



State of Utah

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Lieutenant Governor

Department of Human Services

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Executive Director

Division of Substance Abuse and Mental Health

DOUG THOMAS  
Director

May 14, 2019

Mr. Mike Davis  
Wasatch County Manager  
25 North Main  
Heber City, UT 84032

Dear Mr. Davis:

In accordance with Utah Code Annotated 62A-15-103, the Division of Substance Abuse and Mental Health has completed its annual review of Local Authority, Wasatch County and its contracted service provider, Wasatch Mental Health; the final report is enclosed. The scope of the review included fiscal management, children, youth, family and adult mental health 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*

Doug Thomas  
Division Director

Enclosure

cc: Juergen Korbanka, Director, Wasatch Mental Health



Site Monitoring Report of

Wasatch County/  
Wasatch County Family Clinic

Local Authority Contracts #152296 and #152297

Review Date: February 12th, 2019

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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 Wasatch County (also referred to in this report as Wasatch County Family Clinic, WCFC or the Center) on February 12th, 2019. 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

<b>Programs Reviewed</b>	<b>Level of Non-Compliance Issues</b>	<b>Number of Findings</b>	<b>Page(s)</b>
<i><b>Governance and Oversight</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 1 None	7
<i><b>Child, Youth &amp; Family Mental Health</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i><b>Adult Mental Health</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i><b>Substance Abuse Prevention</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i><b>Substance Abuse Treatment</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 2 None	17-18

## **Governance and Fiscal Oversight**

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review at Wasatch County Family Clinic (WCFC) and their contracted service provider, Wasatch Mental Health (WMH). The Governance and Fiscal Oversight section of the review was conducted on February 12th, 2019 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. 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, Wasatch Mental Health sent several files to demonstrate their allocation plan and to justify their billed amounts. The allocation plan is clearly defined and shows how administrative and operational costs are equitably distributed across all cost centers and that the billing costs for services are consistently used throughout the system.

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

As required by the Local Authority, Wasatch County received a single audit for the year ending December 31st, 2017. The firm Larson & Company, PC completed the audit and issued a report dated August 1st, 2018. The auditors' opinion was unqualified stating that the financial statements present fairly, in all material aspects, the financial position of Wasatch 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. The SAPT Block Grant was identified as a major Federal program and was selected for specific testing in the audit. No deficiencies were found for this program.

As Wasatch County's contracted service provider, Wasatch Mental Health also received a single audit. The CPA firm Kimball & Roberts completed the audit for the year ending June 30th, 2018. The auditors issued an unmodified opinion in their report dated September 28th, 2018. There were no findings or deficiencies reported.

### **Follow-up from Fiscal Year 2018 Audit:**

No findings were issued in FY18

### **Findings for Fiscal Year 2019 Audit:**

#### **FY19 Major Non-compliance Issues:**

None

**FY19 Significant Non-compliance Issues:**

None

**FY19 Minor Non-compliance Issues:**

- 1) *Documentation:* During the payment file review, some samples were taken to verify that services used to justify specific funding categories qualified for each funding type. A sample was reviewed for the Pregnant Women and Women with Dependent Children set aside that didn't clearly demonstrate the client was eligible for this funding. The notes in the client account mentioned one child that was not in the mother's custody. The client could still be eligible under certain circumstances, but the system didn't include any additional documentation or detail. WCFC should include more detailed information in their system to clearly identify pregnant women, women with dependent children or other client categories that may be eligible for specific funding.

**Center's Response and Corrective Action Plan:**

**Action Plan:** Staff will be trained to screen for pregnant women, women with children, and other relevant client categories in the initial evaluation process. The evaluation will also be reviewed to ensure clarity regarding these client categories.

**Timeline for compliance:** Screening will be put into place in 4 weeks. The evaluation will be reviewed within the next 3 months. Actionable outcomes of the review will be put into place to for programmers to make modifications if necessary.

