



Site Monitoring Report of

Weber Human Services

Local Authority Contracts #160383 and #160384

Review Date: December 12th, 2017

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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 Weber Human Services (also referred to in this report as WHS or the Center) on December 12th, 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 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 1	14
<i>Substance Abuse Treatment</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None 2 2 None	16 - 17 17 - 18

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review of Weber Human Service (WHS). The Governance and Fiscal Oversight section of the review was conducted on December 20th, 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.

At the time of the site visit, the independent financial statement audit for 2017 was in process and had not yet been completed. The audit from the previous year was reviewed. The CPA firm Christensen, Palmer & Ambrose completed the audit for the year ending June 30th, 2016. The auditors issued an unqualified opinion that the financial statements present fairly, in all material respects, the respective financial position of Weber Human Services. The auditors also issued reports on internal control over financial reporting and compliance for each major Federal program. 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:

- 1) During the review of subcontractor files, it was found that one file had an insurance certificate that was expired. The other files that were reviewed had current documentation.

Center's Response and Corrective Action Plan:

WHS has in some years been able to keep up all of our contracts and insurance certificates and other years has one or two that we miss. As of this year's deficiency, we will be moving all contracts and insurance certificates to one individual to hopefully monitor much better and keep them current.

FY18 Recommendations:

- 1) WHS uses a computerized tracking sheet to document their administrative monitoring of subcontractors (insurance, licenses, contract, etc...). Chart notes are also reviewed and approved each time they are submitted, but there is no documentation to show what standards are used or the results of their reviews. It is recommended that WHS also include some type of tracking system to document what standards the subcontractors are being held to and the results of the reviews (indicate if submissions are accepted or rejected).

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 Weber Human Services on December 12th and 13th, 2017. The monitoring team consisted of Eric Tadehara, Program Administrator; Mindy Leonard, Program Manager; Codie Thurgood, Program Manager; and Brenda Chabot, 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. 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; 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) *Family Feedback:* Family feedback was collected from 23 Utah Family Coalition (UFC) questionnaires, with four families participating in a family focus group. Families report that they are so grateful for the “mental health therapist being involved in the school” because “it has saved us loads of time and stress.” Another family reported they “like that [WHS] helps our family and we have a resource...to help us be better parents.” Families also reported they feel like WHS “cares about us” and “are compassionate”.

- 2) *Wraparound and Family Resource Facilitators:* WHS provides High Fidelity Wraparound as defined by the UFC. Families reported that they feel the Family Resource Facilitators (FRF) have “always been there to support me,” “help keep me on track,” and has “really been able to be an advocate” for the family. Another family asked, “why in the world isn’t this available everywhere?!” Another family reported, “You don’t know what to do and then someone is there to help you.” It is evident that these services are valued by the families and continue to grow and expand their capacity to help families.

- 3) *Community Collaboration and Partnerships:* WHS has developed strong community collaborations and partnerships. Multiple partners praised the collaboration with WHS and their commitment to serve children and families. Community partners also reported WHS is quick to respond and help with programming and services as well as approaching situations with flexibility and a holistic picture. This is evidenced through WHS’s willingness to take lead in the Multiagency Coordinator meetings which include Juvenile Justice Services, Child and Family Services, System of Care, among others.

Adult Mental Health

The Adult Mental Health team conducted its annual monitoring review of Weber Human Services on December 12th, 2017. The team included LeAnne Huff, Adult Mental Health Program Manager, Cami Roundy, Recovery and Resiliency Peer Program Manager, and Pete Caldwell, Program Manager for Assisted Outpatient Treatment. The review included the following areas: Discussions with clinical supervisors and management teams, record reviews, site visits to administrative offices, Steps to Enhance Personal Skills (STEPS), and Safe Haven. 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) *Inpatient Services:* The FY17 Mental Health Scorecard reports that WHS has the highest percentage of inpatient services, when compared to other urban Local Mental Health Authorities in the State. DSAMH recognizes and appreciates WHS's efforts to address their high inpatient numbers by creating the Safe Haven program, designed to be a comprehensive crisis response system. WHS has a Mobile Crisis Outreach worker to respond with Law Enforcement and Fire, to help divert individuals from the Emergency Room and stabilize them in the community. WHS also has a 23 hour receiving area which will be opening soon. DSAMH recommends WHS continue to monitor their level of inpatient services and the effectiveness of their current interventions, to address this issues, and to make adjustments accordingly.
- 2) *Medication Assisted Treatment for Individuals with Co-morbid Disorders:* Individuals receiving mental health treatment who also have substance abuse disorders may benefit from

