



Site Monitoring Report of

Summit County
Valley Behavioral Health

Local Authority Contracts #152260 and #152261

Review Date: March 13th, 2018

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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 Summit County – Valley Behavioral Health (also referred to in this report as Summit - VBH or the Center) on March 13th, 2018. The focus of the review was on governance and oversight, fiscal management, pediatric and adult mental health services, substance abuse prevention and treatment 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; Division Directives; 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	None	
	Significant Non-Compliance	1	7-8
	Minor Non-Compliance	1	8
	Deficiency	None	
<i>Child, Youth & Family Mental Health</i>	Major Non-Compliance	None	
	Significant Non-Compliance	1	12
	Minor Non-Compliance	2	12-13
	Deficiency	1	13-14
<i>Adult Mental Health</i>	Major Non-Compliance	None	
	Significant Non-Compliance	1	16
	Minor Non-Compliance	1	16-17
	Deficiency	2	17-18
<i>Substance Abuse Prevention</i>	Major Non-Compliance	None	
	Significant Non-Compliance	None	
	Minor Non-Compliance	None	
	Deficiency	2	20
<i>Substance Abuse Treatment</i>	Major Non-Compliance	None	
	Significant Non-Compliance	2	23-24
	Minor Non-Compliance	1	24-25
	Deficiency	2	25-26

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review at Summit County – Valley Behavioral Health (Summit - VBH). The Governance and Fiscal Oversight section of the review was conducted on March 13th, 2018 by Chad Carter, Auditor IV. 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. Meeting 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 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.

There is a current and valid contract in place between the Division and the Local Authority. Summit County met its obligation of matching a required percentage of State funding.

As required by the Local Authority, Summit County received a single audit for the year ending December 31st, 2016. The firm Ulrich & Associates, PC completed the audit and issued a report dated June 1st, 2017. The auditors' opinion was unqualified stating that the financial statements present fairly, in all material aspects, the financial position of Summit County. In accordance with Government Auditing Standards and the OMB Compliance Supplement, the auditors also issued reports on internal control over financial reporting and compliance for each major Federal program. No findings or deficiencies were reported in the audit.

The CPA firm Tanner LLC completed a single audit of Valley Behavioral Health for the year ending December 2016. The auditors issued an unqualified opinion in the Independent Auditor's Report dated May 31, 2017. A finding was identified in their review of Federal Awards, see Minor Non-compliance Issue # 1 for more details.

Follow-up from Fiscal Year 2017 Audit:

FY17 Significant Non-compliance Issues:

- 1) *Executive Travel Reimbursements:* Executive travel reimbursements were reviewed for the FY16 time period. Valley Behavioral Health was unable to find backup or documentation

for one executive travel reimbursement for \$100.00. This is a repeat finding from the previous year.

This issue was not resolved and will be a continued finding for FY18; see Significant Non-compliance Issue #1.

FY17 Minor Non-compliance Issues:

- 1) Valley Behavioral Health was issued a finding in their financial statement audit regarding their billings of Substance Abuse Block Grant funds passed through DSAMH. The audit stated that VBH needs to put policies and procedures in place to ensure that federal grant billings are substantiated by actual expenses.

This issue has been resolved. The independent auditors followed up on this issue in their most recent audit and found that Valley was able to substantiate their Federal grant billings with actual expenses. As part of the DSAMH site visit, services and expenditures were also analyzed to ensure that billing amounts were substantiated. Valley was able to justify their billed amounts in all Federal and State categories.

Findings for Fiscal Year 2018 Audit:

FY18 Major Non-compliance Issues:

None

FY18 Significant Non-compliance Issues:

- 1) *Executive Travel:* As a part of monitoring, travel packets are selected for executive officers as they have a higher standard for compliance and because Utah Code Title 62A-15-110-(1)(b)(i) addresses the Division’s responsibility to specifically audit executive travel or other expenses. Travel packets were reviewed for executive officers of Valley Behavioral Health to ensure that Valley’s travel policy was being adhered to and that no personal benefit was gained from travel reimbursements. Two types of issues were found during the review:
 - *Insufficient Documentation* – Three credit card receipts, without a list of items purchased, were found to be submitted and approved for meal reimbursements. VBH’s Travel Expenditure Report states, “*Attach all original and itemized receipts. Credit card receipts are unacceptable.*” If itemized receipts are not required for reimbursement approval, it would be difficult to prevent reimbursement for prohibited purchases such as personal items or alcohol.
 - *Insufficient Approval* – Three Travel Expenditure Reports were found with no documented approval. This includes a travel packet submitted by the company’s CEO. VBH’s travel policy states “*Upon return, all employees will submit a completed Travel Expenditure Report to the Administrative Services Travel Coordinator within 10 days of their return; this form must be reviewed and signed by the appropriate Program Manager/ Associate Director.*” Internal Revenue Code defines exempt organization

corporate officers as employees; it would be appropriate to hold the CEO to the same approval standards.

In previous years, travel reimbursements for managers of VBH have been reviewed. These same issues have been found and there appears to be a need company-wide to strengthen controls and approval practices before reimbursements are paid. This finding has been raised to a Significant Non-compliance Issue.

Center’s Response and Corrective Action Plan:

Attached is Valley’s form for “Request for Travel and Allowance” and its corresponding policy on “Expense Reimbursements”. Moving forward, all Valley employees must produce itemized receipts in order to be reimbursed. No one will be exempt from this. Company executives will get the final approval by Valley’s Chief Executive Officer. Travel requests for the Chief Executive Officer will be approved by Valley’s Chief Financial Officer. Valley Accounts Payable Manager will be responsible for monitoring this, and ensuring there is sufficient approval and documentation for Valley employees.

FY18 Minor Non-compliance Issues:

- 1) *Written policies and procedures for Federal awards:* A deficiency was reported in the single audit for Valley Behavioral Health. Uniform Guidance 2 CFR 200 requires that entities that receive and manage Federal awards maintain written policies, procedures, and standards of conduct regarding federal awards. Valley Behavioral Health did not have these in place and is out of compliance.

Center’s Response and Corrective Action Plan:

Valley has a policy addressing Federal Awards that was last effective 10/17. Please see attachment “ Federal Awards Policy”.

