

State of Utah
Department of Human Services
Division of Substance Abuse and Mental Health



Site Monitoring Report of

Utah County Mental Health Services
Wasatch Mental Health

Local Authority Contract #122386

Review Dates: December 2nd, 2014; January 6th & 7th, 2015

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Section One: Report Information

Background

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

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

In accordance with these and other instructions, the Division of Substance Abuse and Mental Health (also referred to in this report as DSAMH or the Division) conducted its annual program audit and review of Utah County Mental Health Services – Wasatch Mental Health (also referred to in this report as WMH or the Center).

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 suggestion. The contractor is encouraged to implement the suggestion but not required.

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

Section Two: Site Monitoring Report

Executive Summary

In accordance with Utah Code Section 62A-15-103, the Division of Substance Abuse and Mental Health conducted a review of Utah County Mental Health Services – Wasatch Mental Health on December 2nd, 2014; January 6th & 7th, 2015. 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

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

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review at Utah County Mental Health Services – Wasatch Mental Health (WMH). The Governance and Fiscal Oversight section of the review was conducted by Chad Carter, Auditor IV on December 2nd, 2014. 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. Client fees were reviewed for consistency and adherence to approved fee schedules. Detailed service and operating expenditures were examined for proper approval and supporting documentation. All selected expenditures were found to be properly approved and were supported with adequate documentation.

Executive travel reimbursements were reviewed for FY14, all expenditures included appropriate documentation and approval. Board minutes were reviewed for the same time period. It was noted that the board reviews the Center's expenditure and financial report each month and approves them. There appears to be substantial oversight provided by the board over the Center's financial activities.

The CPA firm Litz & Company completed an independent audit of WMH for the year ending June 30, 2014 and issued a report dated October 22, 2014. The auditors' opinion was unqualified; however, the firm did identify one concern regarding Special Service District training. Special Service District training certificates for the authority board members could not be located by Wasatch Mental Health. The Division will review this issue in next year's financial statement audit. No deficiencies were identified regarding reported information during the audit of the financial statements.

Follow-up from Fiscal Year 2014 Audit:

No findings were issued in FY14.

Findings for Fiscal Year 2015 Audit:

FY15 Major Non-compliance Issues:

None

FY15 Significant Non-compliance Issues:

None

FY15 Minor Non-compliance Issues:

None

FY15 Deficiencies:

- 1) Documentation was found to be missing in one of the sampled employee files. An employee had declared a potential conflict of interest, but had last completed a conflict of interest form in 2012. The Local Authority Contract requires that conflict of interest forms are completed annually when there is a potential conflict of interest. The Human Resource representative stated that she believed that the conflict of interest still existed.

FY15 Recommendations:

None

Mental Health Mandated Services

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

Inpatient Care

Residential Care

Outpatient Care

24-hour Emergency Services

Psychotropic Medication Management

Psychosocial Rehabilitation (including vocational training and skills development)

Case Management

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

Consultation and Education Services

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

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

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

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

Child, Youth and Family Mental Health

The Division of Substance Abuse and Mental Health Children, Youth, & Families team conducted its annual monitoring review at Wasatch Mental Health on January 6th & 7th, 2015. The monitoring team consisted of Dinah Weldon, Program Administrator; Eric Tadehara, Program Manager; and Tracy Johnson, Utah Family Coalition (New Frontiers for Families). The review included the following areas: record reviews; discussions with clinical supervisors and management; case staff, program visits and feedback from families through questionnaires and a discussion group. During the visit, the monitoring team reviewed the FY14 audit; statistics, including the Mental Health Scorecard; Area Plans; Youth Outcome Questionnaires; family involvement; Family Resource Facilitation (Peer Support); Wraparound to fidelity; Multi-Agency Coordinating Committee; school-based behavioral health; Mental Health Early Intervention funding; civil commitment; compliance with Division Directives; and the Center's provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 2014 Audit

No findings were issued in FY14.

