



State of Utah

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Governor

SPENCER J. COX
Lieutenant Governor

Department of Human Services

ANN SILVERBERG WILLIAMSON
Executive Director

Division of Substance Abuse and Mental Health

DOUG THOMAS
Director

March 2, 2020

Commissioner Lorene Miner Kamalu
Davis County Commission
PO Box 618
Farmington, UT 84025

Dear Commissioner Kamalu:

In accordance with Utah Code Annotated 62A-15-103, the Division of Substance Abuse and Mental Health has completed its annual review of Local Authority, Davis County and Davis Behavioral Health, its contracted service provider; the final report is enclosed. The scope of the review included fiscal management, children, youth, family and adult mental health services, substance abuse treatment and prevention services, and general operations.

The center has many strengths; however, this report by its nature focuses on the exceptions and areas in need of improvement. The Division has approved all corrective action plans submitted by the Center/County in response to each reported finding, which have been included in the final report. If you have any questions, please contact Chad Carter (801)538-4072

We appreciate the cooperation and assistance of the staff and look forward to a continued professional relationship.

Sincerely,


Doug Thomas (Mar 10, 2020)

Doug Thomas
Division Director

Enclosure

cc: Commissioner Bob Stevenson, Davis County Commission

Commissioner Randy Elliott, Davis County Commission
Brandon Hatch, Director of Davis Behavioral Health



Site Monitoring Report of

Davis Behavioral Health

Local Authority Contracts #160072 and #160073

Review Date: December 10th, 2019

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Section One: Site Monitoring Report

Executive Summary

In accordance with Utah Code Section 62A-15-103, the Division of Substance Abuse and Mental Health (also referred to in this report as DSAMH or the Division) conducted a review of Davis County and their contracted service provider, Davis Behavioral Health (also referred to in this report as DBH or the Center) on December 10th, 2019. 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 2	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	15
<i>Substance Abuse Treatment</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 2 1	17-18 18-19

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review of the Local Authority, Davis County, and its contracted service provider, Davis Behavioral Health (DBH). The Governance and Fiscal Oversight section of the review was conducted on December 10th, 2019 by Chad Carter, Auditor IV.

A site visit and review was conducted at DBH as the contracted service provider for Davis County. Davis County also provided documentation for their annual review of DBH. 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. 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.

As part of the site visit, DBH provided backup to support their costs and billed amounts, using rates taken from their Medicaid Cost Report. 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. Random samples were taken from the backup provided to verify that the listed services qualified for each different service category.

The Local Authority, Davis County received a single audit as required. The CPA firm Ulrich & Associates, PC completed the audit for the year ending December 31, 2018. The auditors issued an unqualified opinion in their report dated June 25th, 2019. The SAPT Block Grant was selected for specific testing as a major program. No findings or deficiencies were issued in the audit.

Davis Behavioral Health, the contracted service provider for Davis County, also received a single audit. The CPA firm Litz & Company completed the audit for the year ending June 30, 2019. The auditors issued an unmodified opinion in their report dated October 24th, 2019. The STR Opioid Grant was selected for specific testing as a major program. No findings or deficiencies were issued.

Follow-up from Fiscal Year 2019 Audit:

FY19 Deficiencies:

- 1) One subcontractor file was found to have an expired liability insurance certificate. The Local Authority must ensure that all subcontractors are current on required insurance.

This issue has been resolved. Current insurance certificates were present in each of the selected files for the FY20 subcontractor review.

Findings for Fiscal Year 2020 Audit:

FY20 Major Non-compliance Issues:

None

FY20 Significant Non-compliance Issues:

None

FY20 Minor Non-compliance Issues:

None

FY20 Deficiencies:

- 1) *Federal Awards Policy* - The OMB Uniform Guidance under 2 CFR 200 requires non-Federal entities that receive Federal funding to have a written policy surrounding the management of their Federal award funds. Davis County does not currently have an approved Federal awards policy in place.

