

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



Site Monitoring Report of

Salt Lake County Division of Behavioral Health Services

Local Authority Contracts #130044 and #130043

Review Dates: December 10th and 11th, 2013

For Official Use Only

Table of Contents

Section One: Report Information	3
Background	4
Non-Compliance Issues, Action Plans and Timelines	5
Section Two: Site Monitoring Report	7
Executive Summary	8
Summary of Findings	9
Governance and Fiscal Oversight	10
Mental Health Mandated Services	11
Child, Youth and Family Mental Health.....	12
Adult Mental Health.....	23
Substance Abuse Prevention	38
Substance Abuse Treatment.....	40
Signature Page.....	44

Section One: Report Information

Background

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

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

In accordance with these and other instructions, the Division of Substance Abuse and Mental Health (also referred to in this report as DSAMH or the Division) conducted its annual program audit and review of the Salt Lake County Division of Behavioral Health Services (also referred to in this report as SLCo or the County).

Non-Compliance Issues, Action Plans and Timelines

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

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

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

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

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

A **deficiency** results when the contractor is not in full compliance, but the deficiency discovered is not severe enough to require a formal action plan. However, the monitoring team may request action to fix the problem by a given date.

A **recommendation** occurs when the contractor is in compliance. The Division is simply making a best practice or technical suggestion. The contractor is encouraged to implement the suggestion but not required.

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

Section Two: Site Monitoring Report

Executive Summary

In accordance with Utah Code Section 62A-15-103, the Division of Substance Abuse and Mental Health conducted a review of Salt Lake County Division of Behavioral Health Services on December 10th & 11th, 2013. 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 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 County's data and its compliance with established programmatic and operational objectives. Additionally, the review included an examination, through sampling, of the County's efficient and appropriate use of financial resources.

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

Summary of Findings

Programs Reviewed	Level of Non-Compliance Issues	Number of Findings	Page(s)
<i>Governance and Oversight</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None None	
<i>Child, Youth & Family Mental Health</i>	Major Non-Compliance	None	
	Significant Non-Compliance	1	13 - 16
	Minor Non-Compliance	4	16 - 21
<i>Adult Mental Health</i>	Major Non-Compliance	None	
	Significant Non-Compliance	2	25 - 33
	Minor Non-Compliance	None	
<i>Substance Abuse Prevention</i>	Major Non-Compliance	None	
	Significant Non-Compliance	None	
	Minor Non-Compliance	2	38 - 39
<i>Substance Abuse Treatment</i>	Major Non-Compliance	None	
	Significant Non-Compliance	1	41
	Minor Non-Compliance	2	41 - 42

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health conducted its annual monitoring review at Salt Lake County Division of Behavioral Health Services (SLCo) on December 10th and 11th, 2013. The governance and oversight section of the review was conducted by Chad Carter, Auditor IV. Overall cost per client data was analyzed and compared to the statewide Local Authority average, Salt Lake County was found to be within the client cost standards provided in the DSAMH Division Directives. Personnel and subcontractor files were examined for compliance with state licensing laws and adherence to contractual requirements, as well as the Local Authority's own policy. Detailed service, operating and travel expenditures were examined for proper approval and supporting documentation for the months of March and April of 2013. All selected expenditures were found to be properly approved and were supported with adequate documentation.

The CPA firm Squire & Company completed an independent financial statement audit of Salt Lake County for the year ending December 31, 2012 and issued a report dated June 20, 2013. The auditors' opinion was unqualified and no deficiencies were identified during the audit of the financial statements.

Follow-up from Fiscal Year 2013 Audit:

No findings were issued in FY13.

Findings for Fiscal Year 2014 Audit:

FY14 Major Non-compliance Issues:

None

FY14 Significant Non-compliance Issues:

None

FY14 Minor Non-compliance Issues:

None

FY14 Deficiencies:

None

FY14 Recommendations:

None

FY14 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 Salt Lake County December 10th and 11th, 2013. The monitoring team consisted of Dinah Weldon, Program Administrator; Eric Tadehara, Program Manager; and Lis Rosen, National Alliance on Mental Illness Utah (NAMI Utah). The review included the following areas: record reviews; discussions with clinical supervisors and management; case staff, program visits, feedback from families through questionnaires and a discussion group. During the discussions, the monitoring team reviewed FY13 audit findings and County responses; statistics, including the Mental Health Scorecard; Area Plans; Youth Outcome Questionnaires; family involvement; Family Resource Facilitation (Peer Support); Wraparound to fidelity; Multi-Agency Coordinating Committee; school-based behavioral health; Early Intervention Building Block programs; civil commitment; compliance with Division Directives and the Center's provision of the ten mandated services as required by Utah Code 17-43-301.

From our review, Salt Lake County is compliant with seven of the nine mandated services that apply to children and youth and are not compliant with two of the mandated services (Psychotropic Medication Management and Residential Care).

Follow-up from Fiscal Year 2013 Audit

FY13 Significant Non-compliance Issues:

- 1) Coordination of care is lacking for children and youth transitioning between levels of care (e.g. inpatient, residential, intensive day treatment, outpatient), between service locations and/or between provider agencies.

This finding has not been resolved and is continued in FY14; see Significant Non-compliance Issue #1.

FY13 Minor Non-compliance Issues:

- 1) Access to community based services has decreased for children and youth in Salt Lake County. Overall, the number of children and youth receiving services through Salt Lake County has decreased. There was a significant drop in the number of children and youth accessing specific types of services. These services are: medication management, targeted case management, in-home services and residential care.

Due to the progress that has been made, the overall access to community based services finding has been resolved, however, some individual services previously noted within this comprehensive finding will continue in the FY14 report. They are: medication management (see Minor Non-compliance Issue #1) and residential care (see Minor Non-compliance Issue #2).

- 2) Data reported to the Division of Substance Abuse and Mental Health regarding emergency services is incomplete. Although emergency services are being provided, they are not being fully reported to the Substance Abuse and Mental Health Information System (SAMHIS).

This finding has not been resolved and is continued in FY14; see Minor Non-compliance Issue #3.

Findings for Fiscal Year 2014 Audit

FY14 Major Non-compliance Issues:

None

FY14 Significant Non-compliance Issues:

- 1) Coordination of care is lacking for children and youth transitioning between levels of care (e.g. inpatient, residential, intensive day treatment, outpatient), between service locations and/or between provider agencies. This finding is continued from the previous year. Salt Lake County has chosen to deliver services using a network of providers. The network model is intended to expand clinical options; however, it creates challenges for coordination of care and consistent case note documentation.

In the chart review, evidence of communication or coordinated treatment efforts between treatment providers was not observed (even with the County's policy and release form in place). One exception to this was the initial transfer of one provider's (Valley Behavioral Health) respite clients. There was also no evidence of standardized tools or methods for sharing assessments, recovery plans, crisis and safety plans, or progress notes between providers being used for common clients.

Center's Response and Corrective Action Plan:

From Salt Lake County / Optum's review, Salt Lake County is compliant with all nine of the mandated services that apply to children and youth, including compliance with Psychotropic Medication Management and Residential Care.

The county employees responsible for this corrective action plan will be Brian Currie and Tim Whalen.

Salt Lake County would like to request for future audits that the SDSAMH provide the audit tool they will be using prior to their visit. A major issue evidenced by the language in the first draft of this audit report was that SDSAMH sees Salt Lake County through the paradigm of a Community Mental Health Center Provider (CMHC). We understand this view to be inaccurate and we believe at times this leads to findings that are incongruent with our model. We are an LA/MCO administered Network of Service Providers. It is the same model Salt Lake County has always run on the SUD side and the SUD standardized audit tool seems appropriate to audit that service delivery model. We would encourage the SDSAMH to research other states that have

similar county systems and develop an audit approach and tool that better reflects an understanding of our model. We thank the leadership of the SDSAMH for meeting with us and allowing us to give feedback addressing our concerns with the initial language of the report.

To improve Coordination of Care efforts, the following have been identified as areas of opportunity. Steps have also been established to accomplish the goal of improved coordination across the Provider Network as well as other agencies Salt Lake County and Optum routinely interface with:

1. Discharges from Utah State Hospital:

- By 03/31/2014, Optum will increase coordination services within the Utah State Hospital by identifying and then attending additional meetings throughout the year that have the focus of discharge planning.
- By 04/15/2014, implementation of protocol for enhanced and ongoing contacts between Optum Discharge planner and agencies/patients discharging from Utah State Hospital.
- By 03/31/2014, determining if there is an opportunity to place a full-time dedicated FTE at the Utah State Hospital. Job task focus would be on increased daily interface with USH patients and staff when planning for discharge and increased face-to-face coordination with community partners within Salt Lake County when a patient is discharged.