FY18 Deficiencies:

None

FY18 Recommendations:

- 1) It is recommended that the VBH Board of Directors assess the travel policy and periodically review travel reimbursement expenditures to ensure they are reasonable and necessary for business travel. Some of the submitted reimbursements included high dollar amounts and some receipts showed multiple guests (examples of dinner reimbursements: \$71.94, \$73.77, \$124.86-(2 guests), \$138.56, \$805.27-(12 guests)). Reimbursed meals for multiple guests may have a legitimate business purpose (business meeting, client dinner, etc...), but there was no documentation or explanation provided. It is recommended that the board considers setting dollar amount limits on meal reimbursements and include controls to ensure that meals unrelated to business are not reimbursed (e.g. spouse meals, etc...). Utah Code Title 62A-15-110-(1)(b)(i) states “...the division: shall prescribe guidelines and procedures, in accordance with those formulated by the state auditor pursuant to Section 67-3-1, for auditing the compensation and expense of officers, directors, and specified employees of the

private contract provider, to assure the state that no personal benefit is gained from travel or other expenses”. The VBH travel policy states “Valley will reimburse its employees for all actual, reasonable and necessary business and travel expenses incurred while on Valley business.”

FY18 Division Comments:

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 Summit County - Valley Behavioral Health on March 13th, 2018. The monitoring team consisted of Eric Tadehara, Program Administrator; Codie Thurgood, Program Manager; and Brenda Chabot, Family Mentor with the Utah Family Coalition (Allies with Families). The review included the following areas: record reviews, discussions with clinical supervisors and management, program visits, and feedback from families through questionnaires and a focus group. During the visit, the monitoring team reviewed Fiscal Year 2017 audit findings and County responses; statistics, including the Mental Health Scorecard; Area Plans; Youth Outcome Questionnaires; family involvement; Family Resource Facilitation (Peer Support); High Fidelity Wraparound; 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 2017 Audit

FY17 Minor Non-compliance Issues:

- 1) *Objectives:* During the chart review, objectives in five of nine of the charts were vague, lacked meaning for children, youth and families, and were difficult for a child or youth to achieve. Examples include: client "will do family therapy to address his behaviors at home, his anger and his aggression;" and "he will respect family in positive way and not get upset." Division Directives require that objectives be "measurable, achievable and within a timeframe."

This finding has not been resolved and is continued in FY18; see Minor Non-compliance Finding #1.

- 2) *Youth Outcome Questionnaires:* Summit-VBH is not administering the Youth Outcome Questionnaire (YOQ) at the frequency required by DSAMH. Through records reviews, YOQs were not administered at the rate of at least once every 30 days in five of nine charts reviewed. The Division Directives state "DSAMH will require that 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 (inpatient stays for community mental health are exempt)."

This finding has not been resolved and will be continued in FY18; see minor non-compliance issue #2.

Findings for Fiscal Year 2018 Audit

FY18 Major Non-compliance Issues:

None

FY18 Significant Non-compliance Issues:

- 1) *Continuity of Care:* DSAMH is extremely concerned about the excessive staff turnover at Summit-VBH. The loss of 14 staff prior to the monitoring visit with five more staff giving notice of intent to leave, including the loss of Spanish-speaking staff, cripples the ability of Summit-VBH to provide critical services. Staff turnover also leads to long wait times between appointments, repeated therapist changes and inconsistent care for clients. DSAMH appreciates efforts to increase the percentage of children and youth being served by Summit-VBH. However, the high caseload size per therapist leads to concerns about the level of care each client is receiving, and an inability to provide crisis care is unacceptable.

Center’s Response and Corrective Action Plan:

Valley Behavioral Health strives to hire the most qualified candidates and train and retain all staff as appropriate and necessary. Due to a high turnover rate in FY2017, VBH has begun looking at multiple cost of living data and surveys to determine a fair and reasonable cost of living increase for Summit County location. In the meantime, Valley has begun a company-wide plan to retain staff using key performance indicators and closely monitor the direct service hours that each clinician is responsible for (70% of total work hours per week). This is a new initiative that was recently rolled out and has been adjusted since its initial beginning. Paid time off does not negatively impact those hours and is taken into account during the pay period. In addition to that, trainings/conferences that are approved by directors also do not negatively impact staff’s productivity hours. However, this finding will be difficult to monitor for compliance without a state turnover rate to measure against.

Summit currently has six open positions that need to be filled. Therefore, Summit has filled 57% of those lost positions. Five of those six open positions are for therapists. Valley’s Recruiting Department is actively working to get those filled so that it does not impact client care. Case-load sizes per therapist is determined by therapist’s client’s acuity levels. Summit will continue to respond to crises care and provide its best possible emergent care for clients.

FY18 Minor Non-compliance Issues:

- 1) *Objectives:* During the chart review, objectives in seven of ten of the charts were vague, were not measurable, lacked meaning for children youth and families, did not provide an identified timeframe, and/or were difficult for a child or youth to achieve. Examples include: client “will develop better attachment with his mother” and “He will learn about emotions and ways to reduce the feelings of anger and sadness when he feels these emotions.” Division Directives require that objectives be “measurable, achievable and within a timeframe.”

Center’s Response and Corrective Action Plan:

Summit - VBH works diligently to train all new staff on SMART goals and uses MRR (Medical Record Reviews) monthly tracking to review charts internally. VBH- Summit will begin reviewing 2 random charts each week in clinical meeting for specific SMART goal reviews. Findings will be addressed in staff meetings, individual 1:1s, and daily huddles. Valley – Regulatory and Oversight Committee will continue to review all documentation monthly, including progress note, care plan, and assessment reviews that audit SMART goals as well. SBBH Manager for Summit – VBH will begin reviewing IC charts for SMART goals monthly as well and conduct trainings with ICs as necessary.

Also, Valley's Analytics Department is currently working on a report that will allow Valley to extract content from the Care Plan and its author to review. This report will have the capability to look for objective measures (OQ, DLA-20, PHQ-9) and review content within the Care Plan. Reviewers will have the ability to quickly pull content from the author's Care Plan and provide immediate feedback.

- 2) *Youth Outcome Questionnaires*: Summit-VBH is not administering the Youth Outcome Questionnaire (YOQ) at the frequency required by DSAMH. Through records reviews, YOQs were not administered at the rate of at least once every 30 days in six of ten charts reviewed. The Division Directives state "DSAMH will require that 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 (inpatient stays for community mental health are exempt)."

Center's Response and Corrective Action Plan:

Summit – VBH, in partnership with Regulatory and Oversight division, will conduct an OQ training this summer, as new staff are hired who are not familiar with the OQ/YOQ system. Summit- VBH will have one staff begin to track weekly all clients having appointments OQ/YOQ data completion. Summit – VBH will also be researching the possibility of sending OQ/YOQ links to clients via e mail in hopes that this will capture many missing surveys that are not completed in the office.