Medication Assisted Treatment (MAT). Two charts reviewed met this profile and neither chart indicated that MAT had been offered. WHS is encouraged to remind Mental Health treatment providers to refer appropriate individuals for MAT

FY18 Division Comments:

- 1) *Crisis Services:* DSAMH recognizes and appreciates WHS's dedication to providing a comprehensive crisis system for their community. The Safe Haven program includes crisis management through mobile crisis outreach, case management, medication management, hospital diversion, walk-in crisis, and Assisted Outpatient Treatment (AOT). WHS has a 23 hour receiving area to intervene with individuals in crisis, diverting from hospital care, and treating individuals in the least restrictive environment. WHS opened their new crisis services in November 2017 and have responded multiple times with Law Enforcement, Fire, and Emergency Medical Services.
- 2) *Assisted Outpatient Treatment (AOT):* DSAMH applauds the efforts of WHS and their AOT team for their commitment to high quality and evidence-based services to people who are civilly committed in Weber and Morgan Counties. AOT provides wrap-around services to adults with serious mental illness who are civilly committed and have a history of treatment non-compliance.
- 3) *Supported Employment:* Weber Human Services has been successful in implementing several elements of the evidence-based model Individual Placement and Support (IPS)/Supported Employment. The Executive Team has demonstrated commitment to improving the program, including the implementation of action plans to increase agency awareness, quality assurance, and integration. Practitioners and case managers described hearing clients' success stories. Employment specialists shared decision-making during clinical team meetings. A practitioner stated, "Over the last two to three years, there has been a shift. We are including employment goals, and this is helpful for stability of mood and quality of life."
- 4) *Holistic Approach to Wellness:* DSAMH commends WHS for dedication to an integrated approach to wellness. WHS focuses on physical wellness through psychoeducational services, coordination of care with physical health providers, and Health Connections. Therapists consistently addressed physical health, exercise, and nutrition, along with mental health interventions, as evidenced in progress notes.
- 5) *Participant Feedback:* DSAMH Peer Support Program Manager, Cami Roundy, met with 15 participants at STEPS. All individuals stated that they create their own goals and that they are making progress. Six of the participants interviewed said that they have had help with employment, eight said that they have help with transportation, and nine participants said that they have help with housing. Ten of the participants said that they have been offered exercise and a nutrition class, and all individuals reported that they have been offered tobacco cessation. Some quotes include: "This is a safe place for me to stay and to peacefully sleep. They have given me tons of support. I got to keep my dog with me and that took a lot of work." "There is no stigma here, and I love everyone here." "They go the extra mile and really care about you. You're not just a statistic here." "WHS has so many

resources, it really has changed my life.”

- 6) *Peer Support Services*: DSAMH Peer Support Program Manager, Cami Roundy, also met with Certified Peer Support Specialists (CPSSs) for Weber Human Services and their Supervisors. DSAMH applauds WHS for continuing to expand CPSS services. All STEP participants stated that they had been offered Peer Support services, and CPSSs reported that they feel valued by WHS.

Substance Abuse Prevention

Susannah Burt, Program Manager, conducted the annual prevention review of Weber Human Services on December 12th, 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 of Eliminating Alcohol Sales to Youth compliance checks in Weber County. In FY17 there were 150 compliance checks down from 215 in FY16.

Center's Response and Corrective Action Plan:

WHS recognizes that compliance checks are important to complete, track and report. WHS encourages the DSAMH to remove this as a deficiency or a non-compliance issue for all centers across the State of Utah. This element should be monitored and reported but this is an element that is outside the control of any prevention program throughout the State. WHS encourages that DSAMH monitor the centers on issues that are within their ability to control and accomplish. WHS does not believe that centers should be monitored on elements where they can only influence other parties who are responsible for completing.

We will encourage local law enforcement agencies to submit their compliance check reports to the state.

FY18 Recommendations:

- 1) It is recommended that WHS share how they are incorporating the National Institute on Drug Abuse prevention guidelines into their strategic plan with their county level coalition and the executive board at WHS.
- 2) It is recommended that WHS invite county commissioners to the Prevention Advisory Council or local coalition meetings.

