Date: 12/29/21

David Zook
Cache County Executive
199 North Main
Logan, UT 84321

Dear Mr. Zook:

In accordance with Utah Code Annotated 62A-15-103, the Division of Substance Abuse and Mental Health has completed its annual review of Cache County (District 1 Mental Health Authority) and Bear River Mental 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 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 Kelly Ovard at 385-310-5118.

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

Sincerely,

Brent Kelsey
Interim Division Director

Enclosure

cc: Jeff Scott, Box Elder County Commission
    Bill Cox, Rich County Commission
    Beth Smith, Director, Bear River Mental Health
Site Monitoring Report of

Cache County - District 1 Mental Health Authority and Bear River Mental Health

Local Authority Contract #A03079

Review Date: November 16, 2021

Final Report
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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 Cache County (District 1 Mental Health Authority) and its contracted service provider, Bear River Mental Health (also referred to in this report as BRMH or the Center) on November 16, 2021. The focus of the review was on governance and oversight, fiscal management, pediatric and adult mental health 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; 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

<table>
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<th>Number of Findings</th>
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Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review of the Local Authority, Cache County, and its contracted service provider, Bear River Mental Health (BRMH). The Governance and Fiscal Oversight section of the review was conducted on November 16, 2021 by Kelly Ovard, Administrative Services Auditor IV.

The site review was conducted remotely with BRMH due to current DSAMH policies. BRMH is the mental health contracted service provider for Cache, Box Elder and Rich Counties. Files from BRMH and Cache County were uploaded and reviewed. 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 remote review, BRMH 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, Cache County received a single audit as required. The CPA firm Jones - Simkins completed the audit for the year ending December 31, 2020. The auditors issued an unqualified opinion in their report dated June 21, 2021. No mental health findings or deficiencies were issued in the audit.

Cache County’s contracted service provider, Bear River Mental Health, did not meet the threshold to require a single audit; but did receive an independent financial statement audit, which was also reviewed. The firm Carver, Florek & James, CPA's completed the audit for the year ending June 30, 2020 and also looked at some specific items at the request of the Division. The auditors issued an unmodified opinion in their report dated December 4, 2020. No findings or deficiencies were reported.
Follow-up from Fiscal Year 2021 Audit:
None

Findings for Fiscal Year 2022 Audit:

FY22 Major Non-compliance Issues:
None

FY22 Significant Non-compliance Issues:
None

FY22 Minor Non-compliance Issues:
None

FY22 Deficiencies:
None

FY22 Recommendations:
1) The Cache County/Bear River Mental Health emergency plan was reviewed by Nichole Cunha and Geri Jardine, 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. The Plan was up to date with no issues reported.
2) Some documentation uploaded was signed and dated but the body of the documents were not completely filled out. Example was a conflict of interest form for an employee and the audit review by the County Manager. It is recommended that documents going forward be completely filled out with N/A used where appropriate.
3) The services matched up with the year end reports and were accurate. There were ample services provided to each service code. There was a question with one or two codes in verification that service IDs were mutually exclusive between the service codes. BRMH will verify in the future that the service ID’s are mutually exclusive in their uploaded spreadsheets.

FY22 Division Comments:
1) A big thanks to the BRMH team in helping with the upload of data and the access to the charts. This is a great help in making the audit meetings more efficient and focusing on missing items, findings and recommendations,
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 adults, youth, and children of Utah.
Combined Mental Health Programs

The Division of Substance Abuse and Mental Health (DSAMH) Mental Health Team conducted its annual monitoring review at Bear River Mental Health (BRMH) on November 16, 2021. Due to the current DSAMH policy, the annual monitoring review was held virtually. Duplicate findings for Child, Youth and Family and Adult Mental Health have been combined below to provide clarity and avoid redundancy.

