



Site Monitoring Report of

Southwest Behavioral Health Center

Local Authority Contracts #152258 and #152259

Review Dates: April 17th, 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 Southwest Behavioral Health Center (also referred to in this report as SBHC or the Center) on April 17th, 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 1 None	7-8
<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 None	
<i>Substance Abuse Treatment</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None 1 None None	18-20

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review of Southwest Behavioral Health Center (SBHC). The Governance and Fiscal Oversight section of the review was conducted on April 17th, 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 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.

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

As required by the Local Authority, SBHC received a single audit for the year ending June 30, 2017 and submitted it to the Federal Audit Clearinghouse. The CPA firm Hafen Buckner Everett & Graff performed the Center's audit and issued a report dated October 26, 2017. The auditor's opinion was unqualified, stating that the financial statements present fairly, in all material aspects, the financial position of SBHC. 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 SAPT Block Grant was identified as a major program and was selected for additional testing. No findings or deficiencies were reported in the audit.

Follow-up from Fiscal Year 2017 Audit:

FY17 Minor Non-compliance Issues:

- 1) Southwest Behavioral Health Center's client cost for Substance Abuse Treatment is above the state average client cost in the same area. DSAMH Division Directives state, "The Local Authority shall meet an overall client cost within fifty (50) percent of the statewide Local Authority overall average cost per client and with-in twenty-five (25) percent of their previous year actual cost per client." The average Local Authority client cost for Substance

Abuse Treatment in the State of Utah is \$3,555. Southwest Behavioral Health Center's client cost in this area is \$6,234, which is 75.4% over the statewide average and above the range provided in the Division Directives of 50% of the statewide average. Please provide a justification for the higher cost per client.

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

Findings for Fiscal Year 2018 Audit:

FY18 Major Non-compliance Issues:

None

FY18 Significant Non-compliance Issues:

None

FY18 Minor Non-compliance Issues:

- 1) Southwest Behavioral Health Center's client cost for Substance Abuse Treatment is above the state average. DSAMH Division Directives state, "The Local Authority shall meet an overall client cost within fifty (50) percent of the statewide Local Authority overall average cost per client and with-in twenty-five (25) percent of their previous year actual cost per client." For FY17 the average Local Authority client cost for Substance Abuse Treatment in the State of Utah is \$3,662. Southwest Behavioral Health Center's client cost in this area is \$6,902, which is 88.5% over the statewide average and above the range provided in the Division Directives of 50% of the statewide average. According to a review of year-end data and discussions with SBHC, it appears that Residential service costs contribute most to their overall cost per client. When compared to the State average, the two Centers with the highest cost per client are also the only Centers that run their own Residential treatment centers. Is there a benefit to running this program in-house vs. contracting the service out? Has a cost/benefit analysis ever been done regarding this issue? (Please note, this standard has been removed from the Division Directives for FY19).

Center's Response and Corrective Action Plan:

Response: Southwest Behavioral Health Center continues its commitment to provide quality care in an efficient and effective manner. Current SBHC Substance Use Disorder treatment programming has been developed based on the local needs of the five-county area. Included in that continuum of care are evaluation services, outpatient care, intensive outpatient care (IOP), and residential services. Over its long history, SBHC has operated and maintained 3 SUD Residential Treatment programs. These programs were created to address a significant demand for SUD residential services in an area where few, if any, options were available in the past. The fixed costs associated with these programs

(uniquely including overnight staff, and brick and mortar expenses, etc...), as well as the finite number of clients that can be served in any given year, significantly impact SBHC's overall cost per client when compared to other agencies that may not manage residential treatment programming or a full continuum. Add to these residential cost factors that SBHC's clients tend to stay in treatment longer than in other areas of the State, and the impact is magnified in the disparity in our comparable costs, as our denominator of "clients served" would be smaller by comparison. We believe that these factors impact considerably the overall cost per client for SBHC.

