



## State of Utah

SPENCER J. COX  
*Governor*

DEIDRE M. HENDERSON  
*Lieutenant Governor*

## Department of Health & Human Services

TRACY S. GRUBER  
*Executive Director*

NATE CHECKETTS  
*Deputy Director*

DR. MICHELLE HOFMANN  
*Executive Medical Director*

DAVID LITVACK  
*Deputy Director*

NATE WINTERS  
*Deputy Director*

Date: January 10, 2023  
David Zook  
Cache County Executive  
199 North Main  
Logan, UT 84321

Dear Mr. Zook:

In accordance with Utah Code Annotated 62A-15-103, the Office 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 Office 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  
Office Director

Enclosure

cc: Lee Perry, Box Elder County Commission  
Bill Cox, Rich County Commission  
Beth Smith, Director, Bear River Mental Health



Utah Department of  
**Health & Human Services**  
Integrated Healthcare

Site Monitoring Report of

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

Local Authority Contract #A03079

Review Date: November 21, 2022

Final Report

## **Table of Contents**

<b>Section One: Site Monitoring Report</b>	<b>3</b>
Executive Summary	4
Summary of Findings	5
Governance and Fiscal Oversight	6
Mental Health Mandated Services	8
Combined Mental Health Programs	9
Child, Youth and Family Mental Health	11
Adult Mental Health	13
<b>Section Two: Report Information</b>	<b>15</b>
Background	16
Signature Page	19
Attachment A	20

## **Section One: Site Monitoring Report**

## **Executive Summary**

In accordance with Utah Code Section 62A-15-103, the Office of Substance Abuse and Mental Health (also referred to in this report as OSUMH or the Office) 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 21, 2022. 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

<b>Programs Reviewed</b>	<b>Level of Non-Compliance Issues</b>	<b>Number of Findings</b>	<b>Page(s)</b>
<i><b>Governance and Oversight</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i><b>Combined Mental Health Programs</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i><b>Child, Youth &amp; Family Mental Health</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i><b>Adult Mental Health</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	

## **Governance and Fiscal Oversight**

The OSUMH conducted its annual monitoring review of the Local Authority, Cache County, and its contracted service provider, BRMH. The Governance and Fiscal Oversight section of the review was conducted on November 21, 2022 by Kelly Ovard, Administrative Services Auditor IV.

The site review was conducted remotely with BRMH due to current OSUMH 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 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 Office 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, 2021. The auditors issued an unqualified opinion in their report dated June 13, 2022. 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, 2021 and also looked at some specific items at the request of the Office. The auditors issued an unmodified opinion in their report dated December 3, 2021. No findings or deficiencies were reported. The audit for the year ending June 30, 2022 has been completed with no findings and an unmodified opinion and will be uploaded once finalized.

**Follow-up from Fiscal Year 2022 Audit:**

None

**Findings for Fiscal Year 2023 Audit:**

**FY23 Major Non-compliance Issues:**

None

**FY23 Significant Non-compliance Issues:**

None

**FY23 Minor Non-compliance Issues:**

None

**FY23 Deficiencies:**

None

**FY23 Recommendations:**

None

**FY23 Office Comments:**

- 1) Thank you for submitting your **Emergency Plan**. The final monitoring tool is attached. We have added a couple of new elements which should be incorporated into your plan for next year's review.
  - a) We strongly support and encourage your participation in your regional healthcare coalition and the DHHS quarterly 800 MHz radio checks which will prove vital in the event of an actual disaster/emergency.
  - b) We also encourage completion of hazard vulnerabilities, risks, gaps and needs assessment of your emergency plan.
- 2) Thanks to Beth, Rob, Trevor and their staff for the timely upload of the G&O documents and for keeping in touch during the audit. It is greatly 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 Office 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 Office of Substance Use 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 Office 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.

## **Combined Mental Health Programs**

The OSUMH Team conducted its annual monitoring review virtually with BRMH on November 21, 2022. Duplicate findings for Child, Youth and Family and Adult Mental Health have been combined below to provide clarity and avoid redundancy.

### **Follow-up from Fiscal Year 2022 Audit:**

#### **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 Office 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).” OSUMH does appreciate efforts being made to address OQ/YOQ issues, including a change to the electronic health record that is now being launched.  
**This item is no longer a finding. It will continue to be a recommendation. BRMH has greatly increased the amount of completed OQ/YOQ given as well as the amount that is being used in treatment.**

### **Findings for Fiscal Year 2023 Audit**

#### **FY23 Major Non-compliance Issues:**

None

#### **FY23 Significant Non-compliance Issues:**

None

#### **FY23 Minor Non-compliance Issues:**

None

#### **FY23 Deficiencies:**

None

#### **FY23 Recommendations:**

- 1) **Use of Outcome Questionnaire/ Youth Outcome Questionnaire (OQ/YOQ):** OSUMH reviewed internal chart reviews provided by BRMH for the FY22 annual monitoring. The review indicated that the agency has demonstrated improvement in their integration of the OQ/YOQ into clinical documentation from the prior year. In FY21, internal review indicated that 59% of charts indicated OQ/YOQ clinical use, and in FY22 their internal chart review, 83% indicated use. BRMH reports that while they are encouraged with this increase, as an agency, this is an area of focus. BRMH has begun a Performance Improvement Plan around the OQ/YOQ with the intention of improved utilization within the agency. The Office commends BRMH for their continued efforts to improve the administration and use of the OQ/YOQ in treatment.

