



State of Utah

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Governor

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Lieutenant Governor

Department of Human Services

ANN SILVERBERG WILLIAMSON
Executive Director

Division of Substance Abuse and Mental Health

DOUG THOMAS
Director

April 13, 2020

Mr. Robert Hunter, Board Chair
Weber Human Services/ Weber County Commission
2380 Washington Blvd., #360
Ogden, UT 84401

Dear Mr. Hunter:

In accordance with Utah Code Annotated 62A-15-103, the Division of Substance Abuse and Mental Health has completed its annual review of the contracted Local Authority, Weber Human Services; 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 (Apr 22, 2020)

Doug Thomas
Division Director

Enclosure

cc: Gage Froerer, Weber County Commissioner

Daryl Ballantyne, Morgan County Council
Sarah Swan, Morgan County Council
Kevin Eastman, Director, Weber Human Services



Site Monitoring Report of

Weber Human Services

Local Authority Contracts #160383 and #160384

Review Date: January 28th, 2020

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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 January 28th, 2020. The focus of the review was on governance and oversight, fiscal management, pediatric and adult mental health services, substance abuse prevention and treatment services and general operations.

The nature of this examination was to evaluate the Center's compliance with: State policies and procedures incorporated through the contracting process; Division Directives; State mandated mental health services; and Preferred Practice Guidelines. During the examination, the review teams evaluated: the reliability and integrity of the Center's data and its compliance with established programmatic and operational objectives. Additionally, the review included an examination, through sampling, of the Center's efficient and appropriate use of financial resources.

Any program or operational inadequacies are identified in this report as non-compliance issues. The chart on the following page provides a quick reference to locate any non-compliance issues identified by the monitoring team. A detailed description of the issues can be found in the body of this report.

Summary of Findings

Programs Reviewed	Level of Non-Compliance Issues	Number of Findings	Page(s)
<i>Governance and Oversight</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i>Child, Youth & 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 1	11-12
<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 None 1 1	18 18

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review of the Local Authority, Weber Human Services (WHS). The Governance and Fiscal Oversight section of the review was conducted on January 28th, 2020 by Chad Carter, Auditor IV.

The site visit was conducted at WHS as the Local Mental Health Authority for Weber and Morgan Counties. 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, WHS 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.

As the Local Authority, WHS received a single audit as required. The CPA firm Christensen, Palmer & Ambrose completed the audit for the year ending June 30, 2019. The auditors issued an unmodified opinion in their report dated December 30, 2019. The SAPT Block Grant and the TANF Grant were selected for specific testing as a major program. There were no findings or deficiencies reported.

Follow-up from Fiscal Year 2019 Audit:

No findings were issued.

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) According to Uniform Guidance 2 CFR 200.512(a), recipients of single audits are required to submit a copy to the Federal Audit Clearinghouse website 30 days after receipt of the auditor's reports, or nine months after the end of the fiscal year - whichever comes first. The audit report is not showing as submitted in the Clearinghouse website, but it is only shortly after 30 days from the date of the audit report. It is recommended that WHS submit this timely each year as the Division will be checking for this annually as part of monitoring going forward.

- 2) The WHS emergency plan was reviewed by Robert Snarr, Program Administrator and Geri Jardine, Program Support Specialist, as part of monitoring. A checklist based on SAMHSA recommendations was completed and is included at the end of this report as Attachment A. It is recommended that WHS review these suggestions and update their emergency plan accordingly.

FY20 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 January 28th, 2020. The monitoring team consisted of Mindy Leonard, Program Manager and Tracy Johnson, Wraparound and Family Peer Support Program Administrator. The review included the following areas: record reviews, discussions with clinical supervisors and management, and case staffings. 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; 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

FY19 Deficiencies:

- 1) *Youth Outcome Questionnaires (YOQ)*: During the chart review process for WHS, four of the ten charts did not show evidence of the YOQ being provided at the mandated frequency of every 30 days. Division Directives state, "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)." It is recommended that WHS monitor the administration of YOQs to ensure they are provided at the required frequency.

This issue has been resolved. WHS has improved the frequency of YOQ administration to every 30 days as evidenced through the chart review process with 100% charts demonstrating use.

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 Resource Facilitation and Family Peer Support:* WHS continues to support the Family Resource Facilitators (FRF) and Family Peer Support (FPS) models. WHS increased FRF services in FY19, serving 94 more individuals and families than in FY18. WHS has improved the methods for dispersing the FRF's caseloads and through their continued training to clinical staff on how FRF/FPS models can be used in the continuum of care.