Plan: SBHC is not planning to build any additional residential programs, but will continue, throughout the coming fiscal year, to explore contractual options with public and private partners for available residential beds. This will be our resource to meet growing demand. After an initial review of services this current year, our Management team recommended the continuation of managed residential beds for the time being. We will continue our review this next fiscal year to determine the most cost effective method of moving forward while meeting the demand for residential care. SBHC's current subcontracting model demonstrates our commitment to utilize more cost effective treatment options when appropriate. SBHC will also continue to review ongoing research into the most effective levels of care, comparing outcomes of Outpatient, IOP and Residential programming. As subcontracted residential options become available, SBHC may eventually be able to step back from some fixed costs associated with current programming.

Responsible Staff: Mike Deal, Executive Director.

Timeline: A review and recommendations will be made by August 15, 2018.

FY17 Deficiencies:

None

FY17 Recommendations:

None

FY17 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 Southwest Behavioral Health Center on April 17th and 18th, 2018. The monitoring team consisted of Eric Tadehara, Program Administrator; Codie Thurgood, Program Manager; and Laura Adams, Family Mentor with the Utah Family Coalition (Allies with Families). The review included the following areas: record reviews, discussions with clinical supervisors and management, program visits, and feedback from families through questionnaires. During the visit, the monitoring team reviewed Fiscal Year 2017 audit findings and County responses; 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; 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

FY17 Deficiencies:

- 1) *Juvenile Civil Commitment:* SBHC is not completing the Notice of Discharge From Commitment forms. Civil Commitment paperwork for juveniles needs to be completed consistent with State statute 62A-15-703 utilizing the proper forms for children's civil commitment procedures located on the DSAMH website at <http://dsamh.utah.gov/provider-information/civil-commitment/>.

This deficiency has been resolved. SBHC has improved the juvenile civil commitment tracking process to include these documents and ensures they are completed upon discharge from civil commitment.

- 2) *Recovery Plan Objectives:* Recovery plan objectives were a recommendation in FY16. During the FY17 chart review, objectives in 5 of 11 of the charts were vague, lacked meaning for children, youth, and families, and were difficult for a child or youth to achieve. Examples include: client "will use DBT skills to manage her anxiety" and "Foster mother will practice prompting Client in ways she can use her words to get her needs met." Division Directives require that objectives be "measurable, achievable, meaningful and within a timeframe."

This deficiency has been resolved. During the FY18 chart review, there was evidence of improvement with objectives being "measurable, achievable, meaningful and within a timeframe." All of the charts reviewed showed consistent progress updates to highlight how the objectives are being met and adjusted as needed.

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) *Youth Outcome Questionnaires:* Division Directives state “DSAMH will require that the Youth Outcome Questionnaire (OQ/YOQ) be given to patients and consumers at intake, every thirty days or every visit (whichever is less frequent), and at discharge/discontinuation (inpatient stays for community mental health are exempt).” Through records reviews, 3 of the 7 charts reviewed had YOQs that were not administered at the required frequency of at least once every 30 days. It is recommended that SBHC improve the administration frequency for youth who are eligible for the YOQ.

FY18 Division Comments:

- 1) *Community Coordination:* SBHC has worked hard to develop strong community partnerships and coordination. While meeting with SBHC it was impressive to see the open communication and coordination between SBHC, DCFS, JJS, SMRT, SOC, and the St. George Police Department. It was also impressive to see the creative solutions being implemented between the community partners to come together and work to provide a holistic service approach for children, youth, and families.
- 2) *Telehealth Services:* SBHC has made proactive and forward thinking efforts to help increase access to care for the individuals living in their outlining areas through the use of Telehealth services. SBHC medical team is currently using Telehealth to help children be able to meet with a doctor regardless of their location. SBHC is also continuing to look for additional funding and service options to increase telehealth services throughout their frontier counties and communities.
- 3) *Family Feedback:* The Utah Family Coalition (UFC) gathered family feedback from 61 total surveys. The feedback was provided by 13 families in Iron County, 47 from Washington County, and one family in Garfield County. Families reported, “I have never felt lost here [SBHC],” “it is a fun place to come because the front desk staff are always smiling, laughing, and are very positive,” and “all of the staff at the center have been a blessing.”
- 4) *High Fidelity Wraparound:* SBHC is providing High Fidelity Wraparound as defined by the UFC. One family reported their Family Resource Facilitator (FRF) and Wraparound team

have helped them to get organized as a family and the family is “not looking forward” to the day when they complete their transition plan because of the all the help their FRF has given them. It is recommended that SBHC continue to work with staff and clients to better understand the FRF’s role as family voice and the importance of high fidelity wraparound.

