



## State of Utah

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## Department of Health & Human Services

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Date: February 6, 2025  
David Zook  
Cache County Executive  
199 North Main  
Logan, UT 84321

Dear Mr. Zook:

In accordance with Section Annotated 26B-5-102, the Office of Substance Use 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. SUMH 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 (Feb 6, 2025 13:05 MST)

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: January 7, 2025

Draft Report

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

## Executive Summary

In accordance with Section 26B-5-102, the Office of Substance Use and Mental Health (also referred to in this report as SUMH) 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 January 7, 2025. 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.

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## Summary of Findings

Programs Reviewed	Level of Non-Compliance Issues	Number of Findings	Page(s)
<b><i>Governance and Oversight</i></b>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<b><i>Mental Health Programs</i></b>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	

## **Governance and Fiscal Oversight**

The SUMH 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 January 7, 2025 by Kelly Ovard, Administrative Services Auditor IV.

The site review was conducted in person. 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. State licensing 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 SUMH 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.

Cache County's contracted service provider, Bear River Mental Health, did not meet the \$750,000 threshold of Federal dollars to require a single audit; but did receive an independent financial statement audit, which was reviewed. The firm Carver, Florek & James, CPA's completed the audit for the year ending June 30, 2024 and also looked at some specific items at the request of SUMH. The auditors issued an opinion of compliance in their report dated December 31, 2024.

### Follow-up from Fiscal Year 2024 Audit:

*There were no findings in FY24.*

### Findings for Fiscal Year 2025 Audit:

#### **FY25 Major Non-compliance Issues:**

None

#### **FY25 Significant Non-compliance Issues:**

None

#### **FY25 Minor Non-compliance Issues:**

None

#### **FY25 Deficiencies:**

None

#### **FY25 Recommendations:**

1. Thank you for the provision of your **Emergency Plan**. There is no indication of review/revision since 2020. We strongly encourage at least biennial review to ensure accuracy. We appreciate their consistent participation in the 800 MHz radio checks in all three counties this past year. Participation in their Regional Healthcare Coalition, if not currently being done, is also strongly encouraged. Please review Attachment A for this report.

#### **FY25 Comments:**

1. Thank you to Beth, Rob, Tim and your team for the **timely uploading of documents** and your preparation for this audit.
2. SUMH will continue to **monitor** the process of the ongoing contracting of services between the three Counties/Bear River Health Department and Bear River Mental Health. Please let **SUMH** and **Medicaid** leadership know if you need any assistance with this process.
3. The **unspent dollars** and explanation is provided.

BRMH Unspent Dollars via FY24 Final Allocation Letter						
	Service Code	Funding Source	Awarded Amount	Spent Amount	Unspent Amount	Explanation of Unspent Funds
MH:	RCS	BGBHCRC4	\$3,000,000	\$530,091	\$2,469,909	Our receiving center was not started the expenditures were to purchase the land. We should start the project Spring of 2025.
	Total		\$3,000,000	\$530,091	\$2,469,909	
	Grand Total		\$7,189,727	\$4,719,818	\$2,469,909	
	Total Spent/Unspent %			65.6%	34.35%	



## **Mental Health Mandated Services**

According to Section 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 (6)(a)(ii) each local authority is required to “annually prepare and submit to SUMH 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 SUMH 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 SUMH is to measure compliance with this legislative mandate to provide these services to the adults, youth, and children of Utah.

## Mental Health Programs

Cody Northup, Program Administrator, and Heather Rydalch, Peer Support Program Manager, conducted the annual monitoring review for mental health programs at Bear River Mental Health (BRMH) on January 7th, 2025. The review included the following areas: record reviews, internal agency chart review, discussions with clinical supervisors, management teams, peer support, and case staffings. During the discussions, the site visit team reviewed the FY24 Monitoring Report; statistics, including the mental health scorecard; area plans; adult and youth outcome questionnaires (OQs/YOQs); Office Directives, and the Center's provision of the ten mandated services as required by Section 17-43-301.

### **Follow-up from Fiscal Year 2024 Audit:**

*There were no findings for FY24*

### **Findings for Fiscal Year 2025 Audit**

#### **FY25 Major Non-compliance Issues**

None

#### **FY25 Significant Non-compliance Issues:**

None

#### **FY25 Minor Non-compliance Issues:**

None

#### **FY25 Deficiencies:**

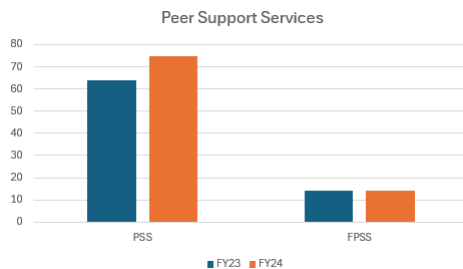
None

#### **FY25 Recommendations:**

*Combined Mental Health*

##### **1) Peer Support Specialists (PSS) and Family Peer Support Specialists (FPSS):**

SUMH recommends that BRMH consider hiring full-time peer support specialists. A review of the FY25 adult and youth mental health scorecards demonstrates that BRMH has continued to offer PSS and FPSS services, despite reported challenges retaining PSS and FPSS staff.



BRMH currently employs 2 PSS and has lost 2 FPSS, one recently to a full time position elsewhere. The FPSS position has now been reopened for hire. BRMH reported that all positions are currently part time and, during the review, there was discussion regarding the possibility of expanding to full time peer positions. SUMH would like to recommend that BRMH continue to explore this option to enhance retention and create service stability.

