



State of Utah

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DEPARTMENT OF HUMAN SERVICES

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DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

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SUBSTANCE ABUSE AND MENTAL HEALTH

April 12, 2017

Commissioner Gregory Graves
100 East Center #2300
Provo, UT 84606

Dear Commissioner Graves:

In accordance with Utah Code Annotated 62A-15-103, the Division of Substance Abuse and Mental Health has completed its annual review of Utah County Mental Health Services – Wasatch Mental Health and the final report is enclosed. The scope of the review included fiscal management, children, youth, family and adult mental services, substance abuse treatment and prevention services, and general operations.

The center has many strengths; however, this report by its nature focuses on the exceptions and areas in need of improvement. The Division has approved all corrective action plans submitted by the Center/County in response to each reported finding, which have been included in the final report. If you have any questions, please contact Chad Carter (801)538-4072

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

Sincerely,

Doug Thomas
Division Director

Enclosure

cc: Bill Lee, Utah County Commissioner
Nathan Ivie, Utah County Commissioner
Juergen Korbanka, Director, Wasatch Mental Health



Site Monitoring Report of

Utah County Mental Health Services
Wasatch Mental Health

Local Authority Contract #160049

Review Dates: January 10th & 11th, 2017

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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 Utah County Mental Health Services – Wasatch Mental Health (also referred to in this report as WMH or the Center) on January 10th & 11th, 2017. 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 Deficiency	None None None None	
<i>Child, Youth & Family Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i>Adult Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None 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 on January 11th, 2017 by Chad Carter, Auditor IV and Kyle Larson, Administrative Services Director. 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. 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 by the governing board and/or the contracted County.

As part of the site visit, the most recent version of the Medicaid Cost Report was reviewed. 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. During the site visit review, a sample of billings submitted by the Center were pulled and verified that the costs charged were consistent with the Medicaid Cost Report and also met the requirements established for the funding source.

The CPA firm Litz & Company completed an independent audit of WMH for the year ending June 30th, 2016 and issued a report dated November 15th, 2016. The auditors’ opinion was unqualified stating that the financial statements present fairly, in all material aspects, the financial position of WMH. The auditors did not report any deficiencies or findings.

Follow-up from Fiscal Year 2016 Audit:

No findings were issued in FY16.

Findings for Fiscal Year 2017 Audit:

FY17 Major Non-compliance Issues:

None

FY17 Significant Non-compliance Issues:

None

FY17 Minor Non-compliance Issues:

None

FY17 Deficiencies:

None

FY17 Recommendations:

None

FY17 Division Comments:

- 1) FY17 Division Directives require that each Local Authority conduct a walk-through testing of their adherence to access standards prior to their scheduled site visit. WMH asked some of their allied agencies to provide feedback on their experience accessing services. The results were positive and showed that all minimum access standards were being met. The individuals reported that they were surprised how quickly they were able to get services through their walk-in clinic, sometimes on the same day they called. Areas for improvement were discussed, including parking and waiting times. WMH has responded by analyzing busy times in the clinic and adjusting staffing levels accordingly.

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 10th & 11th, 2017. The monitoring team consisted of Dinah Weldon, Program Administrator; Eric Tadehara, Program Manager; Tiesha Cohen, Program Manager and a representative from the Utah Family Coalition (Allies with Families). The review included the following areas: record reviews, discussions with clinical supervisors and management, case staffing, program visits, and feedback from families through questionnaires. During the visit, the monitoring team reviewed the FY16 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; juvenile 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 2016 Audit

No findings were issued in FY16.

Findings for Fiscal Year 2017 Audit

FY17 Major Non-compliance Issues:

None

FY17 Significant Non-compliance Issues:

None

FY17 Minor Non-compliance Issues:

None

FY17 Deficiencies:

None

FY17 Recommendations:

None

FY17 Division Comments:

- 1) *Community Partner Collaboration:* WMH participates in a variety of community collaboration efforts. One effort includes a monthly Utah Division of Child and Family Services (DCFS) Focus Group. The focus group is a collaborative meeting with key leadership members of DCFS and WMH, whom gather to discuss what is going well, what needs improvement and plans of action to address current and future needs of the their community partnership.