Adult Mental Health

The Adult Mental Health team conducted its annual monitoring review of Southwest Behavioral Health Center on April 17th and 18th, 2018. The team included Pam Bennett, Adult Program Administrator, and Cami Roundy, Recovery and Resiliency Peer Program Manager. The review included the following areas: Discussions with clinical supervisors and management teams, record reviews, site visits to administrative offices, Youth Futures, Dixie Regional Medical Center Behavioral Access Center, Iron County Care and Share, and the Beaver outpatient office. 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

FY17 Minor Non-compliance Issues:

- 1) *Outcome Questionnaire (OQ) Administration/ and as an Intervention:* The FY17 score card shows SBCH rate has dropped from 53.8% in FY16 to 41.6% in FY17, which is below the required rate. In addition the Division Directives require that data from the OQ shall be shared with the client and incorporated into the clinical process, as evidenced in the chart. The use of the OQ as an intervention was only evident in one of ten charts reviewed. DSAMH recommends SBHC increase their OQ administration rate to the required 50%, and utilize the OQ as an intervention tool with the client as evidenced by documentation in the progress notes.

The Outcome Questionnaire (OQ) was administered at a rate of 77.1%, exceeding the required administration rate of 50%. All charts reviewed that included administration of an OQ also included notation that the score had been reviewed with the client. This finding is resolved.

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:* Five of six charts reviewed were individuals who smoked tobacco. Their charts did not include evidence of tobacco cessation being offered. In addition, while all participants interviewed in St. George had been offered smoking cessation, three individuals in Cedar City who smoke indicated that they had not been told about cessation services. Division Directives require that tobacco use will be identified in the assessment with resources offered as indicated.
- 2) *Documentation:* The Utah Medicaid Provider Manual requires that the treatment plan must include measurable goals. Division Directives require that short term goals/objectives are measurable, achievable and include a timeframe. Seven of fourteen charts did not include measurable objectives. One possible option for developing measurable goals is encouraging staff to utilize SMART goals; Specific, Measurable, Attainable, Relevant, and Time-based.

FY18 Division Comments:

- 1) *Youth Futures:* DSAMH commends Youth Futures Utah for partnering with agencies in Washington County to develop a shelter for homeless, unaccompanied, runaway and at-risk youth. Collaborative resources, case management, food and housing creates a critical safe space for youth who can not access other homeless, shelter services. SBHC provides behavioral health resources when needed.
- 2) *Dixie Regional Medical Center Behavioral Health Access Center:* Intermountain Healthcare has opened a 23-hour observation unit for individuals presenting in crisis who do not require an inpatient level of care. These individuals receive short-term care and outpatient referral services. Wellness Recovery Action Plan (WRAP) groups are included, and SBHC staff are available to aid in transition to community services.
- 3) *Peer Support Specialist Program:* DSAMH Recovery and Resiliency Peer Program Manager Cami Roundy met with Peer Specialists from SBHC at Elev8 in St. George and Oasis House in Cedar City. DSAMH appreciates the way Southwest utilizes and increases Peer Support Specialists Services, and commends their ongoing support and supervision of Peer Specialists. When participants were asked about Peer Support Services, fourteen of fifteen individuals knew who the Peer Support Specialists were. Their comments about Peer Support Services are: “They are very supportive,” “It’s very nice to have someone to talk to who has been through it.”
- 4) *Civil Commitment Board:* SBHC meets with high-risk individuals on civil commitment on a monthly basis. The Civil Commitment Board reviews treatment expectations and ongoing progress with individuals and their support networks, to develop collaborative efforts toward maintaining stability in the community. DSAMH commends SBHC for developing this unique approach that is demonstrating positive outcomes.
- 5) *Participant Feedback:* DSAMH Recovery and Resiliency Peer Program Manager Cami Roundy met with a group of eight individuals at the Elev8 program in St. George and seven individuals at Oasis House in Cedar City. All fifteen individuals said that they would have

