1) Clinical charts of clients in drug court did not contain urinalysis results. DSAMH recommends that the center scan and attach drug testing results to document effective treatment and compliance with drug court certification requirements.

**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 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

Prepared by:

Chad Carter  
Auditor IV



Date January 18, 2018

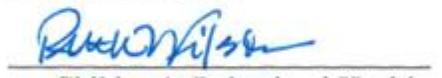
Approved by:

Kyle Larson  
Administrative Services Director



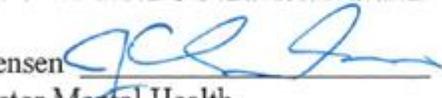
Date January 18, 2018

Ruth Wilson  
Assistant Director Children's Behavioral Health



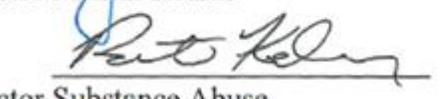
Date January 18, 2018

Jeremy Christensen  
Assistant Director Mental Health



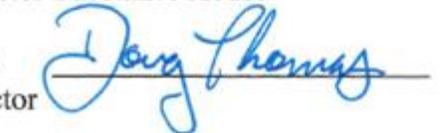
Date January 18, 2018

Brent Kelsey  
Assistant Director Substance Abuse



Date January 18, 2018

Doug Thomas  
Division Director



Date January 18, 2018