**Person responsible for action plan:** Chad Shubin, LMFT, Program Manager

**FY19 Deficiencies:**

None

**FY19 Recommendations:**

None

**FY19 Division Comments:**

- 1) As part of the site visit, DSAMH met with Mike Davis, County Manager for Wasatch County to discuss monitoring requirements and the official determination of their contracted service provider, Wasatch Mental Health as either a contractor or a subrecipient. The Division has identified some areas that require additional monitoring steps, specifically in regards to subrecipient classifications and Federal requirements. This requires Wasatch County, as the Division's contracted Local Authority and subrecipient of Federal funding, to be actively involved in the monitoring of services. Mr. Davis stated that the County's official determination of Wasatch Mental Health would be as a contractor. It was discussed that starting next year, the Division would include Wasatch County in annual monitoring to ensure they are taking appropriate steps to monitor WMH as a contractor. Mr. Davis was receptive and eager to ensure they were in compliance. The Division appreciates the partnership we have with Wasatch County and Wasatch Mental Health, and their willingness

to work with us through the monitoring process. The Division is available to provide technical assistance at any time to ensure requirements are understood and are being properly addressed.

**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 County Family Clinic on February 12th, 2019. The monitoring team consisted of Mindy Leonard, Program Manager, and Brenda Chabot, 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 FY18 monitoring report; 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; 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 2018 Audit**

No findings were issued in FY18.

### **Findings for Fiscal Year 2019 Audit**

#### **FY19 Major Non-compliance Issues:**

None

#### **FY19 Significant Non-compliance Issues:**

None

#### **FY19 Minor Non-compliance Issues:**

None

#### **FY18 Deficiencies:**

None

#### **FY18 Recommendations:**

- 1) *Safety Plans*: One of the charts reviewed had a client who had been discharged from The University Neuropsychiatric Institute (UNI) with several suicide attempts. This client did not have a safety plan documented. The client had an assessment in June, but no follow up until October. This client also struggles with taking medications. As this was the only issue with safety plans, it is recommended that WCFC ensure there is appropriate follow up for individuals who have significant history with self harm and suicide attempts. Division Directives state, "Records must contain a safety/crisis plan when clinically indicated which can be quickly and easily accessed and updated as needed."

#### **FY19 Division Comments:**

- 1) *Community Partner Collaboration:* WCFC currently provides a spanish speaking therapist to the local dual immersion school which was reported as being “instrumental” in providing children and youth access to the appropriate services. WCFC is able to provide direct clinical services to children through their school partnerships that the school counselors report are vital. WCFC has a good relationship with the school district; they are able to receive referrals from the school and engage families in the continuum of services provided by WCFC
  
- 2) *Family Feedback:* The Utah Family Coalition (UFC) conducted a family focus group which had eight families in attendance with five of the families being spanish speaking. The parents reported being very happy with the services that they were receiving. Several of the families mentioned they could benefit from more spanish speaking services. One family stated “All the staff are kind and willing to help.” Another of the clients wrote in their survey “They provided good resources for my family and are helpful with involving the family to support the client.”

## **Adult Mental Health**

The Adult Mental Health team conducted its annual monitoring review of Wasatch County Family Clinic (WCFC), on February 12<sup>th</sup>, 2018. The team included Mindy Leonard, Mental Health Program Manager. The review included the following areas: Discussions with clinical supervisors and management teams, record reviews, site visits to administrative offices and Rocky Mountain Care. During the discussions, the team reviewed the FY18 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 2018 Audit**

No findings were issued in FY18.

### **Findings for Fiscal Year 2019 Audit**

#### **FY19 Major Non-compliance Issues:**

None

#### **FY19 Significant Non-compliance Issues:**

None

#### **FY19 Minor Non-compliance Issues:**

None

#### **FY19 Deficiencies:**

None

#### **FY19 Recommendations:**

- 1) *Outcome Questionnaire (OQ)*: Four of the ten charts that were reviewed did not have the OQ used as an intervention for treatment. Division directives state "Data from the OQ or YOQ shall be shared with the client and incorporated into the clinical process, as evidenced in the chart." It is recommended that WCFC train staff as needed, regarding proper use of the OQ and the need to document OQ use in treatment.