It is recommended that WHS continue to examine how they collect utilization data on FRF services, explore ways to strengthen supervisors skills to support FRF professional growth, and examine ways to capture these services in the electronic health record to increase billing.

FY20 Division Comments:

- 1) *Quality Improvement:* WHS continues work to improve clinical outcomes for their clients. WHS monitors client scheduling, clinical supervision, and fidelity measures to increase clinical outcomes. WHS targets efforts to ensure that clients are referred to the appropriate evidence based practice to meet their clinical needs. Through a project with the University of Utah, WHS has developed a dashboard to track clinical outcomes for all clients. This dashboard tracks client progress, dosage of services, and identifies barriers to treatment progress. The information is then reviewed with the clinician in supervision. Early data supports increased client outcomes. As part of this quality improvement, WHS has changed how they prompt clinicians to utilize the YOQ, which has resulted in increased usage of this measure.
- 2) *Transitions of Care:* WHS assigns a clinician and case manager for emergency room and inpatient response for transition of care for both youth and adults at McKay Dee Hospital and Ogden Regional Hospital. WHS reports that clinical access at these sites provides for a smoother transition for clients as they discharge from inpatient and hospital settings. WHS has also been working in conjunction with SMR services to educate on community diversion options, when appropriate, for youth instead of utilizing emergency room and inpatient services.
- 3) *School Based Services:* WHS is currently providing services to schools in the Weber and Ogden City School Districts. WHS continues to seek opportunities to improve collaboration and strengthen relationships with each school district, which includes providing quality mental health services in school settings and providing clinician time for collaboration with local school staff.
- 4) *Workforce Shortage:* WHS reports they have struggled with retention of workforce, as multiple agencies in their area are seeking licensed clinicians and other staff. WHS has recently implemented an increased pay structure to be more competitive with other state and community providers. WHS is continuing to review their approach to recruitment including their job posting process and incentive programs. WHS has additionally implemented a tuition reimbursement program for employees to advance their education in the social work field to increase recruitment and retention.

Adult Mental Health

The Adult Mental Health team conducted its annual monitoring review of Weber Human Services on January 28th, 2020. The team included Mindy Leonard, Mental Health Program Manager and Heather Rydalch, Peer Support Program Manager. The review included the following areas: Discussions with clinical supervisors and management teams, record reviews, site visits to administrative offices, and on campus services. 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) *Outcome Questionnaire (OQ)*: DSAMH recommends the OQ/YOQ should be included in and adopted as part of the standard intake and ongoing clinical protocol. DSAMH requires policy to be in place that prescribes the appropriate clinical response, follow-through, and patient, family, or guardian involvement for the empirical results of the OQ/YOQ. Seven of the ten charts that were reviewed did not show clear signs that the OQ was being used as part of the intervention. Five of the seven charts reviewed did have the OQ administered but not at the rate of every 30 days. DSAMH recommends that WHS work with staff to find opportunities to integrate OQ into the treatment program.

This issue has been partially resolved. The administration of the OQ was completed in all charts reviewed, but the documentation demonstrating that it was used as a clinical tool will continue to be a Deficiency in FY20.

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) *Outcome Questionnaire (OQ)*: All charts reviewed demonstrated that the OQ was administered to the individual in treatment. Six of the ten charts that were reviewed did not show clear evidence that the OQ was being used as part of the clinical intervention. Division Directives state data from the OQ or YOQ shall be shared with the client and incorporated into the clinical process, as evidenced by the chart. DSAMH recommends that WHS work

with staff to find opportunities to integrate the OQ into the treatment program and to ensure that those efforts are documented.

County's Response and Corrective Action Plan:

Action Plan: Clinicians on the Adult Mental Health Team at WHS attended a three hour training on February 25th centered on understanding the OQ and appropriate documentation of risks, progress and digression. Clinician charts will be audited regularly to ensure implementation of the training into the note.

Timeline for compliance: In place

Person responsible for action plan: Karen Bassett

FY20 Recommendations:

- 1) *Recovery Support Services:* The 2019 Adult Mental Health (AMH) scorecard indicates that WHS provided fewer Case Management (CM: 25.6%; urban average-38.5%) and Peer Support Services (PSS: 4.3%; urban average-7.9%) when compared to other urban areas. In addition, the FY19 AMH scorecard indicates that WHS has the highest rate of inpatient services across the Local Mental Health Authorities (WHS-6,.8%; all LMHAs-3.7%). DSAMH recommends that WHS review opportunities for CM or PSS regularly to ensure that individuals in treatment receive adequate levels of recovery support services.