County's Response and Corrective Action Plan:

Action Plan: DBH will provide the Davis County with Federal Awards policies from other local authorities to review. Davis County will write a policy to implement.

Timeline for compliance: March 15, 2020

Person responsible for action plan: Ryan Westergard

- 2) During the review of personnel files, several BCI background screenings were found to be expired. The Office of Licencing (OL) has a new system for processing these and has had some issues with approving them timely. A check was done with OL and most were showing as being processed, but there was one that had expired in April of 2019 and had not been submitted by DBH.

County's Response and Corrective Action Plan:

Action Plan: Davis Behavioral Health, Inc. compared the current employee list to the roster in DACS. It was discovered that numerous employees were not imported into the new system implemented by the Office of Licensing, including the one in question, and that the method of renewals through which DBH was instructed to proceed with was incomplete. Upon this discovery, all employees that were not currently in DACS were contacted and instructed to meet with Human Resources to complete the renewal/entry process into the system.

Timeline for compliance: February 1, 2020

FY20 Recommendations:

- 1) *Conflict of Interest* - The DSAMH contract requires that each employee with a potential conflict of interest completes a conflict of interest form for DBH management review and approval. Employees with potential conflicts are required to complete a new form annually. Davis Behavioral Health sends a mass email at the beginning of each year to all employees, reminding them to complete a form if needed. Most Local Authorities have every employee fill out a conflict of interest form each year to ensure that all potential conflicts are reported and to be in compliance with requirements in the contract. It is highly recommended that Davis Behavioral Health either have every employee complete a new form each year, or take steps to track the employees that have previously reported potential conflicts, and to follow up with them to ensure they complete the required form annually. The current procedures at DBH are most likely not sufficient to ensure they are in compliance with this requirement.
- 2) The DBH emergency plan was reviewed by Robert Snarr, Program Administrator and Geri Jardine, Program Support Specialist, as part of the site visit. A checklist based on SAMHSA recommendations was completed and is included at the end of this report as Attachment A. It is recommended that DBH review these suggestions and update their emergency plan accordingly. DSAMH is available for technical assistance.

FY20 Division Comments:

- 1) During monitoring, additional testing was done on MCOT funding. DBH stated that going forward, they are going to include an additional flag in client accounts to indicate that they are MCOT specific clients. This would help to identify services that were provided with this funding and aid in the monitoring process. DBH's willingness to help in this area is appreciated.

Mental Health Mandated Services

According to Utah Code 17-43-301, the Local Authority is required to provide the following ten mandated services:

Inpatient Care

Residential Care

Outpatient Care

24-hour Emergency Services

Psychotropic Medication Management

Psychosocial Rehabilitation (including vocational training and skills development)

Case Management

Community Supports (including in-home services, housing, family support services, and respite services)

Consultation and Education Services

Services to persons incarcerated in a county jail or other county correctional facility

The mandate to provide services to those in county correctional facilities is not applicable to the children and youth population.

In subsection (4)(a)(ii) each local authority is required to “annually prepare and submit to the Division a plan approved by the county legislative body for mental health funding and service delivery, either directly by the local mental health authority or by contract.” This annual area plan provides the state Division of Substance Abuse and Mental Health with a measuring tool against which the local authority is measured during the annual monitoring site review.

A major focus of the monitoring efforts of the Division of Substance Abuse and Mental Health is to measure compliance with this legislative mandate to provide these services to the adults, youth, and children of Utah.