#### **FY19 Division Comments:**

- 1) *Provision of Services/Penetration*: The percentage of individuals needing treatment for Serious Mental Illness (SMI) who receive services from WCFC has increased each year for the past three years, according to the Mental Health Scorecards. Penetration, based on estimated need, has increased from 15.9% (FY16) to 22.7% (FY17) and 23.9% (FY18).
- 2) *Pre-Admission Screening/Resident Review (PASRR)*: Rocky Mountain Care recently completed their new nursing care facility. Clients who are residents have access to

state-of-the-art physical therapy, a state-of-the-art cafeteria, and many more programs. Although the new location is a much better facility, many of the residents did not like the change. The staff stated that they had noticed a lot of anxiety and depression due to the move. Rocky Mountain is thankful for the therapist that WCFC provides for the residents at this facility. The staff stated that they rely on this much needed service for their clients.

## **Substance Use Disorders Prevention**

Becky King, LCSW, Program Administrator, conducted the annual prevention review of Wasatch County Family Clinic on February 12th, 2019. 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 2018 Audit**

#### **FY18 Deficiencies:**

- 1) WCFC had zero Eliminating Alcohol Sales to Youth (EASY) compliance checks during FY17. In FY16, Wasatch County had 13 checks.

**This issue has been resolved.** In FY18, WCFC had 16 EASY compliance checks and no sales to minors. This is a compliance rate of 100%, which meets Division Directives.

### **Findings for Fiscal Year 2019 Audit**

#### **FY19 Major Non-compliance Issues:**

None

#### **FY19 Significant Non-compliance Issues:**

None

#### **FY19 Minor Non-compliance Issues:**

None

#### **FY19 Deficiencies:**

None

#### **FY19 Recommendations:**

- 1) *Latino Coalition:* WCFC reports that the Latino Coalition fell apart in their County since the individual running this coalition did not speak Spanish. However, WCFC has started the process of building this coalition with the help of the clinic's Spanish speaking FRF, Yuri Jensen. Also, Colleen Oshier has been instrumental in training Yuri Jensen making her a significant co-contributor to the re-establishment of the coalition. It is recommended that WCFC continue to work with their Prevention Regional Director and key stakeholders to rebuild the Latino Coalition.
- 2) *Grant Requirements:* WCFC has several questions regarding the requirements for the prevention grants that have recently been released: Strategic Prevention Framework (SPF) and State Opioid Response Grant (SOR). At the Site Visit, it was shared that the Grant

Funding Opportunity Announcement (FOA) has information regarding the requirements as well as DSAMH. It is recommended that WCFC work with their Prevention Regional Director and DSAMH to receive guidance and direction on the SPF and SOR grants.

- 3) *EASY and SYNAR Compliance Checks:* WCFC would like more information on making the EASY and SYNAR Compliance Checks more successful. Since these checks are completed by the Department of Health and Police Department, the Local Authorities do not have control over these checks, but receive a finding in their Annual Site Visit Report if they are not done. It is recommended that WCFC work with their Prevention Regional Director and DSAMH to receive guidance and direction on how to make the EASY and SYNAR Compliance Checks more successful.