In addition to that, Valley's Analytics Department recently created a Key Performance Indicator Report that tracks necessary measures needed to monitor and provide good quality care to clients. This measure will soon include the ability to track OQ administrations and scores. Clinicians will have the ability to quickly track client treatment adherence. ROC will be utilizing this report to track internal compliance measures. Deficiencies found will be addressed with staff members in supervision, individual 1:1's, daily huddles, and staff meetings. Further trainings and follow up(PIPS, corrective actions)will be included as needed

FY18 Deficiencies:

- 1) *Community Engagement and Outreach*: Community partners voiced concerns regarding Summit-VBH's ability to continue to nurture the partnerships because of recent policy changes within Summit-VBH. Community partners stressed the importance of Summit-VBH having a strong presence in the community, as well as the vital role Summit-VBH plays in the community as the County mental health center. In order to provide the level of oversight and coordination as required by Utah Code 62A-15-608 and DSAMH Division Directives, it is critical that Summit-VBH continue to cultivate their community engagement and outreach. Local staff at Summit-VBH have built strong relationships with their community partners and community members appreciate that Summit-VBH staff have had a history of responsiveness and commitment to community engagement.

Center's Response and Corrective Action Plan:

Valley places great importance on its relationships with community partners. Policies surrounding the Pay-for-Performance(PFP) have been adjusted since its initial roll-out. Staff

community trainings and approved PTO requests do not negatively impact staff's productivity hours for PFP. Last year, Valley implemented individual 1:1's in which employees are encouraged to complete a "Career Development Plan." This plan includes a section for development opportunities (trainings, outreach). Valley has been focused on improving staff communication this year by implementing daily huddles with teams and creating SLACK Q&A's where employees can ask leadership questions and address any concerns.

Summit – VBH has worked extremely hard over FY 2013 – FY 2017 to create trust and cohesion with community partners, stakeholders and residents. Continued visibility and outreach can help maintain this trust and aid in increasing access to community members that are not aware of our services.

Summit – VBH will support community events throughout the year with 5-10 booths to educate residents to our programs. Summit – VBH will support our rural community partners by engaging in local parades including 1 parade in Kamas, 1 parade in Coalville and 1 booth or parade in Park City. Summit – VBH will support community stakeholders by allowing staff to attend Q & As and panel discussions without any penalties to direct service hours. Summit – VBH will continue to aid stakeholders with crisis support and outreach. All services will be provided without any penalties to staff.

FY18 Recommendations:

- 1) *Peer Support Services:* Summit-VBH showed a small increase in Peer Support Services (PSS) for youth and families in FY17. Summit-VBH went from reporting no families receiving PSS in the Substance Abuse and Mental Health Information System (SAMHIS) to two families receiving these services. It is recommended that Summit-VBH continue to build and report Peer Support Services as needed for the children and youth who are opened clients.

FY18 Division Comments:

- 1) *Family Feedback:* The Utah Family Coalition (UFC) collected three English speaking family questionnaires as well six Spanish speaking family questionnaires. The UFC also had three teens and four adults participate in a family focus group. Families reported they are grateful for Summit-VBH and how "they show true interest in our issues" and are "always available to help."
- 2) *Wraparound and Family Resource Facilitation:* Summit-VBH provided High Fidelity Wraparound as defined by the UFC during FY17. Family feedback included a youth that felt involved in the wraparound process and that their voice mattered. One family reported the Family Resource Facilitator (FRF) "is present when you need her and helps connect and link [you] with the right people."
- 3) *School-Based Services:* Summit-VBH provides school-based behavioral health (SBBH) services in 16 schools in the district including two charter schools. It was reported that one school built out their lobby to be able to have the needed space for the school based program. Summit-VBH has also grown their SBBH staff to five contracted therapists and two full time therapists. The schools are very appreciative of the services being offered and report using Summit-VBH as much as they can.

Adult Mental Health

The Adult Mental Health team conducted its annual monitoring review of Summit County - Valley Behavioral Health on March 13th, 2017. The team included, LeAnne Huff, Adult Mental Health Program Manager and Cami Roundy, Recovery and Resiliency Peer Program Manager. The review included the following areas: Discussions with clinical supervisors, management teams and staff, record reviews, interviews with individuals in treatment, and a site visit to the new Health Department in Kamas. During the discussions, the team reviewed the FY17 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 2017 Audit

FY17 Minor Non-compliance Issues:

- 1) *OQ Administration/Use as an Intervention:* Division Directives require that OQ administration be at 50% and FY16 score card shows the Summit-VBH rate has dropped to 48.0%. In addition, the Division Directives require that data from the OQ be shared with the client and incorporated into the clinical process, as evidenced in the chart.

This finding has been partially resolved. The OQ was administered to 96.2% of the Summit-VBH clients, well over the requirement of 50%. However, chart review indicates that the OQ is not being incorporated into the clinical process so this portion of the finding is continued; see Minor Non-compliance Issues #1.

FY16 Deficiencies:

- 1) *Failure to Provide Adequate Mandated Outpatient Services:* This finding is continued from FY16. It has been dropped to a Deficiency as data reporting issues have been resolved. According to the FY16 Mental Health Scorecard, Summit-VBH continues to provide Case Management (CM), Psychosocial Rehabilitation and Peer Support Services (PSS) at levels below the rural state averages. It is noted that these services have increased between FY15 and FY16, and increased further between FY16 and FY17 year-to-date. In addition, Summit-VBH provides a significant amount of CM at the jail and is increasing PSS to individuals with co-occurring substance use and mental health disorders.

This finding has been resolved. Review of the FY17 Scorecard shows Summit-VBH's Case Management rate has increased to 33%, Psychosocial Rehabilitation has increased to 11.5%, and Peer Support Services have increased to 7.8%. All these services are either at or above the rural average.

Findings for Fiscal Year 2018 Audit

FY18 Major Non-compliance Issues:

None

FY18 Significant Non-compliance Issues:

- 1) *Continuity of Care*: DSAMH is extremely concerned about the excessive staff turnover at Summit-VBH. The loss of 14 staff prior to the monitoring visit with five more staff giving notice of intent to leave, including the loss of Spanish-speaking staff, makes it extremely difficult to provide critical services. The reported poor response to a crisis incident in April 2018 demonstrates the lack of ability to react to client need due to loss of staff. Staff turnover also leads to long wait times between appointments, repeated therapist changes and inconsistent care for clients. The “*Valley Behavioral Health Internal Audit: Individual Psychotherapy*” (February 2018) reflected that 56.67% of clients reviewed were under-utilizing services. DSAMH appreciates efforts to increase the percentage of Seriously Mentally Ill individuals being served by Summit-VBH. However, the high caseload size per therapist leads to concerns about the level of care each client is receiving, which also shows an inability to provide appropriate indicated crisis care which needs to be addressed.