Child, Youth and Family Mental Health

The Division of Substance Abuse and Mental Health Children, Youth, & Families Team conducted its annual monitoring review at Davis Behavioral Health on December 10th, 2019. The monitoring team consisted of Leah Colburn, Program Administrator, and Tracy Johnson, Wraparound and Family Peer Support Program Administrator who attended on December 11th, 2019. The review included the following areas: record reviews, discussions with clinical supervisors and management, case staffing, program visits, and feedback from families through questionnaires. During the visit, the monitoring team reviewed the FY19 audit; statistics, including the Mental Health Scorecard; Area Plans; Youth Outcome Questionnaires; family involvement; Family Resource Facilitation (Peer Support); High Fidelity Wraparound; Multi-Agency Coordinating Committee; school-based behavioral health; Mental Health Early Intervention funding; juvenile civil commitment; compliance with Division Directives; and the Center's provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 2019 Audit

No findings were issued for FY19.

Findings for Fiscal Year 2020 Audit

FY20 Major Non-compliance Issues:

None

FY20 Significant Non-compliance Issues:

None

FY20 Minor Non-compliance Issues:

None

FY20 Deficiencies:

None

FY20 Recommendations:

- 1) *Family Peer Support:* DSAMH recommends that DBH explore avenues to increase family peer support services (FPS) as there was a decrease in provided services from 469 in FY18 to 424 in FY19. It is also recommended that DBH review family peer support charting internally to improve training on content and consistency of notes. DSAMH encourages DBH to provide ongoing training to clinical teams on FPS, their role, and the opportunity for FPS services to support the clinical process.
- 2) *Integrated care:* DSMAH recommends that DBH explore opportunities to increase integrated and coordinated medical care for youth and families. This may include

proactively engaging families regarding their medical needs for medical, dental and vision; targeted coordination with a youth's primary care providers as appropriate; and helping to link families who do not have an identified medical provider to primary care providers to support physical and mental health outcomes.

FY20 Division Comments:

- 1) *School Based Services/Partnerships:* DBH demonstrates strong relationships with school partners. DBH school based therapists have been working to better engage parents/ caregivers to support greater clinical outcomes. The team has been thoughtful in their approach to increase completion of outcome tools, such as the YOQ. A school community partner highlighted that DBH services “help create access for students who may otherwise not be able to access services due to familial and logistical barriers”. They also highlighted that the DBH school based clinicians’ roles help enhance the work that educators and school employed mental health professionals do.
- 2) *Family Peer Support Services and Family Resource Facilitators:* DBH continues to support youth and families in accessing the services and support they need to be successful. DBH values the Family Resource Facilitators (FRFs) who provide FPS and High Fidelity Wraparound services through school based and outpatient referrals. These services are additionally offered for community referrals and are accessible for families who are unfunded.
- 3) *Feedback to DSAMH:* DSAMH appreciates the feedback to DSAMH on the need to increase collaboration and gain technical assistance from the mental health teams. The DSAMH Children and Family team will actively explore opportunities to increase collaboration and technical assistance to support local mental health authority needs.

Adult Mental Health

The Adult Mental Health team conducted its annual monitoring review of Davis Behavioral Health on Dec 10th, 2019. The team included Leah Colburn, Program Administrator, Heather Rydalch, Peer Support Program Manager, Pete Caldwell, Program Administrator and via phone, Pam Bennett, Program Administrator. The review included the following areas: discussions with clinical supervisors and management teams, record reviews, site visits to administrative offices, outpatient clinics, Journey House, Davis Mental Health Court and community partner sites. During the discussions, the team reviewed the FY19 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 2019 Audit

FY19 Deficiencies:

- 1) *Division Directives on Outcome Questionnaire (OQ) Administration:* DSAMH Division Directives require at least 50% OQ administration rates to clients served. According to the Mental Health DBH Scorecard, OQ rates have decreased from 49.5% in FY17 to 47.0 % in FY18. DSAMH recommends a review of OQ administration practices in order to increase the rate.

This issue has been resolved. DBH has increased the frequency of administration of the OQ from 49.5% to 52%, meeting the requirement of at an OQ administration rate of least 50%.

