April 25, 2019

Commissioner William C. Lee
100 East Center #2300
Provo, UT 84606

Dear Commissioner Lee:

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

The center has many strengths; however, this report by its nature focuses on the exceptions and areas in need of improvement. 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: Tanner Ainge, Utah County Commissioner
    Nathan Ivie, Utah County Commissioner
    Juergen Korbanka, Director, Wasatch Mental Health
Site Monitoring Report of

Utah County Mental Health Services
Wasatch Mental Health

Local Authority Contract #160049

Review Date: January 15th, 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 Utah County Mental Health Services – Wasatch Mental Health (also referred to in this report as WMH or the Center) on January 15, 2019. The focus of the review was on governance and oversight, fiscal management, pediatric and adult mental health services, and general operations.

The nature of this examination was to evaluate the Center’s compliance with: State policies and procedures incorporated through the contracting process; State mandated mental health services; and Preferred Practice Guidelines. During the examination, the review teams evaluated: the reliability and integrity of the Center’s data and its compliance with established programmatic and operational objectives. Additionally, the review included an examination, through sampling, of the Center’s efficient and appropriate use of financial resources.

Any program or operational inadequacies are identified in this report as non-compliance issues. The chart on the following page provides a quick reference to locate any non-compliance issues identified by the monitoring team. A detailed description of the issues can be found in the body of this report.
## Summary of Findings

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Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review of the Local Authority, Wasatch Mental Health (WMH). The Governance and Fiscal Oversight section of the review was conducted on January 16th, 2019 by Chad Carter, Auditor IV.

The site visit was conducted at WMH as the Local Mental Health Authority for Utah County. 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. Board minutes were reviewed and discussions were conducted to determine if an appropriate level of involvement and financial oversight was provided.

As part of the site visit, WMH provided backup to support their costs and billed amounts, using rates taken from their Medicaid Cost Report. 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. Random samples were taken from the backup provided to verify that the listed services qualified for each different service category.

As the Local Authority, WMH received a single audit as required. The CPA firm Kimball & Roberts completed the audit for the year ending June 30, 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:
None

**FY19 Deficiencies:**
None

**FY19 Recommendations:**
None

**FY19 Division Comments:**
1) WMH was found to be in compliance in all areas tested for the monitoring visit.

2) As a subrecipient of Federal funds, WMH is required to be in compliance with Federal regulations. It was discussed that starting next year, DSAMH would check to ensure the Local Authority’s written procurement and federal awards policies meet Federal guidelines. DSAMH also discussed some additional requirements for subcontractor monitoring. WMH was very responsive and willing to be in compliance. We appreciate the relationship we have with WMH and their willingness to work with the Division.
**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 adults, youth, and children of Utah.
Child, Youth and Family Mental Health

The Division of Substance Abuse and Mental Health Children, Youth, & Families team conducted its annual monitoring review at Wasatch Mental Health on January 15th, 2019. The monitoring team consisted of Mindy Leonard, Program Manager and Brenda Chabot 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 and a focus group. During the visit, the monitoring team reviewed the FY18 audit; 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

FY19 Deficiencies:
None

FY19 Recommendations:
None

FY19 Division Comments:
1) Family Resource Facilitation: WMH provides High Fidelity Wraparound as defined by the Utah Family Coalition (UFC). WMH continues to support Family Resource Facilitators (FRF) and the services they provide. At WMH, the FRFs are an integral part of the service delivery system, and the services they provide are valued by families and WMH. WMH has five FRFs who are Certified Family Peer Support Specialists and trained to provide High Fidelity Wraparound. Parents reported “We are so appreciative of everything. Everyone
from administration, secretaries, nurses, therapist, and prescribers are the absolute best and we love coming here.”