Center’s Response and Corrective Action Plan:

Valley Behavioral Health strives to hire the most qualified candidates and train and retain all staff as appropriate and necessary. Due to a high turnover rate in FY2017, VBH has begun looking at multiple cost of living data and surveys to determine a fair and reasonable cost of living increase for Summit County location. In the meantime, Valley has begun a company-wide plan to retain staff using key performance indicators and closely monitor the direct service hours that each clinician is responsible for (70% of total work hours per week). However, this finding will be difficult to monitor for compliance without a state turnover rate to measure against.

Summit currently has six open positions that need to be filled. Therefore, Summit has filled 57% of those lost positions. Five of those six open positions are for therapists. Valley’s Recruiting Department is actively working to get those filled so that it does not impact client care. Case-load sizes per therapist is determined by therapist’s client’s acuity levels. Summit will continue to respond to crises care and provide its best possible emergent care for clients.

FY18 Minor Non-compliance Issues:

- 1) *OQ Use as an Intervention*: Review of the OQ was only evident in five of nine charts reviewed. This is reflected in the “*Valley Behavioral Health Internal Audit: Individual Psychotherapy*”, which reported a drop from 69% (August 2017) to 60% (February 2018) of charts that included incorporation of the OQ as part of the clinical process. Division Directives require that data from the OQ be shared with the client and incorporated into the clinical process, as evidenced in the chart.

Center’s Response and Corrective Action Plan:

Summit - VBH will conduct an OQ training this summer. This training will be conducted by and completed by the Regulatory Oversight Division by September 2018. A staff agenda and attendance sheet will be completed. The training will address OQ/YOQ administration and clinical use. The OQ/YOQ will be used as an objective tool to measure Care Plan goals and progress. Summit- VBH will have one staff begin to track weekly all clients having appointments OQ/YOQ data completion.

Summit – VBH will also be researching the possibility of sending OQ/YOQ links to clients via e mail in hopes that this will capture many missing surveys that are not completed in the office.

In addition to that, Valley’s Analytics Department recently created a Key Performance Indicator Report that tracks necessary measures needed to monitor and provide good quality care to clients. This measure will soon include the ability to track OQ administrations and scores. Clinicians will have the ability to quickly track client treatment adherence. ROC will be utilizing this report to track internal compliance measures. Deficiencies found will be addressed with staff members in supervision, individual 1:1’s, daily huddles, and staff meetings. Further trainings and follow up(PIPS, corrective actions)will be included as needed.

FY18 Deficiencies:

- 1) *Community Engagement and Outreach:* Community partners voiced concerns regarding Summit-VBH’s ability to continue to nurture the partnerships because of recent policy changes within Summit-VBH. Community partners stressed the importance of Summit-VBH having a strong presence in the community, as well as the vital role Summit-VBH plays in the community as the county mental health center. In order to provide the level of oversight and coordination as required by Utah Code 17-43-301 and DSAMH Division Directives, it is critical that Summit-VBH continue to cultivate their community engagement and outreach. Local staff at Summit-VBH have built strong relationships with their community partners and community members appreciate that Summit-VBH staff have had a history of responsiveness and commitment to community engagement.

Center’s Response and Corrective Action Plan:

Valley places great importance on its relationships with community partners. Policies surrounding the Pay-for-Performance(PFP) have been adjusted since its initial roll-out. Staff community trainings and approved PTO requests do no negatively impact staff’s productivity hours for PFP. Last year, Valley implemented individual 1:1’s in which employees are encouraged to complete a “Career Development Plan.” This plan includes a section for development opportunities (trainings, outreach). Valley has been focused on improving staff communication this year by implementing daily huddles with teams and creating SLACK Q&A’s where employees can ask leadership questions and address any concerns.

Summit – VBH has worked extremely hard over FY 2013 – FY 2017 to create trust and cohesion with community partners, stakeholders and residents. Continued visibility and outreach can help maintain this trust and aid in increasing access to community members that are not aware of our services.

Summit – VBH will support community events throughout the year with booths to educate residents to our programs. Summit – VBH will support our rural community partners by engaging in local parades including 1 parade in Kamas, 1 parade in Coalville and 1 booth or parade in Park City. Summit – VBH will support community stakeholders by allowing staff to attend Q & As and panel discussions without any penalties to direct service hours. Summit – VBH will continue to aid stakeholders with crisis support and outreach. All services will provided without any penalties to staff.

- 2) *Documentation/Objectives*: Six of the nine (67%) of charts reviewed did not have measurable goals. This is in contrast to the “*Valley Behavioral Health Internal Audit Report: Care Plan*” (January 2018) that reported 80% of short-term “SMART” goals met a requirement of being “individualized and outcome oriented”. Although measurability is included in the Valley Behavioral Health Medical Record Review Audit Tool (Short-term goals - Simple, Specific, Measurable, Actionable, Attainable, Reasonable, Time-Specific), objectives do not meet measurability standards. Several objectives listed a duration and frequency of treatment and not a method of measuring progress toward goals. The Division Directives state that objectives should be “behavioral changes that are measurable, short term and tied to the goals.” Summit-VBH is encouraged to review use of the audit tool, to ensure that those who are doing reviews understand that measurability should reflect a method to identify treatment progress.

Center’s Response and Corrective Action Plan:

Valley Behavioral Health works diligently to train all new staff on SMART goals and uses MRR (Medical Record Reviews) monthly tracking to review charts internally. A clinical training on SMART goals will be conducted by the Regulatory Oversight Division by September 2018. and completed by. An agenda and attendance sheet will be completed and send to ROC after. In addition to that, VBH- Summit will begin reviewing 2 random charts each week in clinical meeting for specific SMART goal reviews. Follow up will include additional trainings, and 1:1 meetings Valley – Regulatory and Oversight Committee will continue to review all documentation monthly, including progress note, care plan, and assessment reviews that audit SMART goals as well.

FY18 Recommendations:

- 1) *Peer Support Services*: DSAMH is impressed with the work of the Peer Support Specialist employed by Summit-VBH to work with Drug Court and the Jail. It was noted in the FY17 Summit-VBH Monitoring report that this service is not generally available to mental health clients, and expanding the use of this service was encouraged. It is formally recommended that Summit-VBH put effort into employing Peer Support Specialists to expand the use of Peer Support to areas other than just the forensic populations.

FY18 Division Comments:

- 1) *Community Partnership with Summit County Department of Health*: DSAMH recognizes and appreciates the collaborative relationship between Summit-VBH and the Summit Department of Health. The Department of Health has a new building in Kamas Utah, and has offered space for Summit-VBH to provide services and an integrated approach to wellness. Funding for a full-time therapist in Kamas and Coalville have been provided through City Council. Together they have developed strategic directives to address gaps and barriers to mental health treatment and moved toward and integrated approach to wellness.
- 2) *Suicide Prevention*: Summit County is dedicated to suicide prevention and has provided Question Persuade Refer (QPR) suicide prevention training to approximately 193 individuals in 2017 alone. They are provided QPR in both Spanish and English and have trained a total of 1000 individuals in the community, including providing QPR training in the County Jail.