Findings for Fiscal Year 2020 Audit

FY20 Major Non-compliance Issues:

None

FY20 Significant Non-compliance Issues:

None

FY20 Minor Non-compliance Issues:

None

FY20 Deficiencies:

None

FY20 Recommendations:

- 1) *Supported Employment/Individual Placement and Support (SE/IPS):* When coordinating job placement with Vocational Rehabilitation, DSAMH recommends that DBH provide job coaching services when appropriate. It is also recommended that DBH develop a local IPS

steering committee and join the IPS Learning Community. DSAMH commends DBH for ongoing efforts to maintain IPS/SE fidelity while improving and expanding the Clubhouse model at Journey House.

FY20 Division Comments:

- 1) *Maternal Mental Health:* DBH is commended for providing an extensive array of services for women experiencing perinatal mental health symptoms. DBH has recently partnered with an Intermountain Obstetrics/Gynecology and Nurse Midwives, and the DBH Living Well Coordinator reaches out to women identified by prescribers at Intermountain who would benefit from mental health care interventions. Physicians and midwives who are working with pregnant women with psychosis have direct access to psychiatric services and consultation at DBH. The DBH Mindfulness Clinic is also creating a prevention curriculum based on Mindfulness-Based Stress Reduction (MBSR) for women with perinatal symptoms.
- 2) *Suicide Prevention Work:* The Adult Mental Health Scorecard demonstrates that DBH provides a significantly higher percentage of emergency services when compared to other urban Local Authorities (DBH-21.3% vs Urban Average-10.8%). There are Peer Support Specialists engaged in three local hospital emergency rooms. In addition, DBH provides step-up and step-down diversion services through the Crisis Residential Unit. DBH is commended for continuing to move Zero Suicide (ZS) forward both with their internal committee and participation in the Utah ZS Learning Collaborative. DBH also made tremendous improvements over the life of the suicide prevention Performance Improvement Plan.
- 3) *Staff Investment and Supports:* DBH has adjusted salaries for therapists and are currently adjusting the salaries for psychiatrists. The agency is investing in staff by offering clinical training and supervision, autonomy of practice management, reflective supervision groups and evidence-based consultation groups. A Secondary Traumatic Stress (STS) committee is engaged when there is a client loss, including debriefing and a support group. Staff are offered MBSR support and 2-3 sessions of Eye Movement Desensitization and Reprocessing (EMDR).
- 4) *Alternatives to Incarcerations:* DSAMH commends Davis County and DBH for the development of programs to encourage treatment for mental health clients engaged in the legal system. The new Davis County Receiving Center allows pre-sentencing diversion for individuals committing less serious crimes. The Adult Mental Health Court includes a team with representation from relevant agencies, and the Judge is exceptional with the clients.
- 5) *Participant Feedback:* Heather Rydalch, Program Manager, met with participants at Journey House and attended the Dual Group. Participants reported that their treatment is “going amazing” and that they “really like it”. They indicated that they create their own goals and set goals in the group. They are getting a lot of help with employment and are impressed with transportation. One participant expressed gratitude as he has just been able to get into housing. Group members have been offered Tobacco Cessation and say “it is a work in progress”. They have been receiving Peer Support services, and all agree that this has

helped with their treatment “ big time...they get very involved and I feel like I’m not a client”. One client said he is better during the week coming to groups because he likes being around others that “share my journey”.

Substance Use Disorders Prevention

Becky King, Program Administrator, conducted the annual prevention review of Davis Behavioral Health on December 10th, 2019. 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 2019 Audit

No findings were issued for FY19.

Findings for Fiscal Year 2020 Audit

FY20 Major Non-compliance Issues:

None

FY20 Significant Non-compliance Issues:

None

FY20 Minor Non-compliance Issues:

None

FY20 Deficiencies:

- 1) *EASY Compliance Checks*: The number of EASY Compliance Checks decreased from 168 in FY18 to 117 in FY19 respectively, which does not meet Division Directives. LSAA's are required to increase the number of EASY Compliance Checks by one check each year.