2) **Community Collaboration:** WMH has taken a key role in collaborating with community partners through the local Citizens’ Advisory Board. This board meets monthly to discuss mental health needs and events in the community. WMH continues to connect with community partners to meet the needs of their clients. WMH also meets with law enforcement each month to staff clients in transition or who may need additional services. This staffing includes homeless resources, food banks, and the Division of Services for People with Disabilities (DSPD).
Adult Mental Health

The Adult Mental Health team conducted its annual monitoring review of Wasatch Mental Health on January 15th, 2019. The team included Mindy Leonard, Adult Mental Health Program Manager. The review included the following areas: Discussions with clinical supervisors and management teams, record reviews, site visits to administrative offices, Prevention and Recovery from First Episode Psychosis (PREP) team meeting, Citizens Advisory Board and community partner sites. 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

FY18 Deficiencies:

1) Documentation: During the chart review process, six out of nine charts reviewed lacked measurable goals and objectives. This deficiency was also reflected in many of the WMH peer chart reviews. Recent peer chart reviews do demonstrate follow-up with the therapist to improve and strengthen goals. Measurable goals create structure and track-ability into an individual treatment plan goals and objectives. Division Directives state that the objectives should be “behavioral changes that are measurable, short term, and tied to the goals.” One method for creating measurable goals is the S.M.A.R.T method, Specific, Measurable, Attainable, Relevant and Timely. The DSAMH recommends ongoing education and support to service providers with an emphasis on creating measurable and attainable goals. When goals are clear and measurable, it is easier for the client and therapist to evaluate progress toward recovery. This issue was addressed in the prior year as a recommendation under Adult Mental Health.

This issue has been resolved. During the chart review, there was a noted improvement in documentation, specifically related to measurable goals and objectives. Only one of the ten charts this year lacked measurable goals.

Findings for Fiscal Year 2019 Audit

FY19 Significant Non-compliance Issues: None

FY19 Major Non-compliance Issues: None

FY19 Minor Non-compliance Issues: None

FY19 Deficiencies:
None

FY19 Recommendations:
None

FY19 Division Comments:
1) **Support Services:** Review of the FY18 Scorecard indicates that the number of Peer Support (PS) and Psychosocial Rehabilitation (PSR) services provided by WMH are significantly lower than the urban average (PS-2.3%, urban average-7.4%; PSR-5.2%, urban average-10.6%). However, WMH also has the highest percentage of Case Management services and lowest rate of Residential care across the urban Local Authorities. WMH is encouraged to continue to look for opportunities to provide support services to individuals who would benefit.

2) **Consumer Satisfaction Questionnaires:** WMH is the only Local MH Authority to meet or exceed the National Average for Mental Health Statistics Improvement Program (MHSIP; except Wellness) for all measures for Adult Mental Health.

3) **Community Collaboration:** WMH has taken a key role in collaborating with community partners. WMH attends staffing with local community partners and takes a lead role in offering services to individuals who need housing, food, mental health and health care. Law enforcement is also a part of this staffing and has constant communication with the Local Mental Health Authorities regarding services that are needed in the community. Many of these agencies are participating in the Point in Time census.
Section Two: Report Information
Background

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

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

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

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

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

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

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

A **deficiency** results when the contractor is not in full compliance, but the deficiency discovered is not severe enough to require a formal action plan. However, the monitoring team may request action to fix the problem by a given date.
A **recommendation** occurs when the contractor is in compliance. The Division is simply making a best practice or technical suggestion. The contractor is encouraged to implement the suggestion but not required.

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

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

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

The Division of Substance Abuse and Mental Health

Prepared by:

Chad Carter  ________________  Date  April 25, 2019
Auditor IV

Approved by:

Kyle Larson  ________________  Date  April 25, 2019
Administrative Services Director

Jeremy Christensen  ________________  Date  April 25, 2019
Assistant Director Mental Health

Eric Tadehara  ________________  Date  April 26, 2019
Assistant Director Children’s Behavioral Health

Doug Thomas  ________________  Date  April 26, 2019
Division Director
Certificate Of Completion

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kblarson@utah.gov
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Kyle Larson
kblarson@utah.gov
Administrative Services Director
DSAMH
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