Findings for Fiscal Year 2015 Audit

FY15 Major Non-compliance Issues:

None

FY15 Significant Non-compliance Issues:

None

FY15 Minor Non-compliance Issues:

None

FY15 Deficiencies:

None

FY15 Recommendations:

- 1) *Juvenile Civil Commitment:* It is recommended that WMH work with local hospitals to ensure the hospitals are using the most current emergency civil commitment forms. Juvenile Civil Commitment forms are available on the DSAMH website at <http://dsamh.utah.gov/provider-information/civil-commitment/>.

FY15 Division Comments:

- 1) *Suicide Prevention:* WMH has engaged in suicide prevention at the community, state, and national levels. WMH has increased efforts related to suicide prevention by participating in various activities throughout the community including the 15th Annual Suicide Prevention

Conference, the 10th Annual Suicide Prevention Walk, and Community Meetings for students and parents. WMH provides trainings to schools and teachers regarding suicide and suicide prevention and has helped schools impacted by deaths by suicide with debriefings for faculty and students. The staff have been trained on the Columbia-Suicide Severity Ratings Scale (C-SSRS) and the Stanley Brown safety planning tool, which has also been implemented in the electronic medical record. The efforts WMH has made in suicide prevention both internally and externally are commendable.

- 2) *Family Feedback:* Family feedback was collected from 133 written questionnaires and 12 families who attended a focus group held by the Utah Family Coalition (UFC). Multiple parents reported that staff at WMH cares about their children and their families. One parent specifically stated, “The entire staff at Wasatch really cares about families, including the boss, who helps people get what they need.” Families also praised programs including GIANT Steps preschool, XCEL, Stride, and Vantage Point.
- 3) *Wraparound & Family Resource Facilitation:* WMH provides Wraparound to fidelity as defined by the UFC. WMH continues to support Family Resource Facilitators (FRF) and the services they provide. At WMH, the FRFs are an important and valued part of the service delivery system. Families who have received FRF services reported that the services and the FRF were helpful in providing advocacy, wraparound meetings and helping them to find necessary resources. It is recommended that WMH provide training to the clinical staff regarding the strengths, needs and cultural discovery completed by the FRFs and the ways it may benefit treatment.

Adult Mental Health

The Division of Substance Abuse and Mental Health Adult Monitoring Team conducted its annual monitoring review at Wasatch Mental Health on January 6th & 7th, 2015. The team consisted of Pam Bennett, Program Administrator, Robert Snarr, Program Administrator, and Michael Newman, Recovery and Resiliency Peer Program Manager. The review included: record reviews, discussions with clinical supervisors and management teams. During this monitoring visit, site visits were conducted at Recovery Outreach Center (ROC); Intensive Residential Treatment (IRT); Mapleview (community based housing); Mountain Lands Health Clinic; Psychological Services; Westpark; Utah County Jail; Food and Care Coalition; Wasatch Assistance Team Caring for the Homeless (WATCH); Wellness Recovery Center (WRC); Mountain Peaks Counseling; Clubhouse and Wasatch Mental Health Administrative Offices. During the site visit, the team reviewed the FY14 Monitoring Report; statistics, including the Mental Health Scorecard; area plans; Outcome Questionnaires; Division Directives, and WMH's provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 2014 Audit

No findings were issued in FY14.

Findings for Fiscal Year 2015 Audit

FY15 Major Non-compliance Issues:

None

FY15 Significant Non-compliance Issues:

None

FY15 Minor Non-compliance Issues:

None

FY15 Deficiencies:

None

FY15 Recommendations:

- 1) *Safety Plans*: Three of 11 charts required safety plans due to safety risks indicated in progress notes. One chart had a Stanley Brown safety plan under the safety plan tab. One had a safety plan within a service note, and one did not have a safety plan. DSAMH recommends that WMH staff be trained to consistently complete safety plans, and to use the appropriate tab so that the plans can be easily identified and accessed by those working with the individual, with a copy given to the client.