County's Response and Corrective Action Plan:

Action Plan: We spoke with Chief Ross about the EASY compliance checks in Bountiful City and he reported that the program was unintentionally missed in the transition of program supervisors. After reaching out to him late last year, Chief Ross said they're back on track and had plans to complete a round of checks in December 2019.

Timeline for compliance: EASY checks resumed in December 2019

Person responsible for action plan: Debi Todd

FY20 Recommendations:

- 1) *Evidence-Based Practice*: DBH is committed to implementing evidence-based prevention practices in their community. They recently implemented *Everyday Strong*, an evidence-based prevention program that provides a simple way to teach parents how to

support their kids. The Prevention Regional Director reported that DSAMH is currently looking into the possibility of implementing this model statewide, so it is recommended that DBH continue to track their outcomes to determine whether this program would be beneficial to implement in other programs across the State as well.

FY20 Division Comments:

- 1) *Mindfulness Center and Schools:* DBH opened a Mindfulness Center last year, which is currently being funded by Lifeline for the next three years. DBH provided Mindfulness classes for men and women in this center, which has been well received by the community. DBH reported that the Mindfulness class for men went so well that they are looking into starting an open ended Men's Community Support group. DBH has four qualified Mindful School instructors and one part-time Mindful School Coordinator who is primarily working with implementing in the elementary schools. They are planning to hire an additional part-time personnel to broaden our community-wide reach to the Spanish-speaking population and support successful, sustainable implementation of mindfulness training in the secondary schools. The DBH mindfulness team is providing support to the schools to ensure proper implementation and program sustainability. The implementation plan includes training students, parents, and staff in 62 public elementary, 24 secondary, and 4 alternative schools, as well as the HeadStart Preschool programs over the next 3 years. Currently, they have 45 schools in the training and/or implementing process.

- 2) *Coalitions:* DBH has done a considerable amount of work with their coalitions over the past year. The Syracuse Coalition is in Phase III and close to moving to Phase IV in the Communities that Care (CTC) process. They are currently working on their resource assessment and selecting programs for their community. DBH is also working with South Davis to build a CTC Coalition and have met with Layton who may be interested in building a CTC Coalition as well. The Coalition Coordinators have done a great job in engaging the community and coalition members are actively involved in implementing and sustaining prevention efforts.

- 3) *Capacity Building:* DBH continues to work on building capacity in their community through engaging key stakeholders in prevention efforts and sustaining funding for their programs. Police Chief Atkins, who is actively involved in coalition efforts and the board, has allocated the beer tax dollars in his local area to sustain prevention efforts. In addition, the Police Chiefs from the other five cities are also providing funding to support prevention efforts in their community. DBH plans to continue building capacity in their local area through increasing awareness on prevention, developing new partnerships, working with programs on common strategies and maximizing resource sharing.

Substance Use Disorders Treatment

Becky King, Program Administrator conducted the monitoring review on December 10th, 2019. The review focused on compliance with State and Federal laws, Division Directives, Federal Substance Abuse Treatment (SAPT) block grant requirements, JRI, DORA, Drug Court, scorecard performance and consumer satisfaction. The review included a document review, clinical chart review, and an interview with the clinical director and other staff members. Consumer satisfaction and performance were also evaluated using the Division Outcomes Scorecard, and the Consumer Satisfaction Scorecard.

Follow-up from Fiscal Year 2019 Audit

FY19 Minor Non-compliance Issues:

- 1) The percent change in clients reporting tobacco use compared from admission to discharge moved from -7.6% to -33.0% from FY17 to FY18, which does not meet Division Directives.

This issue has not been resolved and will be continued in FY20; see Minor Non-Compliance Finding #1.

FY19 Deficiencies:

- 1) In FY18, 20.7% compelled admissions were unknown or not collected for criminogenic risk level, which does not meet Division Directives. There can only be 10% of compelled admissions that are not collected or unknown.

This issue has not been resolved and will be continued in FY20; see Deficiency #1.