**FY19 Division Comments:**

- 1) *Evidence-based Practice:* WCFC is providing a wide variety of evidence-based programs and practices for their community. Prime for Life and Parenting with Love and Logic are offered in English and Spanish. Prime for Life is taught to all sophomores at Wasatch High School and at North Campus Alternative High School for approximately 500 students a year. Mental Health First Aid is taught three times a year and Question, Persuade and Refer (QPR) for suicide prevention is taught throughout the year. WCFC's Prevention Specialist is teaching the life skills course "Why Try," for individuals from Peer Court and at the North Campus Alternative High School. The fourteen week Strengthening Family Program is offered twice a year. WCFC has been working with the State Evidence Based Work Group and a program evaluator with Bach-Harrison to develop criteria for Equine Assisted Learning to go through the process of becoming evidence-based. WCFC's commitment to providing evidence-based services has improved outcomes for their community.
- 2) *Community Involvement in Coalitions:* WCFC has two coalitions that are thriving and well supported - The Caring Community Coalition (CCC) and Wasatch Mental Wellness Coalition (WMWC). The CCC held a half day summit last year with key leaders to review the Student Health and Risk Prevention (SHARP) Statewide Survey and other data results to decide on the focus for their community, which included (1) Mental Health (2) Marijuana and (3) Vaping / E-Cigarettes for Youth. The CCC annually sponsors the Concert in the Park / Dinner in the Park that focuses on prevention for youth. A number of community partners which included the Mayor, City and County Council members, Wasatch School Board, Police and Sheriff Department, Judge, Division of Child and Family Services, Health Department, People Health Clinic and many other participated in the Dinner in the Park, which served approximately 550 people. Wasatch County residents continue to express an interest in getting involved in coalition efforts, which is making a positive difference in their community.
- 3) *Opioid Prevention Media Campaign:* WCFC collaborated with a number of partners with a Prescription Drug Grant to launch a successful opioid prevention media campaign, including Intermountain Health Care (IHC) and Wasatch Mental Health. R&R Partners helped design the media campaign, which included banners, posters and information regarding opioids that were on display at the Event Center during rodeos, the County Fair and Demolition Derby.

These messages were also placed on exam room doors in doctor's offices, the hospital, library and billboards. Ice packs with a message were distributed through health care providers, at health fairs and the Concert in the Park. The grant also provided the funds to purchase a drop off box and prescription bags for four local pharmacies in town. This campaign helped raise awareness regarding opioid misuse and effective measures to prevent misuse and promote long term recovery.

## **Substance Use Disorders Treatment**

Becky King, LCSW, Program Administrator, conducted the review of Wasatch County Family Clinic on February 12th, 2019, 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 and clinical records. 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 Wasatch County staff. Treatment schedules, policies, and other documentation were viewed. The Utah Substance Abuse Treatment Outcomes Measures Scorecard results were reviewed with Wasatch County staff. Client satisfaction was measured by reviewing records, Consumer Satisfaction Survey data and results from client interviews. Finally, additional data was reviewed for Opiate Use and treatment access in Wasatch County.

### **Follow-up from Fiscal Year 2018 Audit**

No findings were issued in FY18.

### **Findings for Fiscal Year 2019 Audit:**

#### **FY19 Major Non-compliance Issues:**

None

#### **FY19 Significant Non-compliance Issues:**

None

#### **FY19 Minor Non-compliance Issues:**

- 1) WCFC did not collect 85.7% of the criminogenic risk data for adults compelled to treatment in the criminal justice system, which does not meet Division Directives. Local Authorities cannot have more than 10% of the data unknown or not collected for criminogenic risk.

#### **Center's Response and Corrective Action Plan:**

**Action Plan:** For clients involved with law enforcement and/or the court system all therapists will collect RANDT data in the initial evaluation. RANDT data will then be passed through our secretary to the records department. The Records Department will create a tracking bit in our electronic medical record (EMR). The EMR data will then be passed to the division via our IT department. The program manager will continue to monitor to make sure the RANDT has been given and data passed on.

**Timeline for compliance:** The process has already been developed and is in action.

**Person responsible for action plan:** Chad Shubin, LMFT, Program Manager WCFC & Randy Huntington, LCSW, Division Director

- 2) The Treatment Outcomes Measures Scorecard shows that tobacco use from admission to discharge moved from 2.7% to -6.7%, which does not meeting Division Directives.