- 3) *Feedback from Individuals and Families:* DSAMH Recovery Resiliency and Peer Support Program Manager Cami Roundy visited a Community Reinforcement and Family Training (CRAFT) Group at Summit-VBH. Three family members attended the group, reviewed their story, and reported that the group had been extremely helpful and had provided support for them. One group member also commented on how Drug Court had helped their family member through recovery. DSAMH Program Manager Cami Roundy also met with three individuals in treatment. All three clients indicated that they are working on personal goals, that they are happy with the services they receive, and that they feel they have made a lot of progress in their recovery.

Substance Abuse Prevention

Susannah Burt, Program Manager, conducted the annual prevention review of Summit County - Valley Behavioral Health on March 13th, 2018. The review focused on the requirements found in State and Federal law, Division Directives, and contracts. In addition, the review evaluated the services described in the annual prevention area plan and the data used to establish prevention priorities

Follow-up from Fiscal Year 2017 Audit

No findings were issued in FY17.

Findings for Fiscal Year 2018 Audit

FY18 Major Non-compliance Issues:

None

FY18 Significant Non-compliance Issues:

None

FY18 Minor Non-compliance Issues:

None

FY18 Deficiencies:

- 1) Summit County did not reach the target of 90% of retail establishments that refused to sell tobacco to a minor during compliance checks (Synar). Summit County's rate of compliance was 81.5%.

Center's Response and Corrective Action Plan:

The VBH Prevention team has arranged to meet with the Summit County Health Department Health Promotion team to come up with a plan to resolve this issue.

- 2) Summit County saw a decrease in the number of Eliminating Alcohol Sales to Youth (EASY) Compliance Checks for FY17. In FY16, Summit had 115 compliance checks and in FY17 had 89 checks.

Center's Response and Corrective Action Plan:

The VBH Prevention team will collaborate with the Summit County Sheriff's Department and the Park City Police and Utah Department of Highway Safety to strategize a way to increase the number of alcohol compliance checks.

FY18 Recommendations:

- 1) It is recommended that Summit-VBH increase the capacity of agency staff and community coalition members by supporting attendance to Substance Abuse Prevention Skills Training, the Coalition Summit, Utah Fall Substance Abuse Conference, and or national conferences such as CADCA or National Prevention Network.
- 2) It is recommended that Summit-VBH continue to build capacity and work with additional communities in Summit County to build effective coalitions.
- 3) It is recommended that Summit-VBH share their Annual Prevention Report with the Summit County Mental Wellness Alliance Coalition.
- 4) It is recommended that Summit-VBH and Summit County Mental Wellness Alliance Coalition write up an action plan related to capacity, including using technology within the community.

FY18 Division Comments:

- 1) Summit-VBH participated in the community assessment.
- 2) Summit-VBH prevention staff are seen as experts in the community for prevention needs.

Substance Abuse Treatment

Shanel Long, Program Administrator, conducted the review of Summit County - Valley Behavioral Health Substance Use Disorders Treatment Program on March 13th, 2018, which focused on Substance Abuse Treatment (SAPT) Block Grant Compliance; Drug Court; clinical practice and compliance with contract requirements. Drug Court was evaluated through staff discussion, clinical records, and the Drug Court Scorecard. Clinical practices and documentation were evaluated by reviewing client charts and discussing current practices. Adherence to SAPT Block Grant requirements and contract requirements were evaluated by a review of policies and procedures by interviews with Summit County staff. Treatment schedules, policies, and other documentation were viewed. The Utah Substance Abuse Treatment Outcomes Measures Scorecard results were reviewed with Summit County staff. Client satisfaction was measured by reviewing records and Consumer Satisfaction Survey data. Finally, additional data was reviewed for Opiate Use, Year-end reports, suicide rates, and Driving Under the Influence (*DUI*) rates in Summit County.

Follow-up from Fiscal Year 2017 Audit

FY17 Minor Non-compliance Issues:

1) The FY16 Utah Outcomes Data Measures Scorecard shows:

- a) The percent increase in those reporting other drug abstinence from admission to discharge went from 45.1% to 23.8%, which does not meet Division Directives.

This issue has not been resolved and will be continued in FY18; see Significant Non-compliance Issue #1a

- b) The percent of clients using tobacco products from admission to discharge went from 3.9% to -1.6% in the fiscal year, which does not meet Division Directives.

This issue has been resolved. Summit County increased the Tobacco Use Percent for the number of clients reporting tobacco use from admission to discharge from -1.6% in FY16 to 8.3% in FY17.

- c) In FY16, the percent of client employed from admission to discharge increased from 10.2% to -33.2%, which does not meet Division Directives.

This issue has not been resolved and will be continued in FY18; see Significant Non-compliance Issue #1b

- d) The percent of clients completing a treatment episode successfully decreased from 49.7% to 40.5% from FY15 to FY16 respectively, which does not meet Division Directives.

This issue has been resolved. Summit County increased the percent of clients completing a treatment episode successfully from 40.5% to 48.6% in FY17.

Findings for Fiscal Year 2018 Audit:

FY18 Major Non-compliance Issues:

None

FY18 Significant Non-compliance Issues:

1) The FY17 Utah Outcomes Data Measures Scorecard shows:

- a) In FY17 the percent increase in those reporting other drug abstinence from admission to discharge went from 23.8% to 22.9%, which does not meet Division Directives. This was also a finding in 2017 site audit.

Division Directives require: *Abstinence from Drugs: The Local Substance Abuse Authorities' Outcome Scorecard will show that they increased the percentage of clients who are abstinent from drugs from admission to discharge at a rate that is greater than or equal to 75% of the National Average. Abstinence from drugs is defined as no drug use for 30 days.*

Center's Response and Corrective Action Plan:

Summit – VBH will address correct TED's data submissions through quarterly trainings at clinical meetings. TED's data will be pulled from the state's website each month and reviewed in monthly huddle meetings for accuracy. Trainings will begin September 5, 2018 and monthly reviews will begin the end of October for FY 2018 data.

- b) In FY17, the percent of client employed from admission to discharge increased from -33.2% to -7.2%, which does not meet Division Directives. This has been a consecutive finding in the site audits performed in 2016, 2017 and currently for 2018.