2. Education:

- By 04/10/2014, determining increased opportunities for billing of Case Management services by Network Providers as per Medicaid regulations.
- By 04/20/2014, providing education to Network Providers regarding the above mentioned opportunities.
- By 04/20/2014, educating Network Providers about documentation expectations to identify coordination of care.
- By 04/20/2014, educating Network Providers about the expectations for turnaround times of sharing information when Releases of Information have been submitted.

3. Audit Tool:

- By 03/31/2014, reviewing Optum Audit Tool to identify increased opportunities to improve identification of Coordination of Care efforts.
- By 04/15/2014, implementing any additional areas of focus regarding coordination of care efforts within the audit tool.
- Ongoing, utilizing the updated Audit Tool in ongoing provider audits.

4. High Level Staffing:

- By 04/15/2014, identify and invite agency/system participants to an Optum high level staffing of clients determined to be in need of an extensive review and ongoing efforts to coordinate care and engage community partnership when addressing client issues.
- By 05/01/2014, hold the first high level staffing.

Coordination of care:

Coordination of care is one of the priority principles for Optum Care Advocate Team. The Care Advocate team has implemented and has adopted communications workflows to manage appropriate higher levels of care. Timely coordination between providers in different facilities and/or at different levels of care provide consumer with services at the right time, in the right place and with services that are needed. The Coordination of Care effort keep communications open and facilitates a less restrictive level of care focusing on shorter lengths of stay when care is as consistent and continuous as possible.

The Care Advocates have Clinical Guideline “templates” that they use in conducting all of their utilization management. These templates have required clinical documentation fields that must be gathered and are required for approval and authorization for IP Medicaid consumer services. Each of these templates, Pre-Authorization, Concurrent and Discharge, have prompts to gather and document the coordination of care initiatives. If a consumer’s current provider has difficulty in accessing services or other providers in our system, the Care Advocates will facilitate the communication and will intervene in making the connections seamless. Documentation for the Optum Care Advocate Team is held in the notes and documentation section of the Clinical Authorization Avatar system.

Starting with the Optum Network Training in April 2014 the issue of “Coordination of Care” will again be discussed with our provider network as part of their “documentation training.” It has been noted by the Care Advocates many of our private providers are under the impression that they must have a “release of information” from their client in order to talk to inpatient facilities. This misperceptions for an ROI will again be reviewed and an emphasis placed on coordination of care expectations for our Medicaid consumers during the training.

The Optum audit tool for monitoring provider documentation is currently in use. It includes eight (8) different questions related to coordination of care. The auditing team is reviewing documentation to determine the outcome of those items.

The audit tool is currently in use. The draft of the tool was submitted to the County for their final approval and was adopted.

Coordination of communications has increased with the primary ACO- Select Health. All Substance Use Disorder inpatient Detox discharges are coordinated between the

physical health plan – Select Health and Optum. Consumers are stepped down into the Salt Lake County Network Model for SUD services.

Increased coordination of care has increased with the daily reporting to Salt Lake County and Valley Behavioral Health on all Inpatient clients in the hospital. A daily census is communicated to facilitate discharge planning on admission and VBH AOT engagement.

FY14 Minor Non-compliance Issues:

- 1) Provision of medication management has decreased for children and youth in Salt Lake County. This finding is continued from FY13.

From FY11 to FY13, the number of children and youth receiving medication management has decreased 23.04%.

Reduction in Services between 2011 and 2013 by Service Type

	2011*	2012*	2013*	Total Number Decrease	Total Percentage Decrease
Medication Management	1,688	1,351	1,299	389	23.04%

* *Published Children’s Mental Health Scorecard*

Both providers and families expressed concern regarding accessing medication management. One example of the access issue came from a provider, Hopeful Beginnings. They had spent several months trying (unsuccessfully) to replace their previous prescriber. Their families had struggled to gain access to other agency's prescribers because many of those agencies would not make an appointment with their prescribers unless the client was also seeing that agency's staff for therapy.

Center’s Response and Corrective Action Plan:

Salt Lake County / Optum believe the FY 2011 data and numbers submitted are not a consistent comparison or same data set as FY 12 and FY 13. The 2011 data submitted by Valley Mental Health contained a significant number of services provided to children/youth funded directly by the State outside of Salt Lake County’s management.

Salt Lake County responsible staff will be Brian Currie, Tim Whalen and Zac Case

Though Salt Lake County understands why SDSAMH would request additional specifics and dates be added to some of our original responses, we would prefer to not “delete” any portion of our response to the SDSAMH audit as your recent email requested. It is our chance to reply to your findings.

When Salt Lake County is found by SDSAMH to be out of compliance, we request that the State Division provide the applicable section of our contract or Division Directive(s) or other generally accepted standards. Throughout this report the SDSAMH fails to reference/cite the rule or

regulation we failed to comply with? Decreases in a specific service like medication management year over year can result from multiple variables and though we agree that a material difference warrants an explanation, a corrective action where there is no specific standard as to what the right number may not be warranted. Salt Lake County/Optum believe our response is fair and accurate as to why we have seen a decrease and we have described our ongoing efforts to provide appropriate service levels.

With regards to a comparison of FY2012 and FY2013, the numbers have dropped very little. From FY2011 to FY2012, there remain outstanding questions regarding what has impacted these numbers. For example: How many children were transitioned from a Psychiatrist to a Primary Care for their services? Any differences regarding how the data is captured and what is accepted by the State of Utah during submission?

Ongoing efforts, throughout SFY14, remain to expand the number of prescribers available within the Provider Network. These include outreaches by Optum Network Director to develop additional partnerships with agencies providing medication management services to youth, close monitoring of the credentialing process by Optum and consideration for the development of specialized agreements during the credentialing process.

By July 1st of 2014 Salt Lake County/Optum will negotiate with a network provider for a medication management only contract as an adjunct support for network providers who do not have access to prescriber resources.

By July 1st of 2014 Salt Lake County/Optum will survey all contract providers in their network for availability of prescriber resources. Salt Lake County/Optum will look to develop additional access opportunities for our consumers.

- 2) Provision of residential services has significantly decreased for children and youth in Salt Lake County. This finding is continued from FY12 and FY13.

From FY11 to FY13, the number of children and youth receiving residential care has decreased 84.62%.

Reduction in Services between FY11 and FY13 by Service Type:

	FY11*	FY12*	FY13*	Total Number Decrease	Total Percentage Decrease
Residential Care	65	51	10	55	84.62%

* Published Children's Mental Health Scorecard

Salt Lake County has been unable to negotiate single case agreements for residential treatment in a timely fashion. Provision of residential services for children, female adolescents, or for males adolescents with major mental illness (but limited substance abuse issues) are to be obtained through single case agreements. Reasons for the difficulty obtaining single case agreements noted by Salt Lake County include: differences in billing procedures, rate agreements, therapeutic fit and availability, but the issue of obtaining these agreements for needed services remains.

Generally a reduction in residential would be seen as a positive finding. However, the Department of Human Services and the Division of Substance Abuse and Mental Health (DSAMH) have been subpoenaed twice in Third District Juvenile Court during the last six months because of the concerns regarding access to appropriate mental health levels of care for adolescents with mental health diagnoses in Salt Lake County. In both cases prior to the court issuing the subpoena to the State, efforts had been made locally to work directly with the County/OptumHealth to access appropriate services and the Court still felt it necessary to issue the subpoena after local efforts ended.

Center's Response and Corrective Action Plan:

Responsible County staff for this finding: Tim Whalen, Brian Currie, Pat Fleming.

Again, Salt Lake County requests that the SDSAMH provide a specific reference to what section of the contract or Division Directives we are out of compliance with. Specifically regarding Single Case Agreements, where does the SDSAMH define "timely access"? It is our belief that Single Case Agreements are perfectly reasonable as long as they meet our required timely access standard. Salt Lake County/Optum has aggressively pursued timely accurate assessments to support appropriate level of care for our residents. Medicaid has timely access standards and we have never been found to be out of compliance. But, their standard is defined in our Medicaid contract; we need your standard defined to help us be in "compliance". Only evidence provided of "non-compliance" is two anecdotal cases. We provided detailed response on those specific cases in our response.

During the past 2 years, there has been a significant increase in the variety of services available to youth and their families within Salt Lake County. The goal of these services is to expand opportunities to provide services within the home to aid in prevention of an out of home placement. Evidence suggests improved outcomes if the youth is able to stay with his/her family. Please see attached report from NAMI.