### **FY23 Office Comments:**

- 1) **Unfunded Clients:** BRMH has had a large increase in services to the unfunded clients. This is primarily to clients in jail. BRMH stated they have had additional grants to fund these services. BRMH also has had an increase in Mobile Crisis Outreach Team (MCOT) services for unfunded clients. In addition there has been an increase in children's unfunded clients. The children's unfunded clients increased by 61% in this fiscal year. The adults saw an increase of 111% for the current year.
- 2) **Agency Development:** BRMH has actively focused on agency improvement efforts to support their workforce and how they serve their communities. BRMH has engaged in cultural diversity training with a consultant to support ongoing learning. They have also explored how to more effectively hire and maintain staff. Health Professional Shortage Area criteria have been reviewed with a score increase to improve the likelihood that qualified staff have opportunities for tuition reimbursement. BRMH has also reviewed their clinical supervision ratios to ensure that clinicians have greater access to supervision. This change allows for greater coordination and support for their clinical teams. BRMH has also reimagined their approach to student interns, as they are working to better identify how to maintain student interns following their schooling.

## **Child, Youth and Family Mental Health**

The OSUMH team conducted its annual monitoring review virtually with BRMH on November 21, 2022. The monitoring team consisted of Leah Colburn, Program Administrator and Mindy Leonard, 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 FY22 audit, statistics, including the Mental Health Scorecard, Area Plans, Youth Outcome Questionnaires, Family Peer Support, school based behavioral health and compliance with Office Directives and the center's provision of the ten mandated services as required by Utah Code 17-43-301.

### **Follow-up from Fiscal Year 2022 Audit**

*There were no findings in FY22*

### **Findings for Fiscal Year 2023 Audit**

#### **FY23 Major Non-compliance Issues:**

None

#### **FY23 Significant Non-compliance Issues:**

None

#### **FY23 Minor Non-compliance Issues:**

None

#### **FY23 Deficiencies:**

None

#### **FY23 Recommendations:**

None

#### **FY23 Office Comments:**

- 1) **Access to Care:** BRMH continues to aim to increase access to services in their community which includes their school based mental health services. BRMH partners with school districts and charter schools within their catchment area to provide mental health services at school as well as referral pathways for clinical services across the mental health continuum within their agency. BRMH works with the school communities to determine the level of clinical access needed to most effectively support the youth, while partnering with the existing school mental health resources to reduce duplication. BRMH is engaged in supporting their community in early intervention at events like mental health screening nights. According to a local charter, BRMH responded above and beyond to their school following a recent school community crisis.

- 2) **Pediatric Primary Care Coordination:** BRMH has engaged with a pediatric primary care clinic at Logan Regional Hospital to support care coordination youth with mental health needs. There is an established referral pathway and follow up communication process for primary care providers to support ease of access to mental health services. Partnerships such as this allow for coordination of care and collaboration to support vulnerable youth in the community.

## **Adult Mental Health**

The OSUMH team conducted its annual monitoring review virtually with BRMH on November 21, 2022. 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 FY22 audit statistics, including the Mental Health Scorecard, Area Plans, Outcome Questionnaires, compliance with Office Directives and the center's provision of the ten mandated services as required by Utah Code 17-43-301.

### **Follow-up from Fiscal Year 2022 Audit**

*There were no findings in FY22*

### **Findings for Fiscal Year 2023 Audit**

#### **FY23 Major Non-compliance Issues:**

None

#### **FY23 Significant Non-compliance Issues:**

None

#### **FY23 Minor Non-compliance Issues:**

None

#### **FY23 Deficiencies:**

None

#### **FY23 Recommendations:**

See Combined Recommendation #1.

#### **FY23 Office Comments:**

- 1) Participant Feedback:** Heather Rydalch, Peer Support program Manager, attended the Peer Group at Bear River House on November 9, 2023. This group is facilitated by Susan Olsen, Certified Peer Support Specialist (CPSS). There were 9-10 members attending the group and some of them stated that they have been a member for a long time - "*I have been coming here for 20 years*" and "*the structure helps me*". They all said that they have goals that they are working towards - "*My therapist helps me to make goals*". They all look forward to coming to the Peer Support-led group every week - "*I feel better*". One member said that they helped her with her housing and she now has a new place to live. The CPSS said, "*Everyone here has shelter right now*". One member said, "*Here I get to visit my friends and I can talk to someone*". They all have gratitude journals and

enjoy coloring while they are in group - “*Coloring is my pain management*”.