FY20 Division Comments:

- 1) *Quality Improvement:* In addition to efforts to improve clinical outcomes by monitoring client scheduling, clinical supervision and fidelity measures, WHS has been targeting efforts to ensure that clients are referred to the appropriate evidence based practice to meet their clinical needs. Through a project with the University of Utah, WHS has developed a dashboard to track clinical outcomes for all clients. This dashboard tracks client progress, dosage of services, and identifies barriers to treatment progress. The information is then reviewed with the clinician in supervision. Early data supports increased client outcomes. As part of this quality improvement, WHS has changed how they prompt clinicians to utilize the OQ, which has resulted in increased usage of this measure. This comment is shared with the Child, Youth, and Family Mental Health report.
- 2) *Individual Placement and Support (IPS)/Supported Employment:* WHS has recently expanded supported employment services. They have hired two more employment specialists to help provide quality services for this program and have an exemplary IPS fidelity score.
- 3) *Evidence Based Practices (EBPs):* WHS is currently providing evidence based practices in the following modalities: Motivational Interviewing, Trauma-Focused-Cognitive Behavioral Therapy, and Moral Reconciliation Therapy. WHS has researched the most cost efficient and effective EBPs. They have implemented training and certifications, and incorporated the dual supervision model to ensure they are providing treatment to fidelity.

- 4) *Integrated Health Care:* WHS has incorporated a Wellness Clinic on their campus to take the first steps to providing integrated health care. They have also provided a pharmacy on location, enabling individuals receiving services to get their medications filled easily. One individual in treatment said that she is very grateful to WHS for the provision of testing and medication to treat Hepatitis C, an illness that she was not previously aware she had.
- 5) *Nicotine Cessation:* A review of ten charts demonstrated that nicotine use was addressed with every client. In addition, during the interview with the Peer Support Program Manager, two individuals who use tobacco reported that they had both been offered nicotine cessation. One said that it has helped them to cut down on their tobacco use and the other indicated that they were not interested.
- 6) *Feedback from Individuals in Treatment:* DSAMH Peer Support Program Manager, Heather Rydalch, attended a WHS community meeting and then met with six clients. One individual said they enjoy maintaining the friendships that they have found at the community meeting. Another said, “Just because I don’t have family does not mean I’m not loved and nobody cares”. WHS Peer Support Services have been very helpful as individuals set their own goals. One individual said that they keep achieving the goals that they set and it makes them feel better. Other comments included appreciation for a prescriber who “actually” listens, for housing received through Problem Anonymous Action Group (PAAG), and that the individuals are “getting a lot of help”. Those in the interview reported that two of the best classes are Illness Management and Recovery (IMR) and Cognitive Behavioral Therapy (CBT).

Substance Use Disorders Prevention

Becky King, Program Administrator, conducted the annual prevention review of Weber Human Services on January 24th, 2020. 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

FY19 Deficiencies:

- 1) The Eliminating Alcohol Sales to Youth (EASY) compliance checks for Weber County decreased from 150 in the FY17 to 78 in the FY18, which does not meet the 90% standard in Division Directives.

This issue has been resolved. The EASY Compliance Checks increased from 78 to 171 from FY18 to FY19 respectively, which now meets Division Directives.

- 2) SYNAR checks for Weber / Morgan County had a compliance rate of 88%, which is below the standard of 90% in the Division Directives.

This issue has been resolved. Weber / Morgan County had a compliance rate of 95% for SYNAR checks in the FY19, which now meets Division Directives.

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) *Coalition Recruitment:* WHS has done a great job of building coalitions in their local area over the past several years, but are interested in receiving more training and technical assistance on coalition recruitment. It is recommended that WHS follow up with DSAMH for technical assistance on coalition recruitment and retention.

- 2) *Strategies for Early Initiation of Drug Use:* WHS would like more information on strategies for early initiation of use, but stated that there are not many evidence-based practices in this area. It is recommended that WHS follow up with DSAMH for guidance on strategies for early initiation of drug use.
- 3) *Indicated Prevention:* WHS reported that they received less referrals for Indicated prevention services over the past year due to legislative changes in the youth juvenile system. This new legislation has eliminated the requirement for kids to complete court ordered services, which has resulted in low retention rates. They are still providing the Parent and Teen Alternative Program and END Program, but did not have enough youth in these programs to submit their Indicated Prevention Data to DSAMH. They are currently working on partnering with agencies, like the Health Department, schools and courts to increase referrals to Indicated Prevention Services. It is recommended that WHS continue to work on methods of increasing youth in their program.