Salt Lake County and Optum are actively involved in these ongoing efforts that include the following:

- Increased expansion of the availability of Family Resource Facilitators (FRF) over the last two years. In July of 2011, there was one FRF and currently there are 8 placed with 5 agencies throughout Salt Lake County.
- Hopeful Beginnings; This community partner has rapidly developed into one of the premiere agencies within Salt Lake County when providing in-home, community based services, and respite services to youth and their families. Hopeful Beginnings has expanded rather significantly over the last 8 months to meet the needs of the community. They have maintained a close partnership with Optum and are continually attempting to identify other needs and opportunities for improved services for Salt Lake County.

- MCOT: The implementation of the use of a Mobile Crisis Outreach Team for children and their families has had a rather dramatic effect on the need for higher levels of care. Through the use of a MCOT, a multi-disciplinary team, families and the community as a whole have real assistance in addressing a crisis in the moment, thus helping to reduce an out-of-home placement and aiding in keeping youth in their homes and communities. Please see attached document for outcomes of the use of MCOT.
- FAST Program: The use of the FAST Program (Family Access to Stabilization and Treatment) was started in January 2013. This program has shown success at helping youth stay in their homes and their communities while also receiving more intensive services. Service options include individual and family therapy, case management, coordination with additional mental health services, substance abuse evaluations and short-term out-of-home stays at DYS. Please see attached document for outcomes with the use of the FAST Program.

During the past year, 5401 youth have received Mental Health Services across a variety of agencies within Salt Lake County. We understand that every single youth in need of services should be able to access quality services focusing on their success. With regards to higher levels of care, Optum intends to continue to support the expansion of the Network in providing alternative services that will aid in the prevention of an out-of-home placement. Regarding the two cases in which DSAMH was subpoenaed for court, the first one's family had recently moved here from California. Mother had changed jobs and as a result, lost her insurance. So previously he had been a private insurance client and then became unfunded. However, neither Salt Lake County nor Optum had knowledge of him previous to his court involvement and DCFS notifying Optum of the five day notice. In the second case the judge reacted immediately to what she was seeing and being told without giving Salt Lake County, Optum or even DCFS a chance to intervene prior to her court order. DCFS did contact Optum the day previous to court to ask about additional services. The recommendation that was made was to have his VBH therapist contact Optum to discuss higher level of care and/or alternative/supplementary services. This was appropriate as DCFS had only recently become involved in the case at that time and VBH could supply the necessary information to make an educated decision about medical necessity and appropriate types of care. In no case was the ability to access treatment denied outright for either of these youth.

In the event that a residential placement is warranted for stabilization, Optum is actively pursuing contracting efforts with UNI as they develop a new adolescent program as well as additional sub-acute services currently available in Utah County.

At the state contracts training held on 3/27/2014 the SDSAMH handed out a positive outcomes report from New Jersey regarding implementation of their Systems of Care (SOC). The SOC programs New Jersey implemented included expanding crisis services, increasing in home services, etc. The number one positive outcome identified was a substantial decrease in the use of residential care. In the SDSAMH original draft report our decrease in residential care was reported as a negative outcome. Only after meeting with the SDSAMH leadership was it

modified to reflect that the reduction in residential placement is a desired outcome. As identified above, Salt Lake County/Optum have implemented new evidence based services very similar to what New Jersey implemented. These programs which are supported with outcome data are greatly reducing the need for residential care. The SDSAMH cites two cases in a year, in a system of over 105,000 covered lives, as justification for needing more residential care. We respectfully do not agree and believe our response regarding the details of these cases gives strong evidence to refute this conclusion. We believe this conclusion to be incongruent with SOC philosophy. Salt Lake County will continue to promote keeping kids in their community whenever possible as determined by licensed clinicians using defined criteria for level of care placement. In our conversation last year with the Department of Justice investigators they were highly supportive of this approach.

- 3) Data reported to the Division of Substance Abuse and Mental Health regarding emergency services is incomplete. Although emergency services are being provided, they are not being fully reported to Substance Abuse and Mental Health Information System (SAMHIS). For FY13, only three children and youth were reported to SAMHIS to have received emergency services. Also, it is likely that school-based services were underreported. School-based services were in existence prior to the Mental Health Early Intervention funding, however, only 97 youth were reported for school-based services, with 94 youth receiving services through the Mental Health Early Intervention funding.

Center’s Response and Corrective Action Plan:

Responsible county staff: Brian Currie, Cory Westergard, Tim Whalen

Salt Lake County provides a full continuum of crisis services. Many of these services do not lend themselves to meeting the SDSAMH SAMHIS data set. Attached is aggregate data for FY13 and a sample of the aggregate data for FY14. Moving forward Salt Lake County will work with Optum, our providers and the SDSAMH to hopefully come to a compromise on a data set that allows the state to show the services that are being provided, but does not hinder the crisis workers from performing their duties.

For the 2012-13 school year, 94 unduplicated Early Intervention students and 286 Medicaid unduplicated students were served. This is according to Valley Behavioral Health (VBH) records. It is currently unknown as to the reason why State data is only showing 97. However, DBHS and VBH are researching this issue and will ensure the proper reporting for the current year.

- 4) Recovery Plans are not compliant with Division Directives. Goal(s) and objectives are not tied to measureable behavioral or cognitive changes and youth/family voice is lacking in recovery plans. The Division Directives state that “Each client must have a Person-Centered Recover Plan” with “treatment goals stated in the client’s own words” and objectives which are “behavioral changes that are measurable, short-term and tied to the goals.” One set of

charts listed only the diagnoses as the goals with objectives which were detailing an intervention the clinician would be utilizing in treatment. Another set of charts had similar issues with treatment goals being written as a list of interventions with broad objectives that were not measurable or short-term. It is important to have measurable and short-term objectives to allow the children and youth to experience success and see their progress as they work toward and accomplish their goals.

Each set of charts mentioned above showed no evidence of person-centered language in the recovery plans. The goals and objectives were written from the clinician's perspective. In using person-centered language in the goals, the child and family are able to have ownership of their treatment, which may factor in to the success they have.

These components can help in providing the best treatment for children and youth by creating a consistent format for each agency to provide treatment and develop recovery plans. By having a consistent format for each agency, it becomes easier to share recovery plans among the various service providers one child/family may utilize.

Center's Response and Corrective Action Plan:

County employee responsible for this finding will be Brian Currie and Time Whalen

Optum will provide ongoing information and training regarding the development of Recovery Plans:

- By 04/20/2014, Optum will provide trainings focusing on the development of Person Centered Plans.
- By 04/20/2014, Optum will inform Providers of the available tools focusing on development of Person Centered Plans.

By 04/20/2014, Optum will include members of the Recovery and Resiliency Team in Provider Trainings to focus on the importance to partnering with clients and encouraging accountability for a client's participation in their own treatment.

FY14 Deficiencies:

None

FY14 Recommendations:

- 1) It is recommended that Salt Lake County and its subcontractors use updated forms for civil commitment of children found on the Division of Substance Abuse and Mental Health's website at the following link: <http://dsamh.utah.gov/provider-information/civil-commitment/>.

FY14 Division Comments:

- 1) *Youth Services and FAST*: In the network model Salt Lake County Division of Youth Services (DYS) is also a Medicaid provider. Salt Lake County and OptumHealth started the

Family Assessment and Stabilization Team (FAST). FAST provides intensive support services to families when their children are at risk of being hospitalized, or placed in residential services. The service provides a short-term, out of home placement and utilizes collaborative efforts with hospitals, clinicians, Family Resource Facilitators (FRFs), and others.

- 2) *Wraparound*: Salt Lake County is providing Wraparound to Fidelity as defined by the Utah Family Coalition (UFC). The Strengths Needs and Cultural Discovery (SNCD) was completed and utilized in the Wraparound process. Improvement can be made on helping families recognize and utilize more informal supports in their plans.

Adult Mental Health

The Adult Mental Health monitoring team consisted of Jeremy Christensen, Program Administrator, Robert Snarr Adult Mental Health Program Manager, Michael Newman, Peer Support Recovery and Resiliency Program Manager, and LeAnne Huff Adult Mental Health Program Manager. The review included: record reviews, discussions with clinical supervisors and management teams, including Salt Lake County Division of Behavioral Health, Optum, multiple providers and community partnerships throughout the County. Site visits were conducted at the University of Utah Neuropsychiatric Institute including inpatient services, the Receiving Center, the Wellness Recovery Center (WRC), and the Crisis call center. The team also visited South Valley and North Valley Behavioral Health (VBH), Clinical Consultants, Silverado Counseling, Volunteers of America (VOA), Alliance House, Valley Plaza and Lakeview Apartments. Focus groups were conducted in a variety of settings to obtain feedback from consumers.

Salt Lake County has a unique service delivery model compared to other areas in Utah. Salt Lake County contracts with a managed care organization, Optum, who contracts with over 200 private providers. The size and complexity of this relatively new model of service delivery for Salt Lake County presents a variety of challenges and opportunities. Whereas VBH previously provided most of the mental health care service in Salt Lake County, currently it is reported that VBH provides approximately 40% of services and the other 200+ contracted providers provide 60% of services. Salt Lake County and Optum have been working diligently over the past several years to develop a system of care that can adequately provide service to those in need in an ever shifting political and health care environment.