help with employment if needed; two are currently working with the Supported Employment/Individual Placement and Support (SE/IPS) team, and one has gone over their benefits with someone so they know how many hours they can work. Eleven of the members commented that they have assistance with housing. Some quotes from participants are: “The staff here is excellent.” “Doing chores here makes me feel useful.” “Coming here helps me meet people.” “This is a place to get away, to be among friends, to have lunch, and a place that helps you get out of isolating.” “I am so grateful and appreciative of the help I have received here, they have helped me in every way possible.” “This is a good place, I love it here. I love the staff and the fun groups.”

Substance Abuse Prevention

Craig PoVey, Program Administrator, conducted the annual prevention review for Southwest Behavioral Health on April 17th, 2018. The reviews focused on the requirements found in State and Federal law, Division Directives, and contracts. In addition, the reviews evaluated the services described in the annual prevention area plan and evaluated the data used to establish prevention priorities.

Follow-up from Fiscal Year 2017 Audit

FY17 Deficiencies:

- 1) There was a decrease in the number of Eliminating Alcohol Sales to Youth. For the year, only 14 checks were reported in the LSAA. This is a decrease from 42 the previous year.

This issue has not been resolved and will be continued in FY18; see Deficiency #1.

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) SBHC demonstrated a knowledge and understanding of the trends by preparing a thorough presentation for the site visit.
- 2) SBHC demonstrated keen awareness to the National Institute for Drug Abuse Prevention Principles.

- 3) SBHC requires all staff and providers to follow program curriculum, including pre and post tests for all programming. This is monitored by observation as well as fidelity checklists.
- 4) SBHC has a strategic plan for the LSAA that incorporates the Action Plans from the coalitions in the five Counties. Each strategic plan includes action plans for each year.
- 5) SBHC reported that they support seven community coalitions throughout the LSAA; five of the coalitions have youth coalition components.
- 6) SBHC supports the coalitions' efforts to assess, build capacity, plan, implement and evaluate evidenced by providing staff time to assist with each step and promoting the successes of each coalition.
- 7) The counties in the Southwest LSAA had an increase in the number of EASY compliance checks (off site retail alcohol sales to underage youth), from 14 last year to 185 this year.

Substance Abuse Treatment

Christine Simonette, Program Manager, conducted the review of Southwest Behavioral Health on April 17th, 2018 and 18th, 2018. The review focused on compliance with State and Federal law, DSAMH contract requirements, and DSAMH Directives. Clinical practices and documentation were evaluated by reviewing client charts and discussing current practices. Adherence to Drug Court by observing adult drug court, Justice Reinvestment Initiative (JRI) and the Drug Offender Reform Act (DORA) requirements and contract requirements were evaluated by a review of policies and procedures, clinical records and through interviews with Southwest Behavioral staff. Treatment schedules, policies, and other documentation were also viewed. The Utah Substance Use Disorder Treatment Outcomes Measures Scorecard results were reviewed with staff. Client satisfaction was measured by reviewing records, Consumer Satisfaction Survey data and results from client interviews. Finally, additional data was reviewed for Opiate Use, Suicides, and Driving Under the Influence (DUI) rates for Washington, Iron, Garfield, Kane, and Beaver Counties.

Follow-up from Fiscal Year 2017 Audit

FY17 Minor Non-compliance Issues:

1) The Utah Substance Abuse Treatment Outcomes Measures Scorecard showed:

- The percent of individuals that completed a treatment episode successfully decreased from 45.5% to 41.6%, from FY15 to FY16 respectively, which does not meet Division Directives.

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

- The percentage of decreased criminal involvement from FY16 to FY17 went from 20.6% to 0%, which does not meet the minimum Division standards.

This issue has been resolved. Southwest has improved the percentage of decreased criminal involvement from FY16 to FY17 from 0% to 57.1% which meets the Division Directives.