FY20 Division Comments:

- 1) *Capacity Building:* WHS is continuously working on building capacity in their community. They apply for grants on a regular basis to ensure that there is ongoing funding for prevention efforts in their community. In addition, they have worked diligently to increase collaboration with community partners to build capacity in their community and enhance what they are currently doing. For example, WHS helps with schools with current efforts rather than duplicating them. They were able to increase engagement with the Charter Schools by presenting on the following programs: Adolescent Mindfulness, Love and Logic and Guiding Good Choices. WHS has also been able to build better relationships with Latter Day Saint (LDS) Stake Religious Groups.
- 2) *Coalitions:* This past year, WHS received the Prevention Services Structure (PSS) Grant which has allowed them to hire Coordinators for their Coalitions. These Prevention Coordinators have made a significant difference in moving coalitions efforts forward. WHS has four Communities that Care (CTC) Coalitions that are working on the following efforts: (1) The *Bonneville CTC* has been around for eight years and are currently working on their community assessment. They have also been using funds from the Drug Free Communities that Care Grant to expand efforts in their community. (2) The *Roy CTC* recently finished their Action Plan and are in Phase 5 of the CTC Process. They recently lost their coordinator in April 2019, but are working on hiring another coordinator. (3) The *Weber CTC* is in Phase 5 of the CTC process and recently completed their assessment, action and implementation plan. They also have their own Facebook Page. (4) The *Fremont CTC* has made the most progress over the past year and has moved from Phase 2 to Phase 5 of the CTC process. They recently completed their evaluation and developed their implementation plan. The *Fremont CTC* is also looking into systems change for their local area. All four coalitions have Parents Empowered Grants, which has helped them make an impact on youth alcohol use in their community.

- 3) *Evidence-Based Fidelity Measures:* WHS monitors evidence-based prevention programs to fidelity by doing observations for two sessions in a cycle of a class being taught. For other programs that are not session based, WHS provides individual coaching to those implementing the strategy. WHS determines if a strategy is appropriate and effective for their community by assessing their level of readiness and resources that are available for each strategy. WHS reviews all measures used for each strategy throughout the year to ensure that they are on target with their programs and practices. .

Substance Use Disorders Treatment

Becky King, Program Administrator, conducted the review of Weber Human Services on January 28th, 2020. 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 2019 Audit

FY19 Minor Non-compliance Issues:

- 1) The percent of clients completing a treatment episode successfully decreased from 45.8% in FY17 to 41.2% in FY18 respectively, which does not meet Division Directives.

This issue has been resolved. The percent of clients completing a treatment episode successfully moved from 41.2% to 40.8% from FY18 to FY19 respectively, which now meets Division Directives.

- 2) The percent of clients that decreased tobacco use from admission to discharge is -0.3% in FY18, which does not meet Division Directives.

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

- 3) 43.4% of the data was reported as unknown/not collected for criminogenic risk for adults compelled by the criminal justice system. The Division data collection rate standard is 10% or less unknown/not collected.

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 Outcomes Scorecard shows that the percent of clients that decreased tobacco use from admission to discharge moved from -0.3% to -0.6% from FY18 to FY19 respectively, which does not meet Division Directives.

County’s Response and Corrective Action Plan:

Action Plan: Screening and Assessment forms will be updated to assist clinicians with identifying and referring clients for education and interventions for smoking cessation. Staff will be trained on use of the forms and resources.

Timeline for compliance: Updated forms and staff training 3-10-2020 - 6-30-2020

Person responsible for action plan: Wendi Davis-Cox

FY20 Deficiencies:

- 1) The Treatment Episode Data Set (TEDS) shows that 27.4% of the data was reported as unknown and 15.1% was uncollected for Criminogenic Risk for justice involved adults, which does not meet Division Directives.

County’s Response and Corrective Action Plan:

Action Plan: Assessment forms will be updated to assist clinicians with identifying criminogenic risk level including coordination with AP&P and private probation for risk scores and case action plans. Staff will be trained on use of the forms and recording risk levels accurately.