FY22 Deficiencies:
1) **Outcome Questionnaires/Youth Outcome Questionnaires (OQ/YOQ):** Overall there was increased evidence of administration of the OQ/YOQ from the FY21 chart review. However, the chart review indicated no or infrequent documentation of use of the tool as a clinical intervention. Of the seven youth charts reviewed, four had no or infrequent documentation of clinical use of the YOQ in treatment. Of the seven adult charts reviewed, four had no or infrequent clinical use of the OQ. The Division Directives state “...the OQ/YOQ be given to patients and consumers...at intake, every thirty days or every visit (whichever is less frequent), and at discharge/discontinuation”. In addition, “data from the Outcome Questionnaire (OQ) or Youth Outcome Questionnaire (YOQ) shall be shared with the client and incorporated into the clinical process, as evidenced in the chart (excluding children aged five and under).” DSAMH does appreciate efforts being made to address OQ/YOQ issues, including a change to the electronic health record that is now being launched.

BRMH should also review and address the clinical outcomes demonstrated by the OQ/YOQ, as the FY21 Adult Mental Health Scorecard indicates that BRMH has one of the lowest percentages of clients demonstrating positive OQ results for both treatment and discharge, when compared across the Local Mental Health Authorities. The FY21 Youth Mental Health Scorecard also indicates that negative YOQ results for treatment and discharge are much higher than the rural average.

**County’s Response and Corrective Action Plan:**

**Action Plan:**
A: OQ import buttons will be added on the progress note screen to allow clinicians to import the most recent score as well as a quick link to the OQ graph for each client.
B: Utilize a tracking report at the Executive Committee and Clinical Supervisor level to monitor clinical staff’s timely opening and usage of the OQ.
C: Discuss the tracking report in individual and small group supervision to increase usage during client sessions.
D: Conduct peer audits.
E: Conduct staff training on proper use and administration of OQ.

**Timeline for compliance:**
A above: This was done and implemented within the last 60 days and is being used currently.
B above: Monthly in the Executive Committee and Clinical Supervisor meeting.
C above: Discussed during clinical supervision at a minimum of every 60 days.
D above: Every 6 months.
E above: Every 6 months.

Person responsible for action plan:
A above: This item has been completed by IT.
B above: Wes Spencer
C above: Clinical Supervisors
D above: Wes Spencer
E above: Wes Spencer

Tracked at DSAMH by: Mindy Leonard

FY22 Recommendations:

1) **Holistic Approach to Health:** It is recommended to review the process for documenting the identification of or offering linkages to clients with physical health care providers as appropriate. In the chart review, nearly all fourteen charts (youth and adults) lacked documentation of identification of primary care providers or evidence that linkage to a physical health provider was offered. Supporting access to and the promotion of physical health care, including dental and vision, is a key component to overall wellness and mental health recovery for clients.

FY22 Division Comments:

1) **Cultural Responsiveness:** During the recent DSAMH needs assessment, 100% of BRMH clinicians responded to the culturally responsive services question with culturally responsive answers. BRMH had the highest scores regarding Youth-in-Transition attitude, awareness, knowledge, and skills questions from the staff survey, and had the best “sensory room” scores in the state. DSAMH commends BRMH for ongoing work to create goals to increase cultural responsiveness.
Child, Youth and Family Mental Health

The Division of Substance Abuse and Mental Health Children, Youth, & Families team conducted its annual monitoring review at Bear River Mental Health (BRMH) on November 16, 2021. Due to current DSAMH policies, the annual monitoring review was held virtually. The monitoring team consisted of Leah Colburn, Program Administrator; Mindy Leonard, Program Manager; Tracy Johnson, Wraparound and Family Peer Support Program Administrator; and Heather Rydalch, Peer Support Program Manager. The review included the following areas: discussions with clinical supervisors and management, record reviews, program visits, and allied agency visits. During the discussion the team reviewed the FY21 audit, statistics, including the Mental Health Scorecard, Area Plans, Youth Outcome Questionnaires, Family Peer Support, school based behavioral health and 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 2021 Audit

FY21 Deficiencies:

1) **Youth Outcome Questionnaires**: BRMH is not administering the Youth Outcome Questionnaire (YOQ) at the frequency outlined by division directives, nor demonstrating evidence of its use in treatment. Through records reviews, the YOQ was not administered at the required frequency in four of the ten charts reviewed. The 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).” Nine of the ten charts reviewed did not indicate that the YOQ is being used in treatment. The Division Directives state “Data from the OQ or YOQ shall be shared with the client and incorporated into the clinical process, as evidenced in the chart.”