Findings for Fiscal Year 2020 Audit:

FY20 Major Non-compliance Issues:

None

FY20 Significant Non-compliance Issues:

None

FY20 Minor Non-compliance Issues:

- 1) The Substance Abuse Treatment Outcomes Scorecard shows that the percent change in clients reporting tobacco use from admission to discharge moved from -33% in FY18 to -7.6% in FY19, which does not meet Division Directives.

County's Response and Corrective Action Plan:

Action Plan: To meet division directives but more importantly, to improve the recovery health potential, DBH is increasing efforts to reduce/eliminate nicotine using behaviors among admitted clients. This will be achieved by 1) Creating standards of care (planning and interventions) to identified nicotine using clients and 2) Increasing client access to:

- Cessation groups offered. Facilitating staff will be using Dimensions, which DBH has staff trained in and capable of training others to this practice.
- Resources to prevention and cessation efforts. This includes psychoeducation materials, community supports (including quit-line), and most importantly to medication and nicotine replacement treatments.

Timeline for compliance: Implement by July 1, 2020.

Person responsible for action plan: Spencer Baker, LCSW

- 2) The Adult Consumer Satisfaction Survey Report shows that only 4.2% of these surveys were collected, which does not meet Division Directives. A minimum of 10% of surveys need to be collected to obtain accurate data results.

County's Response and Corrective Action Plan:

Action Plan: To ensure compliance with measure,

- DBH has corrected this issue by training support staff about offering surveys to clients.
- DBH has added the survey to each location that providers substance use treatment.
- Support staff are offering satisfaction surveys to all substance use clients.
- DBH has added additional electronic tablets to its Main Street, Layton, and Clearfield campuses, which increases the number of surveys that can be completed at a time.
- Substance use director trained all clinical providers to help support staff to ensure surveys are complete.

Timeline for compliance: Completion of survey collection by April 30, 2020

Person responsible for action plan: Brett Bartruff, Maggie Arave

FY20 Deficiencies:

- 1) In FY19, 14.7% of the data was not collected for justice involved clients, which does not meet Division Directives.

County's Response and Corrective Action Plan:

Action Plan: We will make the "Justice Involved" field a required field within the DBH electronic record. Providers will need to answer the question before the EHR will allow them to complete the evaluation

Timeline for compliance: March 1, 2020

FY20 Recommendations:

- 1) *American Society of Addiction Medicine (ASAM)*: In the chart reviews this year, DBH did a great job in their clinical charts overall. One area of improvement for DBH over the next year, is to focus on including the ASAM Goals in the Recovery Plan and Reviews. This should include: (1) identifying the ASAM Dimension that is the issue, (2) identifying the condition or issue that creates a high use/relapse potential, (3) writing the objectives that moves the individual towards resolving these issues or conditions (*Chart #'s: 92773, 95239, 85343, 60284, 91352, 84320, 92556, 46749, 95950, 61148, 87317, 85969*).

FY20 Division Comments:

- 1) *Medication Assisted Treatment (MAT)*: DBH continues to expand access to MAT in their community. They recently set up a contract with Discovery House, an Opioid Treatment Program to provide Methadone, Suboxone, Vivitrol and other forms of MAT for their clients. DBH has been providing Discovery House with State Opioid Response (SOR) Grant funds to help unfunded patients receive MAT services. They also hired someone at DBH to do outreach with physicians in the community to encourage them to receive waiver training to prescribe Suboxone in their community. DBH has also been providing Narcan kits for clients and their families on a regular basis, which they report has saved lives.
- 2) *Community Partnerships*: DBH developed a new partnership with Intermountain Health Care to serve pregnant and postpartum women. They are also looking into developing partnerships with Obstetrician Gynecologists (OBGYN's) in their community and gathering more information regarding the "*Substance Use in Pregnancy Recovery Addiction Dependence Clinic*" (SUPRAD) to see whether this program can be implemented in their local area. DBH reports that they will continue to seek methods of increasing services for pregnant and parenting women in their community.
- 3) *Access to Services*: DBH continues to increase access to services through the development of new programs and the use of various funding sources to serve individuals in their community. They recently opened a Receiving Center, which is an early diversion program for police and family members to drop off individuals and family members in crisis with behavioral health issues. They also started a Mobile Crisis Outreach program and have placed Recovery Support Specialists in three of the hospitals to help connect individuals to treatment and community resources prior to their discharge. DBH is also planning to open a new clinic in Bountiful, which will expand services in their community.