During the site visit the team discussed and reviewed the FY13 audit findings and Salt Lake County responses; the mental health scorecard; area plan; outcome questionnaires; and the County's provision of the ten mandated services. Based on our review Salt Lake County is fully compliant with the ten mandated services.

Follow-up from Fiscal Year 2013 Audit

FY13 Significant Non-compliance Issues:

- 1) *Failure to comply with DSAMH Directive on Outcome Questionnaire (OQ) administration:* Salt Lake County Division of Behavioral Health's rate of OQ administration has been insufficient since FY11 and has resulted in a Significant non-compliance issue for FY12 and FY13. DSAMH Directive requires the OQ to be administered to at least 50% of the unduplicated clients served by each Local Mental Health Authority and the mental health score card for FY13 indicates only 33% of clients in Salt Lake County filled out the OQ.

This finding has not been resolved and is continued in FY14; see Significant Non-compliance Issue #1.

- 2) *Failure to provide adequate mandated Outpatient Services:* During the FY13 monitoring visit, the Adult Mental Health monitors found documentation concerns in assessments and care plans that could result inadequate treatment and/or care that jeopardizes the long-term well being of individual clients.

This finding has not been resolved and is continued in FY14; see Significant Non-compliance Issue #2.

- 3) *Failure to provide adequate Outplacement Support in accordance with the Division Directives:* During a site visit to ██████████ in FY13, management reported inconsistent medication management and weak planning post discharge from the Utah State Hospital, leading to a decrease in functioning, including head banging and screaming of a resident (ID # ██████████). ██████████ Management also mentioned a coercive intervention which brought concerns of abuse. Due to the extent of the needs of this client, lack of clinical support and minimal staffing standards at ██████████, safety was considered an issue for residents of ██████████. Adult Protective Services were notified and a review of these concerns was addressed and an action plan developed.

This finding has been resolved.

FY13 Minor Non-compliance Issues:

- 1) *Failure to provide services as contracted in accordance with approved Area Plan:* Salt Lake County Division of Behavioral Health submitted an Area Plan to the Division describing a 16 bed residential facility, Community Treatment Program (CTP) providing short-term multidisciplinary support and treatment for individuals in crisis with severe mental illness. Immediately after the site visit, Valley Behavioral Health suspended CTP services during contract negotiations between Valley Behavioral Health and SLCo/Optum. This violated approved area plans and left the county with a lack of residential and continuum of services for a vulnerable population. CTP reopened briefly during FY13 and reclosed with no current plans to reopen. SLCo/Optum contracted with the University of Utah Neuropsychiatric Institute and opened the Wellness Recovery Center providing residential crisis services for County residents.

This finding has been resolved.

FY13 Deficiencies:

- 1) *Deficient provision of person-centered services:* Highland Ridge Hospital which contracts with Salt Lake County/Optum as a provider was deficient in providing treatment based person-centered planning and principles of hope and recovery as required through DSAMH's contract with Salt Lake County Division of Behavioral Health. Highland Ridge did not demonstrate knowledge or commitment to ensuring a holistic approach to treatment. In reviewing charts Highland Ridge discharged a patient (██████████) to the homeless shelter with no evidence of transitional planning or coordination with outpatient providers for follow up treatment. Salt Lake County/Optum contracts to provide inpatient services currently through the University Neuropsychiatric Institute (UNI) and Pioneer Hospital for adult services.

SLCo/Optum withdrew their contract with Highland Ridge, this deficiency has been resolved.

Findings for Fiscal Year 2014 Audit

FY14 Major Non-compliance Issues:

None

FY14 Significant Non-compliance Issues:

- 1) *Failure to comply with DSAMH Directive on OQ administration:* Salt Lake County/Optum's rate of OQ administration continues to be insufficient with the FY13 mental health scorecard showing a rate of 33% and the DSAMH Directive requiring at least 50% OQ collection rate to be in compliance. OQ administration has been insufficient beginning in FY11, continuing on to FY12, FY13, and now into FY14. The DSAMH recognizes and appreciates Salt Lake County/Optum's efforts in providing trainings and information to providers on the OQ via email, and through mandatory trainings; however the rate continues to be low. In FY12 Salt Lake County/Optum reported in their action plan "we will generate a monthly report demonstrating the number of clients, number of OQ measures, and percentage collected by Clinic/Provider", and in FY13 Salt Lake County/Optum proposed an action plan of developing a monitoring audit tool to focus specifically "as to whether or not a provider is meeting the OQ/YOQ expectation as per the Utah DSAMH directive."

During the FY14 audit, Salt Lake County/Optum reported they did audit three of their providers however they did not specifically look at OQ administration and to this date are unable to determine percentage collected by Clinic/Provider. During chart reviews, it was noted that Valley Behavioral Health had implemented OQ testing (though most charts were well over one month since the last OQ test) and recording; however OQ results were not consistently addressed in treatment planning or service delivery. Chart reviews of six other Optum contracted clinics indicated a severe lack of use of OQ. Four clinics had little to no records of having administered any OQs, one clinic had monthly OQs which was admirable, though they did not address OQ in their treatment beyond the administration of the OQ. This ongoing finding from FY11, FY12 and FY13 is unresolved and continued as a significant finding in FY14.

OQ is listed in the National Registry of Evidence Based Programs and Practices in the United States and has been adopted by State of Utah Local Mental Health Authorities (LMHA) and by DSAMH. Examples of effective use of OQ results in providing medically necessary and person centered services have been significantly demonstrated in other LMHAs in Utah. Salt Lake County/Optum Leadership acknowledged that support for the OQ is best communicated and demonstrated through the leadership team and DSAMH wholeheartedly agrees with this approach.

Due to the ongoing nature of this Significant Non-compliance issue and the discovery of the pervasiveness of this issue in the Optum contract provider pool, DSAMH requests revision and increased monitoring of the Salt Lake County/Optum action plan to support the resolution of this issue. DSAMH requests quarterly reports to be submitted to DSAMH, and

an on-site semi-annual monitoring visit in regards to the updated action plan progress until this issue is resolved.

Center’s Response and Corrective Action Plan:

County responsible for this finding will be: Brian Currie and Time Whalen

In a year over year comparison of the use of the OQ, the numbers have increased as follows:

	FY2012	FY2013	%	% Change
Valid OQ Clients Served	9199	9529	28.6%	
Unduplicated Number of Participating	2633	3104	32.6%	4% Improvement

Although the percentages remain lower than desired, please note the improvement in the overall percentage. More significant, there were an additional 330 Valid OQ clients served in FY2013 and even with this increase in total numbers, the percentages of Valid OQs increased as well (471).

Even with the above-mentioned improvement, Salt Lake County and Optum remain committed to increasing our provider’s administration of the OQ but also the *clinical use* of the OQ. Because the use of the OQ was rolled out before the changes in the SLCo Behavioral Health System, only VBH has had training on the program and its use in treatment. Optum has reached out to DSAMH to request assistance with training for new providers on the OQ/YOQ, but Optum was informed that DSAMH could no longer assist with the training. We are reaching out to the creator of the OQ/YOQ, Gary Burlingame, to provide trainings for our providers so we can better comply with this directive. These trainings will take place at Optum’s expense. Salt Lake County and Utah State DSAMH will be informed as soon as the trainings are scheduled.

- 2) *Failure to provide adequate* documentation of mandated Outpatient Services that meet the Division Directives and provide continuity of care in a systematic manner: This finding is continued from FY13 where issues of documentation were found in the assessments, care plans and progress notes. Issues with coordination of care were found that could result in inadequate treatment or care that might jeopardize the well-being of individuals. Four of the VBH charts with issues reviewed in FY13 were reviewed again in FY14.

Chart # [REDACTED]: The FY13 report indicated treatment being provided with no assessment. The FY14 review had a current assessment, the Case Management Needs Assessment (CMNA) was current, SPMI (Seriously and Persistently Mentall Ill form) had not been updated since 7/3/12, Safety Plan had not been reviewed since 12/18/12 (a review date was scheduled for 6/16/13 and was not reviewed as of 12/11/13) in spite of Suicidal Ideation being noted in the chart. The life goal had been signed by the client and was current. Several of the noted concerns from FY13 had been addressed though other areas of the chart continued to demonstrate concerns with documentation and quality of care.