Division Directives require: *Increase in Employment: Local substance Abuse Authorities' Outcome Scorecard will show that they increased the percentage of their clients who were employed full/part time or enrolled as student from admit to discharge at a rate greater to or equal to 75% of the national Average.*

Center's Response and Corrective Action Plan:

Summit – VBH will address correct TED's data submissions through quarterly trainings at clinical meetings. TED's data will be pulled from the state's website each month and reviewed in monthly huddle meetings for accuracy. Trainings will begin September 5, 2018 and monthly reviews will begin the end of October for FY 2018 data.

- 2) *Continuity of Care*: DSAMH is concerned about the excessive staff turnover at Summit-VBH. Between July 2017-May 2018, 14 employees have separated from employment and five additional staff have turned in notice to leave in the next month, including the Spanish Speaking therapist that facilitated all of the Spanish treatment services. These high rates of turnover have resulted in the inability to provide required crisis and treatment services. Incident reported April 2018: Summit-VBH was unable to provide required crisis care due to insufficient numbers of employees on staff at time of incident.

Center’s Response and Corrective Action Plan:

Valley Behavioral Health strives to hire the most qualified candidates and train and retain all staff as appropriate and necessary. Due to a high turnover rate in FY2017, VBH has begun looking at multiple cost of living data and surveys to determine a fair and reasonable cost of living increase for Summit County location. In the meantime, Valley has begun a company-wide plan to retain staff using key performance indicators and closely monitor the direct service hours that each clinician is responsible for (70% of total work hours per week). However, this finding will be difficult to monitor for compliance without a state turnover rate to measure against

FY18 Minor Non-compliance Issues:

- 1) The FY17 Utah Outcomes Data Measures Scorecard shows:
- a) Decreased Criminal Justice Involvement- percent decrease in number of clients arrested prior to admission vs. prior to discharge went from 82.3% in FY16 to 14.6% in FY17, which does not meet Division Directives.

Division Directives require: *Decrease in Criminal Activity: Local Substance Abuse Authorities’ Outcome Scorecard will show that they decreased the percentage of their clients who were involved in criminal activity from admission to discharge at a rate greater to or equal to 75% of the national average. Criminal activity is defined as being arrested within the past 30 days.*

Center’s Response and Corrective Action Plan:

Summit – VBH will address correct TED’s data submissions through quarterly trainings at clinical meetings. TED’s data will be pulled from the state’s website each month and reviewed in monthly huddle meetings for accuracy. Trainings will begin September 5, 2018 and monthly reviews will begin the end of October for FY 2018 data.

- b) The percent of clients retained in treatment 60 or more days decreased from 69.5% to 69.2% respectfully. This does not meet Division Directives.

Division Directives Require: *Retention in Treatment: Local Substance Abuse Authorities will meet or exceed their FY2017 treatment retention in FY2018 and will work towards achieving a goal of 70%. Local Substance Abuse Authorities whose FY2017 retention rate was over 70% are required to meet or exceed a 70% retention rate in FY2018. Retention is defined as the percentage of clients who remain in treatment over 60 days.*

Center's Response and Corrective Action Plan:

Summit – VBH will address correct TED's data submissions through quarterly trainings at clinical meetings. TED's data will be pulled from the state's website each month and reviewed in monthly huddle meetings for accuracy. Trainings will begin September 5, 2018 and monthly reviews will begin the end of October for FY 2018 data.

FY18 Deficiencies:

- 1) *Community Engagement and Outreach:* Local staff at Summit-VBH have built strong relationships with their community partners, and community members appreciate their efforts. Summit-VBH staff has had a history of responsiveness and commitment to community engagement. Community partners spoke highly of Summit-VBH but expressed concerns regarding Summit-VBH ability to continue to nurture the partnerships because of recent policy changes and time requirements for staff. Community partners expressed the importance of Summit-VBH having a strong presence in the community as well as the vital role Summit-VBH plays in the community as the County SUD treatment provider. It is recommended that Summit-VBH continue to cultivate their community engagement and outreach.

Center's Response and Corrective Action Plan:

Valley places great importance on its relationships with community partners. Policies surrounding the Pay-for-Performance(PFP) have been adjusted since its initial roll-out. Staff community trainings and approved PTO requests do not negatively impact staff's productivity hours for PFP. Last year, Valley implemented individual 1:1's in which employees are encouraged to complete a "Career Development Plan." This plan includes a section for development opportunities (trainings, outreach). Valley has been focused on improving staff communication this year by implementing daily huddles with teams and creating SLACK Q&A's where employees can ask leadership questions and address any concerns.

Summit – VBH has worked extremely hard over FY 2013 – FY 2017 to create trust and cohesion with community partners, stakeholders and residents. Continued visibility and outreach can help maintain this trust and aid in increasing access to community members that are not aware of our services.

Summit – VBH will support community events throughout the year with booths to educate residents to our programs. Summit – VBH will support our rural community partners by engaging in local parades including 1 parade in Kamas, 1 parade in Coalville and 1 booth or parade in Park City. Summit – VBH will support community stakeholders by allowing staff to attend Q & As and panel discussions without any penalties to direct service hours. Summit – VBH will continue to aid stakeholders with crisis support and outreach. All services will be provided without any penalties to staff.

- 2) *Training and Educational Requirements:* Summit -VBH has been very proactive in the past to ensure that their staff received trainings for evidence based practices, best practice standards, educational curriculum, certifications, continuing education units, etc. These

educational opportunities are very important to establish and maintain a solid educational foundation. New productivity policies by Valley Behavioral Health have limited the ability for staff to participate in trainings, conferences, educational opportunities, conduct community outreach activities, attend partnership meetings or other State agency meetings, etc. It is reported that staff are reprimanded for participating in activities that do not allow them to satisfy the new productivity standards.

Center's Response and Corrective Action Plan:

Summit – VBH is very supportive of all EBPs and supports the state's recommended trainings throughout the year. Summit – VBH will continue to take advantage of these trainings while allowing staff to gain CEUs as appropriate for their specialties and licensing requirements. While Valley Behavioral Health offers many in-house trainings and review trainings on such topics as therapeutic alliance, diagnosing, suicide prevention, evidenced based practices will continue to be supported in coordination with DSAMH at no penalty to staff.