Section Two: Report Information

Background

Utah Code Section 62A-15-103 outlines duties of the Division of Substance Abuse and Mental Health. Paragraph (2)(c) states that the Division shall:

- Consult and coordinate with local substance abuse authorities and local mental health authorities regarding programs and services,
- Provide consultation and other assistance to public and private agencies and groups working on substance abuse and mental health issues,
- Receive, distribute, and provide direction over public funds for substance abuse and mental health services,
- Monitor and evaluate programs provided by local substance abuse authorities and mental health authorities,
- Examine expenditures of any local, state and federal funds,
- Monitor the expenditure of public funds by local substance abuse authorities and mental health authorities,
- Contract with local substance abuse authorities and mental health authorities to provide a continuum of services in accordance with division policy, contract provisions, and the local plan,
- Assure that these requirements are met and applied uniformly by local substance abuse authorities and mental health authorities across the state,
- Conduct an annual program audit and review of each local substance abuse authority and mental health authority in the state and its contract provider in a review and determination that public funds allocated to by local substance abuse authorities and mental health authorities are consistent with services rendered and outcomes reported by them or their contract providers,
- Each local substance abuse authority and each mental health authority is exercising sufficient oversight and control over public funds allocated for substance abuse and mental health programs and services, and
- Other items determined by the division to be necessary and appropriate.

Non-Compliance Issues, Action Plans and Timelines

This report is organized into individual sections, in which inadequacies will be identified and discussed. Inadequacies are assigned a level of severity based on the combined judgment of the monitoring team. In order to fully understand the degree of severity, a short discussion of the inadequacy levels follows.

A **major non-compliance issue** is non-compliance in contract requirements which affect the imminent health, safety, or well-being of individuals. In cases of non-compliance at this level, a written corrective action plan must be completed by the Local Authority immediately and compliance must be achieved within 24 hours or less.

It should be noted that in extreme cases where, in the professional opinion of the monitoring team, an elevated threat of imminent health, safety, or well-being of individuals exists, contract payments may be suspended indefinitely.

A **significant non-compliance issue** is either 1) non-compliance with contract requirements that do not pose an imminent danger to clients but that result in inadequate treatment or care that jeopardizes the well-being of individuals; OR 2) non-compliance in required training, paperwork, and/or documentation that are so severe or pervasive as to jeopardize the effectiveness of services and continued contract funding. This type of finding will also require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 10 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 30 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **minor non-compliance issue** results when the reviewers identify a performance inadequacy that is relatively small in scope and does not impact client well-being or jeopardize funding. This type of finding will require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 15 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 60 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **deficiency** results when the contractor is not in full compliance, but the deficiency discovered is not severe enough to be categorized as a non-compliance issue. A written corrective action

plan is required without a formal timeline. However, the monitoring team may request action to fix the problem by a given date.

A **recommendation** occurs when the contractor is in compliance. The Division is simply making a best practice or technical suggestion. The contractor is encouraged to implement the suggestion but not required.

In rare instances, a non-compliance issue from a previous year may continue unresolved at the time of the monitoring site visit. A recurring non-compliance issue will be prominently displayed in the current monitoring report and will require special attention by the Local Authority to ensure its immediate resolution.

Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Davis Behavioral Health and for the professional manner in which they participated in this review.