FY18 Division Comments:

- 1) WHS is involved with seven local coalitions: Prevention Advisory Council (county level), Bonneville Communities that Care, Weber Warrior Strong, Fremont CTC, Roy CTC, Project Success, and Ogden United.
- 2) WHS completes fidelity checklists, including two observations per cycle, for each program provided by contractors.
- 3) Weber County has a Synar Tobacco compliance rate of 92%. This is above the state goal of 90%.

Substance Abuse Treatment

Shanel Long, Program Administrator and VaRonica Little, Program Administrator, conducted the review of Weber Human Services on December 12th, 2017. The review focused on Substance Abuse Treatment (SAPT) Block Grant Compliance, Drug Court and DORA Program compliance, clinical practice and compliance with contract requirements. Clinical practices and documentation were evaluated by reviewing client charts and discussing current practices. Adherence to SAPT Block Grant requirements, contract requirements and DORA Program requirements were evaluated by a review of policies and procedures, discussion with WHS staff and a review of program schedules and other documentation. WHS performance was evaluated using Utah Substance Abuse Treatment Outcomes Measures Scorecard and Consumer Satisfaction Survey data. Client satisfaction was measured by reviewing records and the Consumer Satisfaction Survey data.

Follow-up from Fiscal Year 2017 Audit

FY17 Minor Non-compliance Issues:

1) The FY15 Utah Substance Abuse Treatment Outcomes Measures Scorecard shows:

- The percent of clients completing a treatment episode successfully decreased from 55.9% in FY15 to 49.9% in FY16 respectively.

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

- The percent of clients that used social recovery support services decreased from -9.0% in FY15 to -9.4% in FY16.

This finding is not resolved and will be continued in FY18; see Significant Non-compliance Issue #2.

Findings for Fiscal Year 2018 Audit:

FY18 Major Non-compliance Issues:

None

FY18 Significant Non-compliance Issues:

1) The percent of clients completing a treatment episode successfully decreased from 49.9% in FY16 to 45.8% in FY17.

Local Substance Abuse Authorities will meet or exceed their FY2016 Successful Treatment Episode Completion rates in FY2017 and will work towards achieving a goal of 60%. Local Substance Abuse Authorities who FY2016 completion rate over 60% are required to meet or

exceed a 60% completing rate in the FY2017. Successful Treatment Episode Completion is defined as a successful completion of an episode of treatment without a readmission within 30 days. An episode of treatment is defined in the Treatment Episode Data Set

Center’s Response and Corrective Action Plan:

This data remains concerning and WHS is addressing this issue through training of staff, monthly review of documentation and data submission, and seeking a standard definition of treatment completion. WHS is concerned about completion rates continuing to decrease, when the goal is to make or exceed 60%. However, WHS would like the DSAMH to consider that retention rates for clients to remain in treatment for the first 60 days has increased and WHS also remains above the state average of completion rates for both FY 2016 (44.7) and FY 2017 (43.8).

- 2) The percent of clients that used social recovery support services decreased from -9.4% in FY16 to -11.2% in FY17.

Local Substance Abuse Authorities’ Scorecard will show that the percent of individuals participating in social support of recovery activities in the FY17 increased from admission to discharge. Participation is measured as those participating in social support recovery activities during the 30 days prior to discharge minus percent of individuals participating in social support of recovery activities 30 days prior to admission.

Center’s Response and Corrective Action Plan:

In reviewing individual client charts and documentation of services, it appears that social support recovery activities are occurring but aren’t being recorded accurately. Clinical staff will continue to receive ongoing training and review of reporting accurate social support recovery activities. Data submissions are reviewed monthly and at time of discharge. For this next fiscal year, it appears at this time, there is a 2% increase of RSS activities from time of admit to discharge.

FY18 Minor Non-compliance Issues:

- 1) *Access to care:* WHS report they have implemented new screening procedures that include screening every individual with a Risk/Needs tool. WHS then uses the results of the screening for individual placement into High Risk, Moderate Risk and Low Risk treatment services and groups. Based on the screening outcomes, individuals that screen Low Risk and that do not meet priority population criteria, or have preferred funding sources but may be deemed as part of the unfunded population, are referred to other community providers.