Safety plans are a collaborative way to work with a suicidal individual, are necessary to help guide them through difficult moments and help the individual to remain safe. The plan

should be in the electronic medical record so it can be easily identified and accessed by those working with the individual with a copy given to the client.

- 2) *Documentation:* The review revealed that charts for those receiving Level 1 services (Medication Management) did not have measurable goals and objectives. The clearer and more measurable goals are, the easier it is for the client and treatment provider to perform and evaluate progress. One method to develop measurable goals and objectives is to utilize the **SMART** method, *Specific, Measurable, Assignable, Realistic, and Time related.*

FY15 Division Comments:

- 1) *Continuity of Care:* DSAMH commends WMH for impressive continuity of care and wraparound services offered to clients, both with and without insurance. This includes an extensive array of treatment options, housing, transportation, case management, personal services and other critical supports.
- 2) *Community Relationships:* DSAMH recognizes and appreciates WMH's efforts in building and sustaining positive collaborative relationships with law enforcement in Utah County. Mental health services in Utah County Jail have increased, weekly meetings are held that include WMH staff and law enforcement, and Provo City police are now represented on the WMH Advisory Board. Jail staff reports a 50% increase in services and a significant increase in incarcerated homeless individuals over the past year. There are two interns currently working at the jail to provide mental health resources and bridge services upon release. One inmate found incompetent has been pending admit to the USH Forensic unit for the past six months and WMH has been diligent in working to assess and provide treatment, in addition to restoration services provided by USH staff in the jail.
- 3) *Suicide Prevention:* DSAMH recognizes and appreciates WMH's efforts in suicide prevention including hosting a Suicide Prevention conference, use of the Stanley Brown safety plan, assisting with secondary school crises, and ongoing Crisis Intervention Teams (CIT) training for patrol and corrections officers. WMH has also stepped forward and become a member of the Utah Zero Suicide Team.
- 4) *Access to Services:* WMH has increased services to local nursing and assisted living facilities. WMH has also made significant progress in expanding services with the opening of Psychological Services, offering psychological assessments to both children and adults with rapid turn-around between testing and results.

Transportation between Provo and Payson is provided, which allows clients from Payson to attend programs at Wasatch House. Future plans were discussed that include opening an office in Payson to replace an office in Spanish Fork.

- 5) *Treatment Based and Supported Housing:* WMH offers impressive continuity of care to individuals in need of housing. The continuum of care goes from most intensive support to least intensive support. DSAMH commends WMH for efforts to extend housing support by participation in the Cooperative Agreement to Benefit Homeless Individuals (CABHI), in

addition to active participation in the community, the Continuum of Care, and the local Public Housing Authorities.

- 6) *Cultural Competency Training:* DSAMH commends WMH for providing regular didactic training that includes topics on cultural competency. The most recent training focused on deaf and hard of hearing.
- 7) *Peer Support:* DSAMH commends WMH for efforts to increase Certified Peer Support Services (CPSS) which includes a plan to have CPSS in the outpatient clinic in Payson. As several clients expressed an interest in becoming a CPSS, WMH is encouraged to continue to look for opportunities to expand services.
- 8) *Consumer Feedback:* Individuals were interviewed at the Wasatch House and Wellness Recovery Center. Respondents stated that they felt supported in their mental health treatment and were overall content in their treatment within WMH. Group participants felt supported in their housing, transportation, employment and volunteer opportunities as well as their physical and spiritual health. Three out of five clients in one group said that they had not been offered treatment for tobacco cessation, but they had seen related flyers. Case management was specifically mentioned as a very helpful service. Comments about WMH included “the program is amazing”, “we’re grateful to be here”, “they help you if you ask for it and you really need it”, and “it’s a safe haven”. One client suggested that a resource sheet be handed to clients when they enter treatment due to the large number of services that WMH has.

Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Utah County Mental Health Services – Wasatch Mental Health and for the professional manner in which they participated in this review.

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

The Division of Substance Abuse and Mental Health

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