## **FY25 Comments:**

### *Combined Mental Health*

- 1) **Clinician Chart Audits:** SUMH would like to commend BRMH on their thorough review of clinician charts. In addition to peer chart reviews, BRMH has adopted an intentional strategy to enhance the level of documentation and demonstrate progress for clients. The agency noted that they have increased support for clinical supervisors to spend time monitoring clinician's charts and provide intentional feedback. This includes ensuring that clinicians are documenting medical necessity that is tied back to a client's diagnosis, the use of SMART goals, and utilizing outcome questionnaires to track progress. Each supervisor is assigned a group of clinicians to work with for an assigned time and then switches to another group to provide feedback. This switch has occurred 3 times, allowing clinicians to work with multiple supervisors and ensuring consistent agency standards. BRMH noted that this process has produced a higher level of clinician documentation, higher competency for clinicians, demonstrated progress on client goals, and improved understanding of the case manager role and how clinicians and case managers can work together.
- 2) **Outcome Questionnaire and Youth Outcome Questionnaire (OQ/YOQ):** According to the FY25 adult and youth mental health scorecards, BRMH shows impressive utilization of the OQ (93% of eligible clients) and YOQ (98.1% of eligible clients). BRMH reported that this success is due to the processes they have put in place to ensure they are using the tool as a form of ongoing assessment and clinical intervention. The agency has asked all clients to complete an OQ/YOQ every visit, rather than just the required time frame of every 30 days. Clients are completing them virtually before a visit or in the waiting room prior to each session. Additionally, there are staff dedicated to following up with the YOQ for school-based services either in person, through email, or via telehealth services. Clinicians are required to view the questionnaire within 3 days of completion and there is a dedicated section in a client's record noting the clinician's review. BRMH is also tracking clinicians' reviews of the questionnaire and discussing it further if needed. SUMH applauds BRMH focus and attention to ensuring the usage of the OQ/YOQ.

### *Children, Youth, and Families*

- 1) **Focus on Mental Health Services for Youth:** BRMH has a focus related to building access and improving quality of care for children. The agency is working with

multiple school districts in their catchment area to enhance access for youth in need. It was reported that BRMH is working with most schools in Box Elder County. They have developed good working relationships and clarified roles between BRMH clinicians and school counselors to ensure positive collaboration. In addition, the reviewer met with the Rich County School District. BRMH goes into their schools at least 2 days per week. This has been beneficial for the students and the school district also reports a positive relationship with BRMH. Moreover, it was reported that Cache County schools have expressed excitement and desire to keep many of the clinicians in their schools. The clinicians started out as interns, and have provided quality services as a result of committed supervision, training and support. The support includes a “kids consultation group” held 2 times every month to support clinicians working with youth. As part of that meeting, a 5-10 minute training is conducted, different policies and procedures are reviewed, a discussion of work loads and schedules is held, and cases are staffed as needed. OSUMH appreciates BRMH’s dedication and commitment to providing access and quality care to this population.

#### *Adult Mental Health*

- 1) **Maternal Mental Health (MMH):** SUMH appreciates BRMH’s focus on bolstering their MMH services. BRMH noted that they previously had 2 clinicians who were certified in the MMH network and they are working on adding 3 more to that list. Of the three clinicians to be added, there are 2 that have been fully trained and are getting ready to take the official certification exam, and there is one more clinician who is planning to go to the next offered training. BRMH also noted that their MMH liaison is currently developing a curriculum and materials to be shared with the local community to provide further education.
- 2) **Crisis Receiving Center:** SUMH shares BRMH’s excitement regarding the continued progress towards the development of their local receiving center. BRMH reports that, as of mid December, they have completed the planning and zoning portion of the project and the architect is drawing up plans. BRMH noted that the facility will include a 20 unit housing facility which will increase their current short term beds to 54, and that their MCOT team will be moving over to the new building once completed. BRMH hopes to break ground on this facility around summer 2025.

## **Section Two: Report Information**

## Background

Section 26B-5-102 outlines duties of the Office of Substance Use and Mental Health. Section 2(c) states that SUMH 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 SUMH 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 SUMH 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. SUMH 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 OSUMJH 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 Use and Mental Health

Prepared by:

Kelly Ovard Kelly J. Ovard  
Administrative Services Auditor IV

Date 02/06/2025

Approved by:

Kyle Larson Kyle Larson  
Administrative Services Director

Date 02/06/2025

Pam Bennett Pam Bennett  
Assistant Director

Date 02/06/2025

Brent Kelsey Brent Kelsey (Feb 6, 2025 13:05 MST)  
Director

Date 02/06/2025

## Attachment A

### UTAH OFFICE OF SUBSTANCE USE AND MENTAL HEALTH

#### Emergency Plan Monitoring Tool FY25

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

**Date:** 1/7/2025

**Reviewed by:** Jennifer Hebdon-Seljestad, LCSW  
Geri Jardine

<i>Compliance Ratings</i>				
Y = Yes, the Contractor is in compliance with the requirements.				
P = Partial, the Contractor is in partial compliance with requirements; comments provided as a suggestion to bring into compliance.				
N = No, the Contractor is not in compliance with the requirements.				
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		This plan was last revised in 2020 with no indication it has been reviewed. It is recommended at least biennial review of these plans to ensure accuracy. The signature is missing on the final page.
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				
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) . Participated in a minimum of three of the four yearly DHHS radio checks	X			BRMH has three 800MHz radios. During this past year all three locations have participated in at least the minimum 75%. Thank you. Participation in the Regional Healthcare Coalition is also strongly encouraged if not currently attending.
Procedures that ensure the timely discharge of financial obligations, including payroll.	X			
Procedure for protection of healthcare information systems and networks	X			
<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			

SUMH is happy to provide technical assistance.












# SUMH Cache Co\_BRMH FY25 Final Report

Final Audit Report

2025-02-06

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By:	Kelly Ovard (kovard@utah.gov)
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