FY18 Recommendations:

- 1) *Satisfaction Surveys:* Summit-VBH has increased the number of MHSIP satisfaction surveys that were returned, however there are several low scores indicating the need for improvement. The following areas have scores that range below the 75% National Average. Adult SUD Satisfaction Survey's: General Satisfaction-74, Good Service Access-69, Quality and Appropriateness of Services-84, Participation in Treatment Planning-65. Youth Satisfaction Survey (ages 12-17): Participation in Treatment Planning-72. Youth Satisfaction Survey (Family): General Satisfaction-76, Participation in Treatment Planning-85.
- 2) *Criminal Justice Involved:* Summit-VBH may not be performing or collecting the required criminogenic screening as required by Division Directives. Majority of clients identified in the electronic health record (EHR) as Criminal Justice Involved lack any records of criminogenic screenings being performed. It is recommended that Summit-VBH work towards a solution to ensure that the screenings being performed are uploaded into the clients EHR.
- 3) *Criminogenic screenings:* As indicated above in Recommendation #2 there is little evidence that criminogenic screenings are being conducted which also indicates that high risk and low risk clients are not being identified and separated regarding risk levels in group settings. Requirement located in Rule: R523-4
- 4) *Chart Reviews:* A chart review was conducted off-site (charts reviewed: 1728210, 2123951, 1530820, 1684730, 2117960, 1336540, 2112835, 1025970). During the chart review process there was a lack of evidence that criminogenic screenings were being conducted. Goals and Objectives rarely changed over the course of treatment, the goals and objectives were not specific, measurable or achievable in a specified time frame. Goals and Objectives did not have end dates in which a completion could be established and a new goal or objective could be added. Individual notes lacked justification or evidence of continued need for treatment using therapeutic language and therapist needs to specify what specific interventions were

used. Therapeutic interventions were not indicated and the therapist did not indicate if the therapeutic intervention was working or if the client was making progress. In the discharge plan there was no recommendations for further needed treatment, follow-up, recovery support service referrals, community connections, etc. Client records did not include tobacco within the treatment plan even if indicated use at intake.

- 5) *Peer Reviews*: The SAMHSA Substance Abuse Block Grant requires annual peer reviews. Summit reported that a Peer Review has not been conducted on them for the past two years. It is recommended that Summit-VBH reach out to UBPAC to follow up with ensuring a peer review be completed annually.

FY18 Division Comments:

- 1) *Community Partnership with Summit County Department of Health*: DSAMH recognizes and appreciates the collaborative relationship between Summit-VBH and the Summit Department of Health. The Department of Health has a new building in Kamas Utah, and has offered space for Summit-VBH to provide services and an integrated approach to wellness. Funding for a full-time therapist in Kamas and Coalville have been provided through City Council. Together they have developed strategic directives to address gaps and barriers to mental health treatment and moved toward and integrated approach to wellness.
- 2) Summit -VBH was instrumental in helping the County create two new probation officer positions in the sheriff's office. This increase in positions is instrumental in providing additional support and services to the Justice Court participants which has untimely increased successful outcomes.
- 3) Summit -VBH provides several helpful supports to the jail including case management, recovery services and life skill training.

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 be categorized as a non-compliance issue. A written corrective action plan is required without a formal timeline. 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 Summit County – Valley Behavioral 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 July 5, 2018

Approved by:

Kyle Larson
Administrative Services Director



Date July 5, 2018

Ruth Wilson
Assistant Director Children's Behavioral Health



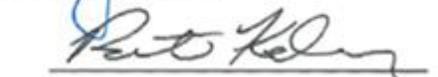
Date July 5, 2018

Jeremy Christensen
Assistant Director Mental Health



Date July 5, 2018

Brent Kelsey
Assistant Director Substance Abuse



Date July 5, 2018

Doug Thomas
Division Director



Date July 5, 2018



Policy:	09/2009
Effective:	04/2018
Procedure Last Approved:	04/2018
Procedure Last Revised:	04/2018
Procedure Next Review:	04/2019
Owner:	<i>Benjamin Langley, Corporate Controller</i>
Area:	<i>FI_Financial</i>
References:	

Expense Reimbursements

TABLE OF CONTENTS

- A. Travel Requests/Reimbursements:
- B. Mileage Reimbursement:

POLICY:

Valley Behavioral Health (Valley) will reimburse its employees for all actual, reasonable and necessary business and travel expenses incurred while on Valley business.

PURPOSE:

This policy and following procedures are intended to ensure there is no personal benefit gained from travel or other expenses

PROCEDURES:

- A. Travel Requests/Reimbursements:
 - 1. The Executive Leadership Team has responsibility to determine the most appropriate and cost-effective means of transportation consistent with the authorized business purpose of the trip, and considering all associated costs (e.g. employee work time, overnight lodging, meals, mileage).
 - 2. Employees will complete a Request for Travel & Allowance form at least 21 days prior to the anticipated departure date. The form must be approved via signature or email by the Business Director, Financial Manager and appropriate member of the Executive Leadership Team. Upon approval, an executive assistant and/or the Accounts Payable Manager will coordinate airfare or other suitable transportation and hotel arrangements.
 - a. The approved travel schedule may be altered to provide lower rates and/or fees that do not unduly inconvenience the traveling employee.
 - b. Employees will be provided a travel advance of \$50 a day (out-of state) and \$30 a day (in-state).
 - 1. If the employee makes their own travel arrangements, the travel advance can be as much as the expected total cost of the travel and/or training.
 - 2. When an employee requests a hotel different from the conference hotel, expenses will be

paid within a reasonable amount.

- c. The amounts of travel advances outlined in A.2.b may be adjusted periodically upon recommendation of the Executive Leadership Team.
3. Employees requesting use of Company-owned vehicles, private vehicles or rental cars must have such use specifically approved on the request form.
 - a. Reimbursement for the cost of the use of a private vehicle will not exceed an amount which is the monetary equivalent of the lowest available air fare to and from the proposed destination, or an amount determined by applying the prescribed IRS rate, whichever is **less** ("mileage-in-lieu-of-airfare").
 - b. Rental cars shall be obtained, whenever possible, on the applicable state contract in order to ensure that appropriate insurance is carried on the car. When using the state contract, the traveler shall decline insurance coverage as it is already included in the rental car rate. If a different rental car company is used, the traveler shall obtain insurance coverage.
 1. If the employee makes their own rental car arrangements, expenses will be paid within a reasonable amount (prices compared to state rates).
4. Upon return, all employees will submit a completed Travel Expenditure Report (see attached) to the Accounts Payable Manager within 10 days of their return; this form must be reviewed and signed by the appropriate Business Director and Financial Manager.
5. Employees whose actual travel expenses exceed their travel advance will be reimbursed for all reasonable and necessary travel expenses by submitting all paid receipts with a completed Travel Expenditure Report.
6. Employees who received a travel advance larger than actual costs incurred will reimburse the Company within 10 days of their return, and submit a completed, signed and approved Travel Expenditure Report.

B. Mileage Reimbursement:

1. Valley Behavioral Health, Inc. will reimburse all employees using their personal vehicles to conduct Company business during working hours for the actual miles driven. Employees will be reimbursed at the then current prescribed IRS rate.