This issue has not been fully resolved and will be continued for FY22; see Combined Mental Health Program Deficiencies #1 above. While the YOQ administration has been resolved with five of seven charts demonstrating evidence of administration, there remain concerns with documentation of YOQ in the clinical process.

Findings for Fiscal Year 2022 Audit

FY22 Major Non-compliance Issues:

None

FY22 Significant Non-compliance Issues:

None

FY22 Minor Non-compliance Issues:

None
FY22 Deficiencies:
None

FY22 Recommendations:

1) **Respite**: Per the FY21 scorecard, BRMH provided respite at a rate of 1.3% (22 youth) which is lower than the rural average, for the second year in a row. BRMH recognizes the importance of respite in their continuum of care. They have identified that COVID-19 has had an ongoing impact on the ability to provide in-home services which includes respite. BRMH is continuing to explore how to expand access to these services and has targeted increasing access for those 12 and older populations who are engaged in outpatient services and for those who are accessing crisis services. It is recommended to continue to build referral pathways to identify families in need of this important service in their community.

FY22 Division Comments:

1) **Access to care**: BRMH has experienced an 10.2% increase in youth served per the FY21 scorecard. BRMH has attributed this increase to strong relationships in their community with schools, targeted relationships with primary care providers, and other community involvement opportunities. BRMH has been engaged with school to provide school based services which include involvement in school mental health screening nights. This has been a positive experience for both BRMH and the community. BRMH has additionally been working directly with a pediatrician’s office in their catchment which has been able to support early identification and treatment access for children and their families.

2) **Intellectual/Developmental Disabilities/Mental Health (IDD/MH)**: BRMH has been continuing to ensure their service continuum is accessible for persons with IDD and Mental Health needs, when clinically appropriate. With the support of content learned and disseminated by a staff member who is trained in content from The NADD training offered last year, BRMH has worked to ensure that persons with IDD/MH are able to access appropriate services for their mental health needs, and assists to support linkages to other community services and supports relevant to support the youth or families needs when appropriate. DSAMH encourages BRMH to continue to provide The NADD IDD/MH training to their staff members as there are increasing needs for access for those with co-occurring needs.

3) **Family Peer Support Services (FPSS)**: BRMH leadership has a strong understanding of the value and role of FPSS to support youth and families in finding success. While there was a slight decrease from FY20 (11 youth served) to FY21 (7 youth served) in the number of youth and families served through FPSS, BRMH continues to provide services above the rural average. With the closure of Allies with Families, DSAMH encourages BRMH to consider options to hire an FPSS at their agency. BRMH is also encouraged to develop a plan to ensure that FPSS remain as part of the services continuum for youth and families in their catchment area. DSAMH is available for technical assistance as requested.
Adult Mental Health

The Division of Substance Abuse and Mental Health Adult Mental Health team conducted its annual monitoring review with Bear River Mental Health (BRMH) on November 16, 2021. Due to current DSAMH policies, the annual monitoring review was held virtually. The monitoring team consisted of Leah Colburn, Program Administrator; Pam Bennett, Program Administrator; Mindy Leonard, Program Manager, and Heather Rydalch, Peer Support Program Manager. The review included the following areas: discussions with clinical supervisors and management, record reviews, program visits, and allied agency visits. During the discussion the team reviewed the FY21 audit statistics, including the Mental Health Scorecard, Area Plans, Outcome Questionnaires, 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 2021 Audit