Findings for Fiscal Year 2018 Audit:

FY18 Major Non-compliance Issues:

None

FY18 Significant Non-compliance Issues:

1) The Utah Substance Abuse Treatment Outcomes Measures Scorecard showed:

- The percent of individuals that completed a treatment episode successfully decreased from 41.6% to 30.7%, from FY16 to FY17 respectively, which does not meet Division Directives. This was a previous finding in FY17.

Center’s Response and Corrective Action Plan:

SBHC has analyzed the submissions of every ‘Discharge Reason’ for every case in the FY2017 TEDS data set which generated the Scorecard results. The table below summarizes the response totals and percentages, which are consistent with the DSAMH finding.

Discharge Reason
Uncorrected

Treatment Completed	97	30%
Left against professional	140	44%
Terminated by facility	22	7%
Transferred to another facility	42	13%
Incarcerated	16	5%
Died	2	1%
Total	319	100%

As part of the analysis, SBHC reviewed the documentation of each case to determine if the discharge reason had been accurately recorded. It was determined that 31 cases which had been categorized as discharges were in fact internal transfers and should not have been included in the data set. The results for the remaining 288 cases where the discharge reason is corrected are in the table below.

Discharge Reason
Corrected

Treatment completed	137	48%
Left against professional	98	34%
Terminated by facility	22	7%
Transferred to another facility	13	4%
Incarcerated	16	6%
Died	2	1%
Total	288	

If the FY2017 data had been recorded correctly, the Treatment Episode Completed Successfully rate would have been 48%, over 6% above last year's scorecard.

To assure that FY2019 Discharge Reason recording is done accurately, SBHC will do the following:

1. Retrain all staff responsible for completing the discharge reports on the correct coding of the discharge reason. This will be done by July 1. (prior to FY2019) Angi Edwards-Matheson will be responsible for this action.
2. The process that allowed for 31 cases to be erroneously set as discharges will be corrected by July 1. Angi Edwards-Matheson and Wendy King will be responsible for this action.
3. A report of all discharges will be created each month by David Eves which will be sent to Angi Edwards-Matheson, Rylee Munns (new program manager), Lesli Riggs-Arnold and Michael Cain. The discharge reasons will be reviewed for accuracy. If inaccurate, the discharge reason will be corrected and the error will be reviewed with the clinician who made the error. This will be ongoing and will be the responsibility of Angi Edwards-Matheson.

While the corrected 48% is actually above the state average, SBHC is also interested in significantly improving their SUD treatment outcomes. For this reason SBHC has already created and filled an Assistant Clinical Director for SUD position. Angi Edwards-Matheson is in this position and is specifically tasked with analyzing systems, structure, processes and practices and implementing necessary changes to improve access, outcome and value. SBHC will be looking at other Center's who are reporting higher levels of success at discharge and will review what they are doing in order to identify opportunities for SBHC to make improvement. For example, Central Utah Counseling Center (CUCC) reported 75% of cases discharged as 'Successful Completions' SBHC will visit and review what CUCC is doing to get such positive results, especially in light of the fact that CUCC uses residential care very infrequently. This will be an ongoing effort and will be the responsibility of Angi Edwards-Matheson.

FY18 Minor Non-compliance Issues:

None

FY18 Deficiencies:

None

FY18 Recommendations:

None

FY18 Division Comments:

- 1) Southwest has done a great job utilizing funds to assist citizens in their community by providing wrap-around services.
- 2) Due to the housing shortage and increased rent in the Southwest area, the Utah Substance Abuse Treatment Outcomes Measures Scorecard shows the percent increase in non-homeless clients measured from admission to discharge, decreased from 2.8% to -1.1%.

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 Southwest Behavioral Health Center 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  Date: July 9, 2018
Auditor IV

Approved by:

Kyle Larson  Date: July 9, 2018
Administrative Services Director

Ruth Wilson  Date: July 9, 2018
Assistant Director Children's Behavioral Health

Jeremy Christensen  Date: July 9, 2018
Assistant Director Mental Health

Brent Kelsey  Date: July 9, 2018
Assistant Director Substance Abuse

Doug Thomas  Date: July 9, 2018
Division Director