Timeline for compliance: Updated forms and staff training 3-10-2020 - 6-30-2020

Person responsible for action plan: Wendi Davis-Cox

FY20 Recommendations:

- 1) *American Society of Addiction Medicine (ASAM):* DSAMH recommends that WHS 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: 52821, 84408, 71224, 85040, 83105, 12890, 85051*).

FY20 Division Comments:

- 1) *Continuum of Services:* WHS offers a continuum of services, which has benefited their community. They re-opened the Men’s Residential Treatment Center this past year, which has expanded access to men’s gender responsive services. WHS continues to provide gender responsive, trauma-informed services for women and children through Tranquility Home Residential Services, outpatient and intensive outpatient services. They reported serving more pregnant women over the past year, which has made a positive impact in these women’s lives. WHS recently opened an intensive outpatient program for all clients and

continues to provide individualized services. WHS has been working with Utah Support Advocates for Recovery Awareness (USARA) to open a USARA Office in their local area, which has helped expand recovery support efforts in their community. WHS is dedicated to providing quality services for their community and continues to seek ways of expanding their services.

- 2) *Evidence-Based Practice*: WHS is dedicated to providing evidence-based services and has a supervision model that supports evidence-based programs and clinical practice to fidelity. They use data to improve treatment services and recently developed a Clinical Dashboard that shows progress or lack of progress for the evidence-based practice and the impact that the clinician has on the client's progress. WHS uses screening tools for substance use disorder and mental health to determine the most appropriate level of treatment. WHS also has a Director's Report which summarizes service and staff outcomes that they review each month to improve outcomes.

- 3) *Medication Assisted Treatment (MAT)*: WHS has expanded access to MAT in their community through their contracts with the BAART Program of Ogden (Opioid Treatment Provider), Aloha Behavioral and Clinical Consultants. MAT is available for any client with an opioid use disorder (OUD) or Alcohol Dependence at WHS. Clients are screened and assessed by a clinician at intake and referred to the appropriate MAT Clinic. WHS has a weekly MAT staff meeting with the Medical Clinic, Clinical Staff and Peer Support Specialists to ensure that client's needs are being met. Peer Support Specialists do outreach to clients that are struggling with substance use and connect them to services. WHS also provides annual training and individual supervision on opioid education for their staff and community. Naloxone is available for any client, family or community member at the WHS Pharmacy and WHS provides Naloxone Kits to anyone that asks for one. WHS is part of the Weber County Harm Reduction Coalition and provides Naloxone Kits during syringe exchange events and outreach.

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

Prepared by:

Chad Carter  Date 04/13/2020
Chad Carter (Apr 13, 2020)
Auditor IV

Approved by:

Kyle Larson  Date 04/13/2020
Kyle Larson (Apr 13, 2020)
Administrative Services Director

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Eric Tadehara (Apr 13, 2020)
Assistant Director Children's Behavioral Health

Kimberly Myers  Date 04/14/2020
Kim Myers (Apr 14, 2020)
Assistant Director Mental Health

Brent Kelsey  Date 04/22/2020
Brent Kelsey (Apr 22, 2020)
Assistant Director Substance Abuse

Doug Thomas  Date 04/22/2020
Doug Thomas (Apr 22, 2020)
Division Director

UTAH DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Emergency Plan Monitoring Tool

Name of Agency: Weber Human Services

Date: January 31, 2020

<i>Compliance Ratings</i>				
<p>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.</p>				
Monitoring Activity	Compliance			Comments
	Y	P	N	
Preface				
Cover page (title, date, and facility covered by the plan)		X		Need to have date on the plan
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 to have a signature page
Title page (with placeholders to record the dates that reviews/revisions are scheduled/have been made)		X		Need to have dates of revision
Record of changes (indicating when changes have been made and to which components of the plan)			X	Need to have a place that indicates changes with dates of changes
Record of distribution (individual internal and external recipients identified by organization and title)			X	Need to have a distribution list

Table of contents	X			
Basic Plan				
Statement of purpose and objectives	X			
Summary information	X			
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 include method/schedule for updating plan, how these changes are communicated with the staff and how the staff is 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				

<p>Disaster planning team has been selected, to include all departments (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.)</p>			X	Need to identify who is on the disaster planning team and representing which area
<p>The planning team has identified requirements for disaster planning for Residential/Housing services including:</p> <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
<p>The team has coordinated with others in the State and community.</p>			X	Need to identify coordination efforts with the State and community

DSAMH is happy to provide technical assistance.