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


The Division of Substance Abuse and Mental Health


Prepared by:


Chad Carter  Date 03/02/2020
Chad Carter (Mar 2, 2020)
Auditor IV


Approved by:

Kyle Larson  Date 03/02/2020
Kyle Larson (Mar 2, 2020)
Administrative Services Director

Eric Tadehara  Date 03/03/2020
Eric Tadehara (Mar 3, 2020)
Assistant Director Children's Behavioral Health

Kimberly Myers  Date 03/03/2020
Kim Myers (Mar 3, 2020)
Assistant Director Mental Health

Brent Kelsey  Date 03/10/2020
Brent Kelsey (Mar 10, 2020)
Assistant Director Substance Abuse

Doug Thomas  Date 03/10/2020
Doug Thomas (Mar 10, 2020)
Division Director

UTAH DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Emergency Plan Monitoring Tool

Name of Agency: Davis Behavioral Health

Date: December 12, 2019

<i>Compliance Ratings</i>				
Y = Yes, the Contractor is in compliance with the requirements.				
P = Partial, the Contractor is in partial compliance with requirements; comments provided as suggestion to bring into compliance.				
N = No, the Contractor is not in compliance with the requirements.				
Monitoring Activity	Compliance			Comments
	Y	P	N	
Preface				
Cover page (title, date, and facility covered by the plan)		X		Needs date
Signature page (with placeholders to record management and, if applicable, board of directors' approval of the plan and confirmation of its official status)			X	Need signature page on plan (with placeholders to record management and, if applicable, board of directors' approval of the plan and confirmation of its official status)
Title page (with placeholders to record the dates that reviews/revisions are scheduled/have been made)			X	Need place for revisions/reviews are noted on the document
Record of changes (indicating when changes have been made and to which components of the plan)			X	Need place to identify changes to the plan, made by whom, and date of change
Record of distribution (individual internal and external recipients identified by organization and title)			X	Need distribution record
Table of contents			X	Need table of contents
Basic Plan				
Statement of purpose and objectives		X		Plan missing statement of purpose and objectives
Summary information			X	Plan missing summary information
Planning assumptions	X			
Conditions under which the plan will be activated	X			
Procedures for activating the plan	X			
Methods and schedules for updating the plan, communicating changes to staff, and training staff on the plan			X	Need to identify the methods for updating the plan, communicating changes and how staff are trained.
Functional Annex: The Continuity of Operations (COOP) Plan				
Essential functions and essential staff positions			X	Need to identify specific positions and essential staff
Continuity of leadership and orders of succession			X	Need to identify specific names and numbers (i.e., attach an org chart and telephone/cell phone numbers, etc.)

Leadership for incident response			X	Need to identify specific name for incident response
Alternative facilities (including the address of and directions/mileage to each)			X	Need to identify alternative facilities to be used, if needed
Planning Step				
Disaster planning team has been selected, to include all areas (i.e., safe/security, clinical services, medication management, counseling/case management, public relations, staff training/orientation, compliance, operations management, engineering, housekeeping, food services, pharmacy services, transportation, purchasing/contracts, medical records, computer hardware/software, human resources, billing, corporate compliance, etc.)			X	Need to identify who is on the disaster planning team and representing which area.
The planning team has identified requirements for disaster planning for Residential/Housing services including: <ul style="list-style-type: none"> ● Engineering maintenance ● Housekeeping services ● Food services ● Pharmacy services ● Transportation services ● Medical records 			X	Need to specify how these functions will be provided in the event of a disaster
The team has coordinated with others in the State and community.			X	Need to identify coordination efforts with the State and community

DSAMH is happy to provide technical assistance.












Cover Letter (Davis)


Final Audit Report

2020-03-10


Created:	2020-03-02
By:	Chad Carter (chadcarter@utah.gov)
Status:	Signed
Transaction ID:	CBJCHBCAABAA6yQHP6PdXzXLN94RwWfZnP-4g4UcSSJN


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