**Center’s Response and Corrective Action Plan:**

**Action Plan:** Clinicians will screen for tobacco use during initial assessments and offer cessation resources. As appropriate we will make referrals for clients to the “Way to Quit” program run by the State Health Department. In addition WCFC has posted informative signage regarding smoking cessation. The WCFC is located on a smoke free campus.

**Timeline for compliance:** Immediately

**Person responsible for action plan:** Chad Shubin, LMFT, Program Manager WCFC & Randy Huntington, LCSW, Division Director

**FY19 Deficiencies:**

None

**FY19 Recommendations:**

- 1) *WCFC Screening:* WCFC staff reported that they were unsure whether their front desk staff are asking women who call in for an appointment whether they are pregnant or not. Substance Abuse and Prevention Block Grant (SAPT) requires that Local Authorities prioritize services for pregnant women, especially pregnant women with intravenous drug use. Utah Code 17-43-201 also requires Local Authorities to admit pregnant women into services within 24 hours, which begins with the first call or contact between the pregnant women and program. It is recommended that WCFC train all staff, including intake staff on this policy to ensure that pregnant women are receiving priority admission to services.
- 2) *Treatment Episode Data Set (TED’s) Entry:* There continues to be a concern that there is not accurate TED’s data entered into the charts for statewide tracking. The TED’s report indicates that there were no clients on Medication Assisted Treatment (MAT) in the past year; however, staff reported at the site visit that there were three clients on MAT in Drug Court. It is recommended that WCFC seek guidance from the DSAMH Data Team regarding what is required for the submission of MAT data in the TED’s system.

**FY19 Division Comments:**

- 1) *Medication Assisted Treatment (MAT):* WCFC has provided training on MAT for their staff and the community, which has reduced the stigma on MAT. Their Nurse also provided three Naloxone Trainings in the last six to eight months, which has increased the community’s knowledge regarding the importance of MAT. WCFC continues to improve access to MAT through partnerships with Opioid Treatment Providers and Physicians who prescribe Suboxone in their community.

- 2) *Data Driven Treatment:* WCFC uses clinical data and performance indicators to improve program services and client outcomes. The managers send a regular data report to the Director regarding treatment outcomes, which is shared with the County Commissioner every month. In fact, the Wasatch County Commissioner is the most well informed in the state on behavioral health services. WCFC is using the Outcomes Measure (OQ) for program evaluation and client outcomes. It is also used for discussion in individual therapy and group sessions to assist clients in monitoring progress on their goals. WCFC has been tracking Civil Commitments very carefully and data dating back to the late 1980's to see how much Medicaid capitation has saved their organization. Through this evaluation, WCFC has noticed a trend that the cost per client has declined over the years. In addition WCFC has developed a tool to predict utilization of services to classify clients as a short term, intermediate or ongoing user of treatment services. Through the use of data evaluation and performance indicators, WCFC has been able to improve program services, predict cost utilization and improve client outcomes.
  
- 3) *Community Partnerships and Program Reputation:* Six years ago, Heber Valley Counseling (HVC), which was renamed Wasatch County Family Clinic when Wasatch Mental Health took over, had several issues with the services they were providing to the community. As a result, HVC developed a bad reputation with the community. When Wasatch Mental Health took over HVC, the new management started working on improving relationships with key stakeholders through ongoing communication, meetings and events. They also improved services by hiring competent management and staff who have implemented effective services over the past six years. As a result of these efforts, WCFC has improved the reputation of their program, improved relationships with key stakeholders, increased access to services and improved service outcomes.