Chart # [REDACTED]: The FY12 report indicated substance use disorder documented but untreated or referred for service. The FY13 review indicated this client had asked for services again and no referral had been given and follow up had not occurred. The FY14 review indicated this client had set a substance abuse goal to stop using drugs. The client had not received documented Alcohol & Drug (A&D) services at the time of this review or a referral. One note did indicate that the client was “quitting on his own” and didn’t need help. His assessment was updated. Though client refused A&D service there was not clear indication of follow up on his goal to quit on his own.

Charts # [REDACTED] were both discharged near the date of the last review; they could not be reviewed for compliance with issues found in FY13.

In FY14 the Adult Monitoring team toured a number of outpatient service locations and reviewed a randomized selection of charts from Salt Lake County/Optum providers including Valley Behavioral Health, Clinical Consultants, Silverado Counseling, Sundance, Odyssey House, Volunteers of America (VOA), and Asian Association of Utah (AAU). Of the 17 charts reviewed from providers outside of Valley Behavioral Health, 11 charts did not have a treatment plan, in each of the other charts reviewed significant issues with the treatment were noted. In many of the charts there was no evidence of progress notes by a mental health professional.

Salt Lake County/Optum’s network provider Valley Behavioral Health: VBH reported that they have continued to focus on internal chart auditing to help reduce issues noted in previous years, and progress and improvement were noted in DSAMH chart reviews. VBH reports that an internal VBH team does a quarterly 8%-10% random chart audit of each VBH unit which includes 120 questions and a report is sent to each unit for follow up and further training. In addition each unit is required to do a yearly 10% peer review of their charts. VBH is commended for their internal quality control efforts in this area as it has demonstrated marked improvements from previous years in spite of significant changes in the organization.

Salt Lake County/Optum’s network provider Silverado Outpatient Charting: In the three charts reviewed there were no strengths listed and no consumer goals, only the diagnosis listed. There was no evidence of person-centered planning or recovery focus and objectives were not measureable. Also, in one chart ([REDACTED]) the treatment plan was not dated and in another chart ([REDACTED]) the Assessment Update was not completed. However, in at least one chart the OQ was used to monitor progress and a safety plan was developed.

Salt Lake County/Optu’s network provider Clinical Consultants Charting: In the three charts reviewed there were no strengths listed and in at least one chart there was no treatment plan. There was no evidence of person-centered planning or recovery focus and no short-term goals. Only long-term goals were listed and there were up to ten goals for each diagnosis and up to fifteen objectives for each goal and goals were not measureable. In two of three charts reviewed there were no interventions listed and progress notes did not relate back to the goal.

Salt Lake County/Optum's network provider Asian Association of Utah: In the three charts reviewed one chart (3670) had no treatment plan or goals, no methods listed, no OQ's, a Case Management service was provided with no CMNA, progress notes were very general with no reference to goals or treatment planning and no durations were listed in group notes. The other two charts () had unmeasurable goals, no objectives, no methods/interventions/frequency/duration listed and no OQ's. One chart () indicated 3 months between the initial evaluation and med evaluation. AAU charts showed evidence of adequate intake evaluations and frequent review of crisis/safety and trauma related issues.

Salt Lake County/Optum's network provider Volunteers of America: In the three charts reviewed (none were identified by a chart number), none had a treatment plan. Charts consisted of an intake assessment followed immediately by group attendance, then usually followed by medication management and sometimes months later by individual therapy and some case management. Nowhere in the chart was it noted why or how clients were referred for these services in any form of a treatment plan, recommended interventions, goals (besides a general group goal for that days specific group), no evidence of person-centered planning, or coordination of treatment. There was no chart evidence of use of OQ or designation of SPMI. One chart indicated delivery of a Case Management service though no CMNA was recorded. One chart listed Suicidal Ideation in the assessment, no safety plan was recorded, though a visit with an APRN indicated follow up on the Suicidal Ideation (S/I) in the progress note.

Salt Lake County/Optum's network provider Sundance: In two charts reviewed (neither was identified by a chart number), both charts were hand written and very difficult to read. Notes were written on the assessments in a disorganized fashion making it difficult to track the flow of service being provided and areas being assessed. The medical assessment was somewhat easier to read/follow and was better organized. The mental health assessments were short, disorganized and difficult to ascertain if a complete assessment was administered. Individual therapy and med management were provided as indicated by progress notes though there was no evidence of treatment planning, recommendations, goals, objectives, barriers/strengths, recommended interventions/methods/frequency/duration, SPMI designation, treatment being guided by medical necessity or person centered care. One Mental Health evaluation listed the reason for seeking treatment as "He wants tx" and the other as "Continued Care." Charts had agency tracking forms in each chart that were completely blank in both cases. Progress notes were disorganized, handwritten with frequent use of illegible abbreviations with no connection to treatment planning. Sundance is to be commended for having a monthly and current OQ's filled out in each of the two charts. There was no evidence of use of the OQ in treatment planning or progress notes.

Salt Lake County/Optum's network provider Odyssey House: In three charts reviewed, two of the charts had assessments, one chart had no assessment and the diagnosis was provided only in a transfer report. Each chart had many releases to other organizations with no documentation as to why the releases were signed or any other evidence of coordination of care. None of the charts had any evidence of treatment planning or progress notes apart from Medical SOAP (Subjective, Objective, Assessment Plan) notes. In two cases, the reasons for seeking services were noted in the assessment; one stated "I don't know why I'm here" the

other “Out of meds.” Though mental health assessments indicated a need for care there was no evidence outside of medical related visits for meds and health related issues, that any care was delivered, referred, discussed or given. There was a significant lack of evidence that a comprehensive approach to medically necessary care was followed. It was difficult to determine if client’s were receiving services at the appropriate level, with appropriate methods or if need for services other than medical were considered, reviewed or assessed. No evidence of OQ use was observed.

In general a significant lack of consistency in required charting elements were for each Salt Lake County provider/Optum contract agency.

The general lack of treatment planning made it very difficult to assess if clients were being provided indicated medically necessary services directed by person-centered planning. Chart reviews suggested several clinics had a generic course of treatment for clients and services and were provided more to fit the model of the clinic than related to person-centered care.

Overall the charting in the each of the agencies reviewed (outside of VBH) had critical shortage of treatment planning, Medicaid required documentation of service justification or person-centered care. In almost every case there was very little evidence that the training SLCo/Optum reports as being provided in treatment planning, coordination of care, OQ, Evidence Base Practice (EBP), wellness, and correct charting procedures in compliance with Division Directives was being implemented, or that an internal or external quality review process had been established.

DSAMH staff reviewed some of these deficiencies with Optum staff and inquired about quality assurance related to trainings provided. Optum staff reported one “high service utilization” audit had been performed by a division of Optum outside of the local office. When asked for a summary of this audit Optum staff reported it may not have information useful for this monitoring visit. Aside from a discussion about a brief review of three contract agencies in FY14 by Optum, lacking a substantive follow up report, no evidence was provided of additional trainings or audits. It was concluded based on the outcome of the DSAMH chart reviews that the structure and quality control process in SLCo/Optum are not currently organized to sufficiently review the 200+ providers currently under contract.

The DSAMH site visit with the above named providers and evidence of the in-chart reviews indicate a lack of coordination between providers in the transition of 700 clients sent termination letters from VBH. Chart results showed an increase in distress, disruption of care, crisis and decompensation for some individuals. Several contract agency staff reported that they received so many referrals at once they did not have the capacity to accept all of the referrals and had to send clients away. They also reported difficulty obtaining collateral information, contacting previous treatment providers, and coordinating care. Charts reviewed often summarized the transition briefly indicating that the client was transferred from VBH and that the client was out of medication or needing treatment. Chart reviews indicated clients and agency staff were not sure about procedures for transfers and transitions. In discussions with these service providers a general feeling of disconnectedness and lack of partnership from the mental health system in Salt Lake County was expressed. The providers

interviewed reported an unclear understanding of how to partner with VBH/Optum/Salt Lake County to coordinate care, effectively facilitate referrals and link to appropriate mental health services especially medication management. Providers expressed a desire for partnership, with Salt Lake County/Optum but did not feel they received the attention or time necessary to resolve the issues associated with the coordinated care concerns with so many new clients.

It is recommended that Salt Lake County revise, submit and further implement planning to improve consistency in services delivery across all providers in the following areas:

1. Standardized charting methods: submit a plan to ensure providers are receiving and implementing training on chart documentation, DSAMH Directives (including deficiencies listed in this section – Treatment Planning, Person Centered Care, OQ and medical necessity) and to provide scheduled quality of care audits for each contracted provider. VBH model of internal quality control through chart review and peer chart reviews as described earlier in this report seems to be yielding promising progress and elements of this process may be helpful to share with other providers.
2. Submit a plan to provide standardized provider training regarding how clients access and have their care coordinated between different services and levels of care between and among providers; residential, housing, medication management, crisis services, case management, psychosocial rehabilitation, etc..
3. Planning, implementation, education and public awareness of coordination of care between contract providers/Optum/Salt Lake County and formal collaboration to meet client need in a person-centered, coordinated manner.