- 2) **Integration:** BRMH and community health partners have maintained between Level 2 and Level 3 of the six levels of Collaboration and Integration (Substance Abuse and Mental Health Services Administration). The Tremonton clinic continues to lead integrated efforts as part of the Utah Promoting Integration of Primary and Behavioral Health Care grant. Behavioral and physical health providers are co-located in Tremonton, with partnerships at the Community Health Centers in the catchment area. BRMH and community partners in Tremonton use shared screening documents. Daily huddles are held in Tremonton, while communication in other areas is driven by the need for consultation and coordination. Case managers often coordinate care and provide transportation for individuals in treatment. BRMH is encouraged to consider more integrated care across their catchment area, in addition to the work going on in Tremonton.
- 3) **Individual Placement and Support/Supported Employment:** BRMH has implemented the Individual Placement and Support (IPS) evidence-based supported employment model. BRMH has hired a full-time employment specialist (ES) and two quarter-time IPS supervisors. The IPS team have completed the IPS online training, and continue to receive ongoing SE training from the OSUMH IPS trainer. The ES is assisting individuals obtain and maintain competitive and integrated employment. BRMH has an IPS waitlist, and the ES has double the recommended caseload. However, the ES will be providing employment-related groups for the clients on the waitlist. Vocational Rehabilitation (VR) has appointed a liaison specific to the IPS program, and IPS clients are being referred to a VR Benefits Counselor. BRMH Executive Leadership has also demonstrated significant commitment to the IPS program.
- 4) **Cache Valley Unified Support:** BRMH sits on a council with Logan Regional Hospital and Logan Police Dept. This team has an interagency meeting twice monthly to staff mental health crisis patients and connect them with community services for mental health. All the agencies weigh in on what might be the best services for the individuals that they are serving.

## **Section Two: Report Information**



## **Background**

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

## Signature Page

We appreciate the cooperation afforded the Office 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 Office of Substance Abuse and Mental Health


Prepared by:


Kelly Ovard  Date 01/10/2023  
Administrative Services Auditor IV

Approved by:

Kyle Larson  Date 01/10/2023  
Administrative Services Director

Amanda Alkema  Date 01/10/2023  
Assistant Director

Eric Tadehara   
Eric Tadehara (Jan 11, 2023 09:51 MST) Date 01/11/2023  
Assistant Director

Brent Kelsey  Date 01/10/2023  
Office Director

Attachment A

UTAH Office of Substance Abuse and Mental Health

**Emergency Plan Monitoring Tool FY23**

**Name of Local Authority:** Bear River Mental Health

**Date:** 11/16/2022

**Reviewed by:** Nichole Cunha, LCSW  
Geri Jardine

<b><i>Compliance Ratings</i></b>				
<b>Y = Yes, the Contractor is in compliance with the requirements.</b>				
<b>P = Partial, the Contractor is in partial compliance with requirements; comments provided as a suggestion to bring into compliance.</b>				
<b>N = No, the Contractor is not in compliance with the requirements.</b>				
Monitoring Activity	Compliance			Comments
	Y	P	N	
<b>Preface</b>				
Cover page (title, date, and facility covered by the plan)	X			
Confirmation of the plan's official status (i.e., signature page, date approved)	X			
Record of changes (indicating dates that reviews/revisions are scheduled/have been made and to which components of the plan)	X			
Method of distribution to appropriate parties (i.e. employees, members of the board, etc.)	X			
Table of contents	X			
<b>Basic Plan</b>				
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			
<b>Functional Annex: The Continuity of Operations (COOP) Plan to continue to operate during short-term or long-term emergencies, periods of declared pandemic, or other disruptions of normal business.</b>				
List of essential functions and essential staff positions	X			
Identify continuity of leadership and orders of succession	X			
Identify leadership for incident response	X			

List alternative facilities (including the address of and directions/mileage to each)	X			
Communication procedures with staff, clients' families, state and community stakeholders and administration	X			
Describe participation in and coordination with county and regional disaster preparedness efforts, which could include participation in Regional Healthcare Coordination Councils (HCC)		X		This element is new this year. Please update as needed to address this issue in the SFY24 emergency plan. TA assistance is available if needed.
Procedures that ensure the timely discharge of financial obligations, including payroll.	X			
Procedure for protection of healthcare information systems and networks		X		This element is new this year. Please update as needed to address this issue in the SFY24 emergency plan. TA assistance is available if needed.
<b>Planning Step</b>				
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			
The planning team has identified requirements for disaster planning for Residential/Housing services including: <ul style="list-style-type: none"> <li>• Engineering maintenance</li> <li>• Housekeeping services</li> <li>• Food services</li> <li>• Pharmacy services</li> <li>• Transportation services</li> <li>• Medical records (recovery and maintenance)</li> <li>• Evacuation procedures</li> <li>• Isolation/Quarantine procedures</li> <li>• Maintenance of required staffing ratios</li> <li>• Address both leave for and the recall of employees unable to work for extended periods due to illness during periods of declared pandemic</li> </ul>	X			

TA assistance is available if needed.