## **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 Wasatch County Family Clinic 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 Chad Carter Date May 14, 2019  
Auditor IV

Approved by:

Kyle Larson Kyle Larson Date May 15, 2019  
Administrative Services Director

Eric Tadehara Eric Tadehara Date May 16, 2019  
Assistant Director Children's Behavioral Health

Jeremy Christensen Jeremy Christensen Date May 14, 2019  
Assistant Director Mental Health

Brent Kelsey Brent Kelsey Date May 15, 2019  
Assistant Director Substance Abuse

Doug Thomas Doug Thomas Date May 16, 2019  
Division Director

## Certificate Of Completion

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Signer Events	Signature	Timestamp
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	Signature Adoption: Pre-selected Style Using IP Address: 168.178.209.110	

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Brent Kelsey bkelsey@utah.gov Security Level: Email, Account Authentication (None)		Sent: 5/14/2019 5:03:14 PM Viewed: 5/15/2019 8:44:33 AM Signed: 5/15/2019 8:44:42 AM
	Signature Adoption: Pre-selected Style Using IP Address: 168.178.209.149	

**Electronic Record and Signature Disclosure:**  
Accepted: 5/15/2019 8:44:33 AM  
ID: 4df87281-ac51-4952-880f-1d93f2ef5298

Eric Tadehara erictadehara@utah.gov Security Level: Email, Account Authentication (None)		Sent: 5/14/2019 5:03:15 PM Viewed: 5/16/2019 8:50:52 AM Signed: 5/16/2019 8:51:03 AM
	Signature Adoption: Pre-selected Style Using IP Address: 174.208.27.219 Signed using mobile	

**Electronic Record and Signature Disclosure:**  
Accepted: 5/16/2019 8:50:52 AM  
ID: c7d6888b-0d8d-4ab0-b471-bd5b5ae29710

Jeremy Christensen Jeremy@Utah.gov Security Level: Email, Account Authentication (None)		Sent: 5/14/2019 5:03:14 PM Viewed: 5/14/2019 6:16:22 PM Signed: 5/14/2019 6:16:43 PM
	Signature Adoption: Pre-selected Style Using IP Address: 174.52.61.16	

**Electronic Record and Signature Disclosure:**  
Accepted: 5/14/2019 6:16:22 PM  
ID: 2032e933-247d-4d65-b575-d30ffe55d930

Signer Events	Signature	Timestamp
Kyle Larson kblarson@utah.gov Administrative Services Director DSAMH Security Level: Email, Account Authentication (None)	  Signature Adoption: Pre-selected Style Using IP Address: 45.56.61.0	Sent: 5/14/2019 5:03:14 PM Viewed: 5/15/2019 2:09:21 PM Signed: 5/15/2019 2:09:31 PM

**Electronic Record and Signature Disclosure:**  
 Accepted: 11/2/2017 3:25:44 PM  
 ID: 0aec013e-2470-4c2f-a124-0e617981c4e8

Doug Thomas dothomas@utah.gov Director Security Level: Email, Account Authentication (None)	  Signature Adoption: Pre-selected Style Using IP Address: 166.70.188.1	Sent: 5/16/2019 8:51:04 AM Viewed: 5/16/2019 9:08:44 AM Signed: 5/16/2019 9:08:51 AM
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**Electronic Record and Signature Disclosure:**  
 Accepted: 8/21/2017 12:22:51 PM  
 ID: d9991105-4e0a-46bf-a7ac-3e6ad7a79bdd

In Person Signer Events	Signature	Timestamp
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Editor Delivery Events	Status	Timestamp
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Agent Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Juergen Korbanka korbanka@wasatch.org CEO Security Level: Email, Account Authentication (None)	<div style="border: 2px solid blue; padding: 5px; text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">COPIED</div>	Sent: 5/16/2019 9:08:53 AM
<b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign		

Mike Davis mdavis@co.wasatch.ut.us Wasatch County Manager Security Level: Email, Account Authentication (None)	<div style="border: 2px solid blue; padding: 5px; text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">COPIED</div>	Sent: 5/16/2019 9:08:54 AM
<b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign		

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	5/16/2019 9:08:54 AM
Certified Delivered	Security Checked	5/16/2019 9:08:54 AM
Signing Complete	Security Checked	5/16/2019 9:08:54 AM
Completed	Security Checked	5/16/2019 9:08:54 AM

**Payment Events**

**Status**

**Timestamps**

**Electronic Record and Signature Disclosure**

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Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	Allow per session cookies

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