- 2) *Family Feedback:* Family feedback was collected from 17 questionnaires gathered by the Utah Family Coalition (UFC). It was reported by participants that they wish more people knew about WMH. Several families reported that they have benefited from the community resources that they have been made aware of or have had the opportunity to utilize. It is recommended that WMH continuously develop the staff's ability to explain the purpose of the YOQ questionnaires, as most families were aware of it and had completed them, but they lacked an understanding of what the report means to the services they receive. Overall, families report that they like that WMH provides, "many approaches, so if one line of intervention has not worked [they] offer other options to try".

- 3) *Wraparound & Family Resource Facilitation:* WMH provides High Fidelity Wraparound as defined by the UFC. WMH continues to support Family Resource Facilitators (FRF) and the services they provide. At WMH, the FRF's are an integral part of the service delivery system. Many families reported that their FRFs provide them with support resources, attend meetings and helps them to advocate for their children. Specifically, families report that their FRF's are "resourceful," "team oriented," "wonderful" and "proactive".

Adult Mental Health

The Adult Mental Health team conducted its annual monitoring review of Wasatch Mental Health on January 10th, 2017. The team included Pam Bennett, Administrator Adult Mental Health, LeAnne Huff, Adult Mental Health Program Manager, Cami Roundy, Recovery and Resiliency Peer Program Manager and Kim Myers, Suicide Prevention Coordinator. The review included the following areas: Discussions with clinical supervisors and management teams, record reviews, site visits to administrative offices, outpatient clinics, Utah County Jail, supported housing services, Wasatch House, and community partner sites. During the discussions, the team reviewed the FY16 audit; statistics, including the Mental Health Scorecard; area plans; Outcome Questionnaires and the center's provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 2016 Audit

No findings were issued in FY16.

Findings for Fiscal Year 2017 Audit

FY17 Major Non-compliance Issues:

None

FY17 Significant Non-compliance Issues:

None

FY17 Minor Non-compliance Issues:

None

FY17 Deficiencies:

None

FY17 Recommendations:

- 1) *Documentation:* During the chart review process, eleven of fourteen charts reviewed lacked measurable goals and objectives. Measurable goals create structure and trackability into an individual treatment plans goals and objectives. Division Directives state that the objectives should be "behavioral changes that are measurable, short term, and tied to the goals." One method for creating measurable goals is the S.M.A.R.T method, Specific, Measurable, Attainable, Relevant and Timely. DSAMH recommends ongoing education and support to service providers with an emphasis on creating measurable and attainable goals. When goals are clear and measurable, it is easier for the client and therapist to evaluate progress toward recovery.

FY17 Division Comments:

- 1) *Peer Support Services:* In FY16, DSAMH recommended that WMH increase the Peer Support Services (PSS) being provided. The percentage of PSS has increased over the past year (FY15-1.2%, FY16-2.2%). In addition, individuals at Wasatch House reported that they have been offered PSS. Certified Peers that were interviewed stated that they feel supported by their supervisors and that they feel they are an important part of the mental health team.
- 2) *Community Relations and Wellness:* DSAMH commends WMH's dedication to ongoing collaboration with their community partners, and WMH's goal of finding the best ways to be responsive to their community. WMH has created a social media presence, including having a Twitter and Facebook account, and have been able to provide a dedicated staff to monitor and update these sites. In addition, WMH has been working closely with Accountable Care Organizations (ACO) to identify high utilizers of services, and to increase the quality of care while reducing costs. WMH continues to have excellent relationships with law enforcement agencies in their area; WMH and law enforcement representatives meet weekly with other community partners, to consult and problem-solve, to help clients connect to resources and stay out of crisis. This year is WMH's 50th anniversary and they have planned community awareness and open houses to promote mental wellness and suicide prevention.
- 3) *Justice Reinvestment Initiative (JRI):* DSAMH recognizes and appreciates WMH's collaborative relationship with their correctional system. In an effort to address JRI goals, WMH has hired two case managers who work at the jail and provide services to incarcerated individuals who qualify for JRI. Case managers meet with qualified individuals in jail, establish a relationship, and follow them post-discharge to ensure they are connected to resources that aid in reducing recidivism.
- 4) *Suicide Prevention:* DSAMH commends WMH's efforts in suicide prevention as evidenced by having the CSSR-S and Stanley Brown Safety Plan fully integrated into their electronic medical record. WMH is part of the Zero Suicide Initiative, and has chosen to use the Outcome Questionnaire (OQ) and Youth Outcome Questionnaire (YOQ) to alert staff to suicidal thoughts. WMH continually educates staff on suicide prevention and intervention techniques, and plays a critical role in community-based suicide prevention. WMH partners with schools, businesses, the faith community and others on prevention efforts, intervention and support, and the postvention community response.
- 5) *Consumer Feedback:* DSAMH Recovery and Resiliency Peer Program Manager, Cami Roundy, met with a focus group of Peers at Wasatch House. Individuals indicated that they are able to create their own treatment plans, and that they are taught job skills and able to use those skills to give back. Comments from the Peers included, "I feel safe here." "Everyone needs acceptance, here we are accepted for who we are." "They teach us to manage our symptoms here through coping skills, and life skills, and to get out of our comfort zone." "It helps me to give back, when I was used to taking for a really long time."
- 6) *Recovery Plus:* All buildings visited had No Smoking signage posted appropriately. All individuals in the focus group reported that they had been offered Tobacco Cessation options and that there is a weekly Tobacco Cessation group offered.

- 7) *Housing and Homeless Programs*: DSAMH commends WMH for exceeding expected outcomes in providing services and facilitating affordable housing for individuals in the target population with the Collaborative Agreement to Benefit Homeless Individuals (CABHI) Grant.

Section Two: Report Information

Background

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

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

Non-Compliance Issues, Action Plans and Timelines

This report is organized into individual sections, in which inadequacies will be identified and discussed. Inadequacies are assigned a level of severity based on the combined judgment of the monitoring team. In order to fully understand the degree of severity, a short discussion of the inadequacy levels follows.

A **major non-compliance issue** is non-compliance in contract requirements which affect the imminent health, safety, or well being of individuals. In cases of non-compliance at this level, a written corrective action plan must be completed by the Local Authority immediately and compliance must be achieved within 24 hours or less.

It should be noted that in extreme cases where, in the professional opinion of the monitoring team, an elevated threat of imminent health, safety, or well being of individuals exists, contract payments may be suspended indefinitely.

A **significant non-compliance issue** is either 1) non-compliance with contract requirements that do not pose an imminent danger to clients but that result in inadequate treatment or care that jeopardizes the well being of individuals; OR 2) non-compliance in required training, paperwork, and/or documentation that are so severe or pervasive as to jeopardize the effectiveness of services and continued contract funding. This type of finding will also require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 10 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 30 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **minor non-compliance issue** results when the reviewers identify a performance inadequacy that is relatively small in scope and does not impact client well being or jeopardize funding. This type of finding will require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 15 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 60 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **deficiency** results when the contractor is not in full compliance, but the deficiency discovered is not severe enough to 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.

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

Prepared by:

Chad Carter
Auditor IV



Date April 7, 2017

Approved by:

Kyle Larson
Administrative Services Director



Date April 7, 2017

Ruth Wilson
Assistant Director Children's Behavioral Health



Date April 7, 2017

Jeremy Christensen
Assistant Director Mental Health



Date April 7, 2017

Doug Thomas
Division Director



Date April 7, 2017