Due to the repeated nature of this Significant Non-compliance issue and expanded discovery of significant issues with the Salt Lake County/Optum contract provider pool, quarterly follow-up reports are requested to be submitted to DSAMH followed by an on-site semi-annual monitoring visit by DSAMH staff until the issues are resolved.

Center's Response and Corrective Action Plan:

County staff responsible for this finding will be: Brian Currie and Tim Whalen

Optum will provide the following education to Providers in a training scheduled for April, 2014.

1. The importance of thoughtful and thorough documentation.
2. Charting methods will be identified for both the assessments and treatment plans.
3. Medical Necessity: what it means and how to chart it.
4. Guidelines for use of SPMI checklist.

To improve Coordination of Care efforts, the following have been identified as areas of opportunity. Steps have also been established to accomplish the goal of improved coordination across the Provider Network as well as other agencies Salt Lake County and Optum routinely interface with:

1. Discharges from Utah State Hospital.

- By 03/31/2014, Optum will increase coordination services within the Utah State Hospital by identifying and then attending additional meetings throughout the year

that have the focus of discharge planning.

- By 04/15/2014, implementation of protocol for enhanced and ongoing contacts between Optum Discharge planner and agencies/patients discharging from Utah State Hospital.
- By 03/31/2014, determining if there is an opportunity to place a full-time dedicated FTE at the Utah State Hospital. Job task focus would be on increased daily interface with USH patients and staff when planning for discharge and increased face-to-face coordination with community partners within Salt Lake County when a patient is discharged.

2. Education:

- By 04/10/2014, determining increased opportunities for billing of Case Management services by Network Providers as per Medicaid regulations.
- By 04/20/2014, providing education to Network Providers regarding the above-mentioned opportunities.
- By 04/20/2014, educating Network Providers about documentation expectations to identify coordination of care.
- By 04/20/2014, educating Network Providers about the expectations for turnaround times of sharing information when Releases have been submitted.

3. Audit Tool:

- By 03/31/2014, reviewing Optum Audit Tool to identify increased opportunities to improve identification of Coordination of Care efforts.
- By 04/15/2014, implementing any additional areas of focus regarding coordination of care efforts within the audit tool.
- Ongoing, utilizing the updated Audit Tool in ongoing provider audits.

4. High Level Staffing:

- By 04/15/2014, identify and invite agency/system participants to an Optum high level staffing of clients determined to be in need of an extensive review and ongoing efforts to coordinate care and engage community partnership when addressing client issues.
- By 05/01/2014, hold the first high level staffing.

Optum will provide ongoing information and training regarding the development of Recovery Plans.

- By 04/20/2014, Optum will provide trainings focusing on the development of Person Centered Plans.

- By 04/20/2014, Optum will inform Providers of the available tools focusing on development of Person Centered Plans.
- By 04/20/2014, Optum will include members of the Recovery and Resiliency Team in Provider Trainings to focus on the importance to partnering with clients and encouraging accountability for a client's participation in their own treatment.

Optum remains committed to increasing our provider's administration of the OQ but also the *clinical use* of the OQ. Because the use of the OQ was rolled out before the changes in the SLCo Behavioral Health System, only VBH has had training on the program and its use in treatment. Optum has reached out to DSAMH to request assistance with training for new providers on the OQ/YOQ, but Optum was informed that DSAMH could no longer assist with the training. We are reaching out to the creator of the OQ/YOQ, Gary Burlingame, to provide trainings for our providers so we can better comply with this directive. These trainings will take place at Optum's expense. Salt Lake County and Utah State DSAMH will be informed as soon as the trainings are scheduled.

Optum will work closely in conjunction with Salt Lake County to determine which Providers are not required to utilize the OQ Measurements and provide a rationale for this decision. For example: Refugee and Immigration Center-the majority of clients are first generation immigrants who are not able to read English and translation of the terminology is not adequate to make the tool useful. This list will be determined by 07/01/2014.

In July of 2013 all Salt Lake County Optum programs received a 5.5% FFS rate reduction with exception of Area Plan priority 1 service-Whole Health Clinic. All providers, with the exception of VBH, were able to absorb this reduction with no disturbance in services. VBH independently went to the Media prior to notifying Salt Lake County / Optum and announced they would be transitioning 2,200 clients (described as "clinically stable non-acute") out of their programs as a result of this cut. VBH notified Optum one week prior to notifying Salt Lake County / Optum Medicaid Consumers via a letter that they no longer need or require services from VBH.

Salt Lake County worked with DOH, Optum and VBH to develop a transition plan. This was a HUGE challenge! The network providers responded in a big way and said they could do more. A transition team led by Optum's Network, Clinical and Recovery Resiliency Team met with VBH's team daily to assure the transition went smoothly. The county (including the Department head of HS) was provided daily updates. The mayor was briefed weekly. VBH changed their projected number to 730 within a couple of weeks of the original announcement. Some of the clients were not "clinically stable" as described by VBH; Optum/Salt Lake County worked with VBH to transition them back to VBH. All clients who received a letter were contacted by Optum. Optum completed both outreach and follow-up calls to all consumers on the transition list Optum received from VBH. Most were offered 2-3 different providers as options. There was no notable surge in inpatient care. There was not one consumer complaint filed to Medicaid. I believe Salt Lake County, Optum and the provider network should be commended for trying to adapt to a huge change initiated by our largest provider. The auditor and writer seem to be basing their comments on anecdotal information? What providers said this about our system?

The feedback from our provider network does not support this. Most indicate a strong willingness to expand and provide more services. Salt Lake County / Optum are approached routinely by Salt Lake County Optum Network providers requesting if they can expand and/or provide additional services. One additional VBH program was also transitioned shortly after the 730 consumers transitioned. VBH transitioned the Respite program to Optum. Salt Lake County / Optum coordinated with the Network to determine a seamless transition to one provider program-Hopeful Beginnings.

FY14 Minor Non-compliance Issues:

None

FY14 Deficiencies:

None

FY14 Recommendations:

- 1) *Provision of services to enhance employment opportunities:* This item was mentioned as a recommendation in FY12 and is continued as a recommendation in FY13. Since FY08, the number and percent of individuals employed has consistently decreased.

Fiscal Year	# Employed	#Unemployed Seeking Employment	% = Employed Divided by Seeking	Employment Marked as "Unknown"	# Unemployed Not seeking Employment
FY09	2,706	633	80.7%	9	3969
FY10	2,379	793	74.8%	4	3211
FY11	1,908	942	69.9%	1	3368
FY12	1,752	908	65.9%	25	3155
FY13	1,702	1,063	61.6%	252	2923

As listed in Division Directives and as indicated in Utah Code 62A-15-105.2, "Employment first emphasis on the provision of services" employment services and supports are a priority focus through LMHA administration. Division Directives instruct "for successful performance, the Local Mental Health Authorities will meet or exceed their previous year numbers, average, or percent for... Supported Employment, Percent Employed..." SLC has previously been a leader in the State for employment outcomes. This has slipped consistently for the past five years. Though Salt Lake County is to be commended for high rates of employment compared to the rest of the country, the ongoing significant decrease in number of individuals' employed and consistent increase in those unemployed and seeking employment is concerning.

DSAMH discussed potential variables involved with these outcomes with SLC and Optum during the management meeting of the FY13 monitoring visit, including economy, data collection and shifting of client's from VBH to other providers. In light of potential data and

economic issues, the significance of the decline needs more clarification in conjunction with demonstration of increased focus by all providers in addressing “Employment First.” It is recommended that SLCo clarify data issues and review provider goals, objectives and procedures in implementing “Employment First” and report on planning across all providers to increase supports across the county for employment.

- 2) *Salt Lake County/Optum’s Network provider Valley Behavioral Health outpatient charting:* Overall DSAMH recognizes and appreciates VBH’s documentation and ease with navigating the Online Medical Record (OMR); however, identified strengths of clients were not always documented in assessments. There is an area in the VBH care plan to document strengths and barriers, but in each of the 11 charts reviewed strengths were never identified in this area, only barriers. Due to the shift towards person-centered care it is important to help individuals on their journey to recovery to focus on their strengths as a way to achieve their goals. Trauma was also not consistently addressed in the assessments; these issues could be in part due to observed lack of utilization of a standard assessment procedure.
- 3) Salt Lake County/Optum’s network provider VBH demonstrated evidence of sporadic use of the OQ sometimes on a monthly basis. Most charts reviewed did not have a current OQ, some only had one OQ at intake. Almost every chart did not include evidence of use of the OQ results in clinical treatment or planning. One chart (1602310) noted a short-term goal objective outcome to be “evidenced by OQ results” and did not have any follow up OQ results mentioned for evidence. VBH is to be commended for increased observed use of measurable short-term goals, life goals and consistent use of recommended frequency and duration of services in client’s treatment plans. Overall progress was noted and encouraged to continue.
- 4) *Unfunded:* Continue to monitor numbers served and seek opportunities, innovations and efficiencies to serve additional individuals in need of mental health treatment and recovery resources who do not have Medicaid or private insurance to help pay for indicated, medically necessary care. We also encourage Salt Lake County to evaluate their current case rate and identify ways to bring down their current unfunded case rate.