FY21 Deficiencies:

1) **Outcome Questionnaires (OQ):** The BRMH charts demonstrated that the OQ was administered at least once for all individuals with documentation reviewed. However, results for the OQ were only documented a total of once or twice for three of nine clients. This may be related to difficulties administering the OQ after client care was moved to a telehealth format due to the pandemic. Division Directives indicate that “DSAMH will require that the OQ 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). More concerning is that nine of nine charts reviewed indicated that the OQ is not being used as a clinical intervention in treatment. This reflects data provided from the current BRMH internal chart audit. Division Directives state “Data from the OQ or YOQ shall be shared with the client and incorporated into the clinical process, as evidenced in the chart.” This was a Deficiency for Adult Mental Health in FY18 and FY19, and is a shared Deficiency with the Children, Youth and Family Adult Mental Health in FY21.

   This issue has not been resolved and will be continued for FY22; see Combined Mental Health Program Deficiencies #1 above.
Findings for Fiscal Year 2022 Audit

FY22 Major Non-compliance Issues:
None

FY22 Significant Non-compliance Issues:
None

FY22 Minor Non-compliance Issues:
None

FY22 Deficiencies:
None

FY22 Recommendations:

1) **Treatment Effectiveness:** Overall, the FY21 Adult Mental Health Statistics Improvement Program (MHSIP) consumer satisfaction survey reflects responses that meet or exceed the National Average for the MHSIP. However, the FY21 MHSIP indicates decreasing scores in “positive service outcomes” and “improved functioning”. This is in conjunction with the lowest percentages of adult mental health clients demonstrating positive OQ results for both treatment and discharge. DSAMH recommends that BRMH review treatment practices to address client outcomes and treatment effectiveness.

FY22 Division Comments:

1) **Access to Care:** The FY21 Adult Mental Health Scorecard indicates that BRMH increased the number of clients served by 15.3%, the largest increase in service provision in the State. The number of unfunded individuals reported also increased dramatically (31.1% increase) during FY21, a time when almost all other Local Authorities demonstrated a decrease in the unfunded individuals served.

2) **Clinical Staffings:** DSAMH attended a BRMH clinical staff meeting in Brigham City. The commitment to client care was evident, with outcomes such as quality of care and effective treatment discussed. Creative referral and utilization of case management was reviewed, along with the use and documentation of OQ/YOQs.

3) **Community Partnerships:** BRMH has teamed up with the Bear River Health Department, Attorney’s Office, Police Department, Logan Regional Hospital and Utah State University to form the Cache Valley Unified Response Team. The team holds biweekly meetings to staff clients and coordinates intensive case management for clients with complex needs. The case manager tracks the client and the data involved in the program.
4) **Services for Incarcerated Individuals:** BRMH received a grant from the Utah Commission on Criminal and Juvenile Justice. This has allowed services for incarcerated individuals to expand from crisis response to a full continuum of services, and a seamless transition when released that includes the same providers. Trauma can be addressed before individuals move back into the community, and there has been anecdotal evidence of improved outcomes as a result.

5) **Peer Support Services (PSS):** Heather Rydalch, Peer Support Program Manager, and Tracy Johnson, Wraparound and Family Peer Support Program Administrator, reviewed peer support charts for adults and youth virtually with assistance from BRMH. While the FY22 BRMH Area Plan projected that the agency would have more adult Certified Peer Support Specialists FTEs in FY22 than are currently employed, the agency has been able to maintain the number of adults receiving services despite the pandemic. BRMH has started a Mobile Crisis Outreach Team and is pursuing a Receiving Center, and Peer Support services should increase as a critical component of an improved crisis response, in addition to regular client Peer Support services.