Attachments:

Request for Travel & Allowance

Approval Signatures

Step Description	Approver	Date
	Emily Harris: Director of Grants, Contracts & Policy	04/2018
Spelling and Grammar Committee reviews all policies.	Namita Nayak: Grants & Contracts, Grants Manager	01/2018
Spelling and Grammar Committee reviews all policies.	Mike Vyfvinkel: Director of Regulatory Oversight	01/2018
	Bret Montgomery: Director of Financial Planning & Analysis	01/2018
	Benjamin Langley: Corporate Controller	01/2018

Step Description	Approver	Date
	Benjamin Langley: Corporate Controller	01/2018

COPY



Request For Travel & Allowance

(Instructions for completing this form are listed below)

Date: _____

Unit: _____

Name of Seminar, Workshop, Etc.: _____

Number of Persons: _____

Name and Title of Person(s) Attending:

Destination: _____

Purpose of Trip: _____

Date of Departure: _____

Date of Return: _____

I. TRAVEL ADVANCE

Valley Behavioral Health Inc. will provide you with an upfront check to cover any actual and reasonable expenses while on company business travel. Travel Advance is calculated for each night spent out of town while on company business, and half of the advance on the day of return.

Number of days on Company business _____ @ (\$50 out of state; \$30 in state) \$ _____

II. TRANSPORTATION

Air \$ _____

Company Vehicle – Company gas card or gas reimbursement \$ _____

Private Vehicle – Mileage or gas reimbursement \$ _____

Rental Vehicle - This is not normally an approved item. \$ _____

Justification For Rental Vehicle: _____

III. REGISTRATION

No registration fee required

Reimburse employee for registration fee \$ _____

To be paid by Accounts Payable \$ _____

Completed registration form must be attached \$ _____

IV. HOTEL

Hotel reservations to be made by VBH representative
*Name and address of hotel _____ \$ _____

Employee has already made hotel arrangements
Confirmation Number: _____ \$ _____

Total Cost \$ _____

Program Manager

Program Director

CEO or COO

Our overall VMH Work Plan is focused on Increasing Access Leading to Recovery. Within that overall strategy, our critical priorities are:

- Establish a culture based on our vision and mission
- Establish a mission-based operating plan
- Establish a culture of continued improvement of effective & efficient business processes—both administrative and clinical
- Become an employer of choice

Briefly describe how the training requested fits into the above Company priorities, your unit plan or your own specific career development plan:

Once the training is complete, describe your plans for implementing the training back at work.

Note: Once you return from training, you may be asked to present a workshop summarizing your learning so others can benefit from it as well.

Instructions for completion of this form:

1. Please complete the entire form as instructed to insure your request is accurately proposed.
2. All requests should be submitted to Accounts Payable, who will then forward the request to the CEO or COO for approval. Requests must be received 15 days prior to departure in order for all travel arrangements to be made in advance.
3. Travel paid by a third party and administrative leave with pay (i.e. requests not involving travel expenses, but only time off to travel) need to be approved by ELT.
4. Unless extenuating circumstances exist requiring more lengthy explanation, you need not submit a cover letter to the Executive Committee accompanying this form.
5. Those receiving a travel advance will also be sent a Travel Expenditure Report. The completed Travel Expenditure Report must be submitted along with all receipts to the Accounts Payable within 10 days from when the traveler returns.



Policy: 10/2017
Effective: 10/2017
Procedure Last Approved: 10/2017
Procedure Last Revised: 10/2017
Procedure Next Review: 10/2018

Owner: *Emily Harris: Director of Grants, Contracts & Policy*
Area: *GC_Grants & Contracts*

References:

Federal Awards Policy

POLICY:

Valley Behavioral Health, Inc., (Valley) will receive Federal Awards from different Federal Agencies that will require Valley to provide services within the contract award. Valley will be using the Uniform Guidance and generally accepted standards when reporting, tracking, and providing services under the Federal Award in accordance with 2 CFR 200, Subpart D & E (Sections 200.300 & 200.400)

PROCEDURES:

In accordance with 2 CFR 200 subpart D 200.300 Valley will follow the procedures outlined below.

- a. The Federal awarding agency will manage and administer the Federal award in a manner so as to ensure that Federal funding is expended and associated programs are implemented in full accordance with U.S. statutory and public policy requirements: including, but not limited to, those protecting public welfare, the environment, and prohibiting discrimination. The Federal awarding agency will communicate to Valley all relevant public policy requirements, including those in general appropriations provisions, and incorporate them either directly or by reference in the terms and conditions of the Federal award.
- b. Valley is responsible for complying with all requirements of the Federal award. For all Federal awards, this includes the provisions of FFATA, which includes requirements on executive compensation, and also requirements implementing the Act for Valley at 2 CFR part 25 Financial Assistance Use of Universal Identifier and System for Award Management and 2 CFR part 170 Reporting Sub-award and Executive Compensation Information.

In accordance with 2 CFR 200 subpart E 200.400 Valley will follow the procedures outlined below.

The application of these cost principles is based on the fundamental premises that:

- a. Valley is responsible for the efficient and effective administration of the Federal award through the application of sound management practices.
- b. Valley assumes responsibility for administering Federal funds in a manner consistent with underlying agreements, program objectives, and the terms and conditions of the Federal award.
- c. Valley, in recognition of its own unique combination of staff, facilities, and experience, has the primary responsibility for employing whatever form of sound organization and management techniques may be necessary in order to assure proper and efficient administration of the Federal award.

-
- d. The application of these cost principles should require no significant changes in the internal accounting policies and practices of Valley. However, the accounting practices of Valley will be consistent with these cost principles and support the accumulation of costs as required by the principles, and must provide for adequate documentation to support costs charged to the Federal award.
 - e. In reviewing, negotiating and approving cost allocation plans or indirect cost proposals, the cognizant agency for indirect costs should generally assure that Valley is applying these cost accounting principles on a consistent basis during their review and negotiation of indirect cost proposals. Where wide variations exist in the treatment of a given cost item by the Valley, the reasonableness and equity of such treatments should be fully considered. See [§ 200.56](#) Indirect (facilities & administrative (F&A)) costs.
 - f. When Valleys educates and engages students in research, the dual role of students as both trainees and employees (including pre- and post-doctoral staff) contributing to the completion of Federal awards for research will be recognized in the application of these principles.
 - g. Valley may not earn or keep any profit resulting from Federal financial assistance, unless explicitly authorized by the terms and conditions of the Federal award. See also [§ 200.307 Program income](#).

The delineated procedures will be followed, up to the point where 2 CFR dictates that Valley Behavioral Health, a 501 (c)3 non-profit is not responsible for cost principles.

Attachments:

No Attachments

COPY