FY14 Division Comments:

- 1) *Supported Housing:* DSAMH recognizes and appreciates the quality housing that Salt Lake County/Optum’s network provider Valley Behavioral Health provides for their consumers. DSAMH visited Valley Plaza and Lake Street apartments (transitional housing to help consumers integrate back into the community), during the FY14 monitoring visit. Each of these units provided a safe, clean and supportive environment. Having transitional housing helps consumers with their recovery by learning the skills to live independently. Valley Plaza provides 24/7 supportive services for some of the most acute consumers and includes a peer specialist as part of a multi-disciplinary team to support individuals in their recovery. Both of these housing programs have shown positive outcomes by transitioning over 50% of consumers successfully back into the community. Salt Lake County also works closely with the County Housing Authority to provide scattered site housing opportunities for behavioral health clients. Currently there are approximately 200 Housing Assisted Rental Program (HARP) slots. And 50 Right In Right Out (RIO) slots. The RIO housing is designated for criminal justice involved clients with serious and persistent mental illness.

- 2) *Crisis Intervention Teams and Mental Health Courts:* DSAMH commends the efforts made by Salt Lake County to have providers involved with Mental Health Court and to implement CIT training for law enforcement and corrections officers in Salt Lake County and across the State. Utah earned an A+ rating from a study by the Treatment Advocacy Center for helping people with mental illness through the development of Crisis Intervention Teams and Mental Health Courts in large part thanks to efforts begun in Salt Lake City/County.
- 3) *Expanded Crisis Services:* Salt Lake County working with OptumHealth and Salt Lake City Police Department completely redesigned its crisis system. The University of Utah's University Neuropsychiatric Institute has implemented these services and are having remarkable success in decreasing inpatient admissions. The new crisis services include The Crisis Line, Warm Line, Mobile Crisis Outreach Teams (youth and adult available 24/7/365), Receiving Center and Wellness Recovery Center. In addition, Salt Lake County has worked with Optum, UNI and Salt Lake City Police Dept to train all local law enforcement agencies, fire departments and emergency response agencies in our County about the availability of these services. Salt Lake County produced through their prevention provider Spy Hop a training video that is used to train these agencies. A second video has been produced to share with stakeholder and consumers. These examples of excellent crisis care in Salt Lake County can be better publicized and shared with community partners and across the State of Utah, DSAMH is committed to helping in this effort to share the great work in crisis wrap around services provided in Salt Lake County.
- 4) *Salt Lake County/Optum's network provider Alliance Club House:* Alliance House is a certified clubhouse located in Salt Lake City and is one of only ten training sites globally. Alliance House supports its members in their recovery process in various ways including, obtaining high school diploma, skills development, employment opportunities, housing and transitional housing to its members. Alliance Clubhouse was awarded Utah Rehabilitation Association's Vendor of the year in recognition of their outstanding work supporting adults with serious mental illness. DSAMH commends the Alliance House for maintaining their International Center for Clubhouse Development (ICCD) accreditation and their high quality of service to program participants. DSAMH also applauds their effort put forth to provide affordable housing to Alliance House participants. Individuals interviewed at Alliance House were very satisfied with their supportive employment programming, housing and community.
- 5) *Consumer Feedback:* Individuals in recovery were interviewed in group settings at VBH, the UNI Wellness Recovery Center, and at Alliance House. Most participants interviewed stated that they felt that their treatment was going well and expressed gratitude. It was stated that many felt supported in accessing and maintaining employment, as well as in gaining volunteer opportunities. Many individuals at the Wellness Recovery Program agreed that access to housing in Salt Lake County was limited with many of the housing options being narrow in requirements. Focus group participants at the Wellness Recovery Center and at VBH felt supported and comfortable regarding their spiritual health as a part of their recovery. Participants at Alliance House felt a lack of comfort in discussing and speaking about their spiritual health, beliefs and practices.

- 6) *Peer Support Services:* The DSAMH team was very impressed with the Peer Support Services being provided at providers throughout the county. Salt Lake County in partnership with Optum promotes training and use of Peer Support Specialists. Optum's Recovery and Resiliency Manager has met a several times with DSAMH staff as well as other community organizations to encourage and emphasize the usefulness and training of using Peer Support Specialists. Optum's and VBH have been integrating Peer Support Specialists into mental health and substance abuse programs at South Valley, and moving into North Valley while also working with the jail diversion program (JDOT) team. Additionally, the Peer Support Specialists at UNI's Wellness Recovery Center have been received well by guests and the center and showcase an impressive model. DSAMH was also pleased to see Certified Peer Support Specialists at Clinical Consultants, working with both the mental health and substance use disorder population.
- 7) *Recovery Plus:* While most of the providers visited had Recovery Plus signage at their facilities, many individuals in recovery interviewed had not been offered tobacco cessation classes, resources, or information. While these services may exist at various providers, DSAMH urges Salt Lake County to continue to raise awareness of the risks of tobacco use among mental health consumers and to provide the resources necessary for one to cease use if that is the individual's choice.
- 8) *Alternatives to incarceration:* Salt Lake County has prioritized, developed and funded Mental Health Alternative to Incarceration (ATI) programs since 2008. Through strong coordination efforts with the District Attorney, Legal Defenders, Sheriff, Salt Lake County Criminal Justice Services, Courts and Criminal Justice Advisory Council they have implemented, through their network provider VBH, their Jail Diversion Outreach Team (JDOT), Co-Occurring Re-entry Empowerment (CORE), Community Response Team and ATI transport. These programs and coordination efforts have received national attention and provided exceptional reduction in recidivism. The new bookings for new crimes for the JDOT and CORE program has been reduced by 40%. When these programs are paired with access to our county RIO housing the reduction in new bookings on new crimes reaches 61%.
- 9) DSAMH recognizes and applauds Salt Lake County/Optum for working with its network to integrate peer support services. One example of this is both the South and North Campus Outpatient programs in hiring and actively incorporating peer support services in their multidisciplinary treatment teams. Both programs demonstrated integrated co-occurring mental illness and substance use treatment and integrating wellness activities. However, plans to move the alcohol and drug treatment program from the North campus to another location may jeopardize this integrated care. In an effort to advance integrated care initiatives Salt Lake County contacted Midtown Clinic, an FQHC located in Weber County, which was interested in opening additional clinics in Salt Lake County. Salt Lake County worked with Midtown and VBH to plan for the opening of a clinic at NVBH. Salt Lake County has applied for and received funding from its council funding to cover the building modification costs for the project.

10) Salt Lake County Division of Behavioral Health has worked closely with County Aging Services to deliver groups and individual BH services in senior centers. One network provider VBH provides these clinical services for the senior centers. This has been a County funded initiative as many of the clients served are afraid of stigma and many times do not qualify for reimbursed services. This program was nationally recognized for training community members (similar to Mental Health First Aid) to recognize mental health symptoms and decrease stigma.

Substance Abuse Prevention

Ben Reaves, Prevention Program Manager, conducted the annual prevention review of Salt Lake County Behavioral Health Services on December 10th, 2013. 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 evaluated the data used to establish prevention priorities.

Follow-up from Fiscal Year 2013 Audit

FY13 Deficiencies:

- 1) Salt Lake County is deficient in having an approved logic model for each prevention program. Salt Lake County has committed to working with DSAMH to correct all logic models regarding format and content on goals and outcomes by December 31, 2012.

This deficiency has not been resolved and is continued in FY14 as a finding; see Minor Non-compliance Issue #2.

Findings for Fiscal Year 2014 Audit

FY14 Major Non-compliance Issues:

None

FY14 Significant Non-compliance Issues:

None

FY14 Minor Non-compliance Issues:

- 1) According to the Synar report, Salt Lake County had 593 outlets inspected, and 67 were in violation, for a compliance rate of 89%. A compliance rate of 90% is the expected outcome.

Center's Response and Corrective Action Plan:

The Division of Behavioral Health Services has contacted both our Local Health Authority and the State Department of Health, and both believe that the lower rate this year is statistically insignificant in the context of establishing a trend over the past 10 years. Starting July 1st, Kitt Curtis will coordinate more closely with our Local Health Authority in supporting their efforts with compliance checks and outreach. For example: providing youth for underage buyers, and going over the annual SYNAR report in local community coalitions and with stakeholders.