6) **Participant Feedback:** Heather Rydalch, Peer Support Program Manager, attended a peer support group with 10 members at Bear River House. Participants described the efforts of the staff during the pandemic as “amazing actually, didn’t feel so isolated when they brought lunch, provided outreach, and phone calls.” Many members have been coming here for years and they really enjoy it. “The only time I feel really at home is when I come to club!” They feel uplifted after the group with the Peer Support Specialist. Individuals create their own goals with support from staff. One client/member described housing “Housing stinks, it is sad to see those with a background not get a safe place to stay.”
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 the 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 require a formal action plan. 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 suggestions. 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.
We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Cache County (District 1 Mental Health Authority – Bear River Mental Health) and for the professional manner in which they participated in this review.

If there are any questions regarding this report please contact Kelly Ovard at 385-310-5118.

The Division of Substance Abuse and Mental Health

Prepared by:
Kelly Ovard
Administrative Services Auditor IV
Date 12/29/2021

Approved by:
Kyle Larson
Administrative Services Director
Date 12/29/2021

Eric Tadehara
Assistant Director Children’s Behavioral Health
Date 12/29/2021

Kimberly Meyers
Assistant Director Mental Health
Date 01/03/2022

Brent Kelsey
Interim Division Director
Date 12/29/2021
Attachment A

UTAH DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Emergency Plan Monitoring Tool FY22

Name of Local Authority: Bear River Mental Health

Date: November 9, 2021

Reviewed by: Nichole Cunha, LCSW
            Geri Jardine

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<th>Monitoring Activity</th>
<th>Compliance</th>
<th>Comments</th>
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<td>Preface</td>
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<tr>
<td>P = Partial, the Contractor is in partial compliance with requirements; comments provided as a suggestion to bring into compliance.</td>
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<td>Record of changes (indicating dates that reviews/revisions are scheduled/have been made and to which components of the plan)</td>
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<td>Method of distribution to appropriate parties (i.e. employees, members of the board, etc.)</td>
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Basic Plan

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<tr>
<th>Monitoring Activity</th>
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<th>Comments</th>
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<td>Statement of purpose and objectives</td>
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<tr>
<td>Summary information</td>
<td>X</td>
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<tr>
<td>Planning assumptions</td>
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<tr>
<td>Conditions under which the plan will be activated</td>
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<td></td>
</tr>
<tr>
<td>Procedures for activating the plan</td>
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<tr>
<td>Methods and schedules for updating the plan, communicating changes to staff, and training staff on the plan</td>
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<th>Compliance</th>
<th>Comments</th>
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<td>List of essential functions and essential staff positions</td>
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<tr>
<td>Identify continuity of leadership and orders of succession</td>
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<td></td>
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<tr>
<td>Identify leadership for incident response</td>
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<tr>
<td>List alternative facilities (including the address of and directions/mileage to each)</td>
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<tr>
<td>Communication procedures with staff, clients’ families, the State and community</td>
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</tr>
<tr>
<td>---</td>
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<td></td>
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<tr>
<td>Procedures that ensure the timely discharge of financial obligations, including payroll.</td>
<td>X</td>
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**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.)

<table>
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<th>The planning team has identified requirements for disaster planning for Residential/Housing services including:</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Engineering maintenance</td>
</tr>
<tr>
<td>● Housekeeping services</td>
</tr>
<tr>
<td>● Food services</td>
</tr>
<tr>
<td>● Pharmacy services</td>
</tr>
<tr>
<td>● Transportation services</td>
</tr>
<tr>
<td>● Medical records (recovery and maintenance)</td>
</tr>
<tr>
<td>● Evacuation procedures</td>
</tr>
<tr>
<td>● Isolation/Quarantine procedures</td>
</tr>
<tr>
<td>● Maintenance of required staffing ratios</td>
</tr>
<tr>
<td>● Address both leave for and the recall of employees unable to work for extended periods due to illness during periods of declared pandemic</td>
</tr>
</tbody>
</table>

DSAMH is happy to provide technical assistance.
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