Access to care has been disrupted for individuals that screen at Low Risk. WHS reports that those individuals are referred to outside agencies, preferably that use a sliding scale fee schedule. Although WHS reports that the other agencies sliding fee scales are not comparable to theirs.

Individuals seeking treatment services of all Risk levels should have access to State and federally funded treatment service programs and should not be limited access due to risk level screening.

Center’s Response and Corrective Action Plan:

If an individual is court compelled and is deemed to be low risk due to a low risk LSI score or minimal substance use and low risk, the individual is not referred for treatment but may be referred for early intervention or education/prevention services. WHS does not offer low risk groups and does not encourage mixing low risk individuals with high risk individuals for treatment services as per research recommendations for low risk/high risk offenders.

http://sedgwickcounty.org/corrections/resources/Risk_Need_Responsivity/risk_principle.pdf

<https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/tdwth-lwrsk/index-en.aspx>

Referring an individual to a Prime for Life group is an example of an individual who is low risk and referred to community agencies for early intervention or prevention services. WHS does not offer Prime for Life classes. If an individual is considered low risk yet has a need for substance use treatment based on the DSM, the individual may be enrolled in EBP services at WHS for individual treatment or group that is not mixed with a high risk population. WHS is considering a voucher payment program for unfunded individuals who are low risk and referred to an education or brief intervention community program to assist with reducing barriers or financial hardships for this population.

- 2) The percent of clients that decrease use of Tobacco from admission to discharge decreased from 0.2% in FY16 to -1.1% in FY17.

Local Substance Abuse Authorities’ scorecard will show that the percent of clients who use tobacco will decrease from admission to discharge by 5%.

Center’s Response and Corrective Action Plan:

This data is concerning and WHS is addressing this issue through training of staff and monthly review of documentation prior to data submission. WHS continues to encourage individuals to access the Quit Line and will increase access to resources such as smoking cessation groups. WHS will seek to have Peer Support Specialists trained to provide peer led cessation groups.

FY18 Deficiencies:

None

FY18 Recommendations:

- 1) The Family Drug Court Medication-assisted Treatment (MAT) policy discourages use of MAT by encouraging participants to “*utilize all other possible methods of treatment prescribed by their doctor before taking potentially addictive substances of any kind*” (see page 14 of the Family Drug Court Manual). This policy is not consistent with the standard of

care for treating opioid-use disorders and should be revised. This recommendation is continued from FY17 as it still is being addressed in the Family Drug Courts. Federal Guidelines are clear on the utilization and Prohibitions of MAT. It is recommended to review NADCP Best Practice Standards and the SAMHSA published brief Adult Drug Court and Medication-Assisted Treatment for Opioid Dependence. TA assistance can also be requested from the Division regarding MAT for specialty courts.

FY18 Division Comments:

- 1) WHS has developed outstanding drug testing policy and procedure to ensure that tests are accurately performed. WHS has also expanded testing times to include weekends and holidays which meet best practice standards.
- 2) WHS has trained clinicians and collects data on criminogenic risk and whether clients have been “compelled” to treatment by the justice system. This information is necessary to track outcomes related to Utah’s Justice Reinvestment Initiative. WHS has 100% reporting outcomes for “Compelled”.
- 3) Evidenced Based Services: WHS provides an extensive range of evidenced based services. WHS is among 16 facilities across the nation to obtain full certification in use of the Matrix model.
- 4) WHS provides continual opportunities for staff to obtain training and certifications. They encourage staff to attend EBP trainings and to remain trained on new practices and procedures.
- 5) Chart Review: The chart review indicated that mental health clients with co-occurring disorders diagnosed with substance/alcohol dependence were not screened for use of Medication Assisted Treatment (MAT). There appears to be a lack of communication and collaboration between mental health and substance abuse services in regards to co-occurring individuals. It could be beneficial to address MAT services with individuals in mental health services, when the assessment indicates there is opioid/alcohol use that could be addressed with MAT. Chart # 73721 Client had substance abuse diagnosis and a recent history of multiple ER visits due to alcohol/drug use that could possibly benefit from MAT.

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 Weber Human Services and for the professional manner in which they participated in this review.

If there are any questions regarding this report please contact Chad Carter at (801)538-4072.

The Division of Substance Abuse and Mental Health


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