- 2) Salt Lake County is non-compliant in having a DSAMH approved logic model for each prevention program. Salt Lake County is required to submit all logic models per

contract requirement. According to Bureau of Contract protocol, this finding requires an action plan for completion within 15 days of notification of this non-compliance. Logic models are to be completed within 60 days of notification of this non-compliance.

Center's Response and Corrective Action Plan:

All of the Salt Lake County Logic Models have been rewritten. On 2/10/2014 they were all submitted to Ben Reaves of UDSAMH for approval. Kitt Curtis of Salt Lake County Division of Behavioral Health will work with Ben Reaves to get all Logic Models approved or revised and approved by May 1st, 2014.

FY14 Deficiencies:

None

FY14 Recommendations:

None

FY14 Division Comments:

None

Substance Abuse Treatment

David Felt, Program Administrator, and Michael Newman, Recovery and Resiliency Coordinator, conducted the annual review of Salt Lake County Behavioral Health on December 10th and 11th, 2013. The visit focused on Substance Abuse Prevention and Treatment (SAPT) block grant compliance, compliance with Division Directives and monitoring of their contracted provider's programs and clinical practices. Block grant compliance was evaluated through a review of provider contracts, discussions with staff members and a review of the County's audit reports. Compliance with Division Directives was evaluated by reviewing the County's audit instruments and procedures, reviewing provider contracts, comparing program outcome measures against DSAMH standards and through visits to a sample of Salt Lake County's contracted provider agencies. Monitoring of clinical practices was evaluated by reviewing the County's audit reports, audit instruments, procedures and discussions with staff responsible for the audits of contracted providers.

Follow-up from Fiscal Year 2013 Audit

FY13 Significant Non-compliance Issues:

None

FY13 Minor Non-Compliance Issues:

- 1) Salt Lake County did not meet or exceed the FY12 Performance Measures for the Successful Treatment Episode Completion Rates in the Division Guidelines. Local Authorities who do not achieve the 60% completion rate are required to improve their performance rates from the previous year. According to DSAMH Performance Measures, the treatment episode completion rate for Salt Lake County went down from 49.3% to 45.3% from FY11 to FY12 respectively. Salt Lake County's episode completion rate has improved to 47.4% in FY13.

This finding has been resolved.

- 2) In the FY12 Substance Abuse Treatment Outcomes Measures Scorecard, Salt Lake County showed a decrease in alcohol use from admission to discharge from FY11 (29.6%) to FY12 (23.9%) respectively. This is less than 75% of the National Average and State Average of 47.5%.

This finding has not been resolved and is continued in FY14; see Minor Non-compliance issue #1.

Findings for Fiscal Year 2014 Audit:

FY14 Major Non-compliance issues:

None

FY14 Significant Non-compliance issues:

- 1) Salt Lake County did not report tobacco use at discharge, which was required for FY13 and has continued into FY14. This non-compliance with Division Directives represents a deficiency in required training, paperwork, and/or documentation that is significant enough to jeopardize the effectiveness of services. Without collecting and reporting this information, it is impossible to measure compliance with the State and County policies on wellness and tobacco cessation.

This finding requires the submission of a written corrective action plan in which Salt Lake County 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. Compliance must be achieved within 30 days of receipt of the draft monitoring report.

Center’s Response and Corrective Action Plan:

Responsible County staff for this finding: Pat Fleming and Cory Westergard

Although we had the field in the Discharge it was not shown as required and thus data was not collected or reported properly. We are modifying our EHR to require entry of the use of tobacco at Discharge and will report once complete. This should be complete by July 2014.

FY14 Minor Non-compliance issues:

- 1) In the FY13 Substance Abuse Treatment Outcomes Measures Scorecard, Salt Lake County showed a decrease in alcohol use from admission to discharge from the FY12 (23.9%) to FY13 (23.6%) respectively. This is less than 75% of the National Average and State Average of 47.5%.

Center’s Response and Corrective Action Plan:

Responsible County staff for this finding: Pat Fleming and Brian Currie

For clarification the scorecard does not report decreased use of alcohol but the abstinence of alcohol at admission and discharge from an episode. The reporting of alcohol use at admission currently is only if it is an abuse or dependence issue. SLCo providers are not recording use of alcohol where these conditions are not met. As SLCo clients progress through TX there can be an increase in the use of alcohol to abuse or dependence levels. This is a concern and is being monitored in review of providers by the SLCo compliance team beginning in May of 2014. It may not affect the numbers as it will not be captured at initial admission but only after it reaches the level of diagnosis.

- 2) A review of audit reports and unannounced visits to a sample of Salt Lake County Providers reflected that while Salt Lake County has required compliance with the tobacco cessation policy in its contract with providers, there is little to no enforcement of the policy across the system.
 - a. The only measures on Salt Lake County's audit tool used to gauge compliance are check boxes reflecting Recovery Plus Signage and general compliance with Division Directives. All audit reports reviewed reflected that agencies were in compliance with both.
 - b. However, visits and discussions with staff and clients at a sampling of providers found numerous cases where the county contract was not being followed, yet audit reports have no findings, comments or discussion about shortcomings or need for improvement. (A sampling of issues noted is attached)
 - c. While several agencies had findings that tobacco use wasn't being diagnosed in the Axis I diagnosis, there were no findings about tobacco use not being addressed in treatment plans, American Society of Addiction Medicine (ASAM) assessments or progress notes.
 - d. Salt Lake County is not promoting, ensuring or monitoring tobacco cessation services within contracted treatment agencies.
 - e. No evidence was found in the audit findings of agencies reviewed that clients are being counseled about the benefits of quitting, that it is addressed in any treatment plans, or that any referrals to the quit line or other supports for tobacco cessation were made.

Center's Response and Corrective Action Plan:

Responsible County staff for this finding: Brian Currie, Jeff Smart, Tim Whalen and Pat Fleming

Salt Lake County will begin immediately to include as part of the audit reports any deficiencies in treatment plans, American Society of Addiction Medicine (ASAM) assessments, progress notes, or if tobacco cessation efforts (including referrals) were not offered for any given program. Additionally, Salt Lake County will review the contract for the upcoming 2015 fiscal year to ensure the proper language is present to hold contracted agencies accountable for the tobacco cessation initiative. Salt Lake County will also make this a regular topic in the Providers Services Coordinating Council (PSCC) meeting held monthly.

FY14 Deficiencies:

None

FY14 Recommendations:

- 1) *Site Review Process/ Utilization Management:* Salt Lake County has continued to update and improve their audit tool and their quality assurance reviews, but could use those tools more effectively to change practices and compliance with new policies and requirements. It is recognized that implementing new policies and evidence based practices can be challenging with the many levels and treatment approaches represented in the provider panel, but these two tools are being underutilized. Examples are:

- a. Salt Lake County has added the requirement that all clients with opiate or alcohol diagnoses be evaluated to their contract, but there was no evidence that it was actually taking place or being evaluated in the audit process or utilization review process.
- b. Salt Lake County has added the requirement to “Promote Integration of Physical Health” into their contract with providers, but again there is no evidence that it is being addressed in the audit reports reviewed.
- c. Both of these as well as tobacco cessation could and should be addressed with every Utilization Review and should be items of focus and discussion during audits and audit trainings.

FY14 Division Comments:

- 1) Salt Lake County has taken a lead in preparing their providers for anticipated changes to Behavioral Health Care that are and will occur due to the Affordable Care Act.
- 2) *Stable Housing:* While Salt Lake County dropped from 4.1% in FY12 to 1.5% in FY13, Salt Lake County continues to be a leader in providing housing options for their treatment population. Their effort in creating housing placements for their clients is reflected in their rating as the second highest Local Authority in this Substance Abuse Treatment Outcomes Measure.
- 3) *Crisis Services:* Salt Lake County has expanded their Crisis Service System, which helps a variety of individuals in their treatment programs and community. The Crisis Service Team has engaged in outreach to the community and offered several educational courses to a variety of programs.
- 4) *Leadership in Addiction Treatment:* Salt Lake County has long been a leader in addiction treatment in the state, adopting the principles of ASAM placement, Person-Centered Care instead of Program-Centered Care, motivational interviewing and other evidence based practices well ahead of other SUD systems in and outside of the state. Salt Lake County is encouraged to provide the same leadership in the areas of medication assisted treatment, Tobacco Cessation, and Wellness.
- 5) *Integration of physical and behavioral health services.* Salt Lake County has encouraged and facilitated several innovative approaches and programs to improve the integration and coordination of physical health into its behavioral health providers.

Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Salt Lake County Division of Behavioral Health Services 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:

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