

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



Site Monitoring Report of

Summit County
Valley Mental Health

Local Authority Contracts #122280 and #122281

Review Dates: March 18th and 19th, 2014

For Official Use Only

Table of Contents

Section One: Report Information	3
Background	4
Section Two: Site Monitoring Report	7
Executive Summary	8
Summary of Findings	9
Governance and Fiscal Oversight	10
Mental Health Mandated Services	13
Child, Youth and Family Mental Health	14
Adult Mental Health	18
Substance Abuse Prevention	21
Substance Abuse Treatment	22
Signature Page	25

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 Summit County – Valley Mental Health (also referred to in this report as Summit - VMH or the Center).

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 Summit County – Valley Mental Health on March 18th & 19th, 2014. The focus of the review was on governance and oversight, fiscal management, pediatric and adult mental health services, substance abuse prevention and treatment services and general operations.

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

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

Summary of Findings

Programs Reviewed	Level of Non-Compliance Issues	Number of Findings	Page(s)
<i>Governance and Oversight</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None None	
<i>Child, Youth & Family Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None 3	14 - 16
<i>Adult Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None 1	18 - 19
<i>Substance Abuse Prevention</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None None	
<i>Substance Abuse Treatment</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None 1 1	22 - 23 23

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health conducted its annual monitoring review at Summit County – Valley Mental Health (Summit - VMH) on March 18th and 19th, 2014. The Governance and Fiscal 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; Summit - VMH 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 Center'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 2014. All selected expenditures were found to be properly approved and were supported with adequate documentation.

The CPA firm Ulrich & Associates, PC completed an independent audit of Summit County for the year ending December 2012 and issued a report dated June 12, 2013. The auditors' opinion was unqualified, but found two issues that were discussed in the State Legal Compliance – Schedule of Findings also dated June 12, 2013.

1. Budgetary Compliance – Expenditures in excess of approved budget amounts were noted in numerous General Fund departments and other individual funds. Mental Health was listed as one of the affected funds. This subject was discussed at the DSAMH site visit, a report comparing the area plan budget with the year-end actual expenditures was provided to management. DSAMH agrees with the recommendations given by the auditors to correct the problem and also agrees with the response and corrective action plan provided by Summit.
2. Fund Balance Compliance Issue – The County's Open Space Fund has a fund balance in a deficit position. This issue does not affect the Mental Health or Substance Abuse funds, Summit provided a reasonable response to correct the problem.

The CPA firm Tanner LLC completed an independent audit of Valley Mental Health for the year ending December 2012 and issued a report dated May 29, 2013. The auditors' opinion was unqualified. There were three findings listed in the auditor's Report on Compliance dated May 29, 2013, which are listed below. The findings were discussed with Valley Mental Health management and their follow-up responses have been included with each finding.

1. Account Reconciliation – The auditors found some general ledger control totals that had not been fully reconciled at year end.
 - VMH response: Every balance sheet account has been assigned an owner. Each owner is required to reconcile and support the balances in their assigned accounts on a monthly basis. Balance sheet reconciliations have been added to the month end close checklist requiring each owner to verify their completion. Reconciliations are reviewed and verified by supervisors on a quarterly basis.
 - Based on VMH's response and actions, it appears that the finding is being addressed appropriately.
2. Journal Entry Allocations – Audit adjustments from 2011 were recorded to an administrative unit rather than being allocated to the affected units.

- VMH response: All audit adjustments related to the 2012 audit were recorded to the individual units. A new policy has been implemented in the accounting department requiring all journal entries to be recorded to the respective units as opposed to an administrative unit.
 - Based on VMH's response and actions, it appears that the finding is being addressed appropriately.
3. Program Eligibility and Billings – The auditors found that three individuals out of 87 participating in the PASSAGE program did not have a mental health diagnosis as required by the grant. They also found two instances in which employees' budgeted wages were billed instead of the employees' actual wages.
- VMH response: The program implemented an additional level of supervisor review to ensure compliance and accuracy.
 - The PASSAGE grant is distributed through DSAMH, but the contract is not monitored as part of the annual site visit. The DSAMH Program Manager that is responsible for monitoring this contract has been made aware of this finding and will follow-up on the issue with VMH.

Follow-up from Fiscal Year 2013 Audit:

FY13 Minor Non-compliance Issues:

- 1) Summit - VMH's FY12 client cost for Substance Abuse Treatment is 60.7% higher than its FY11 client cost for Substance Abuse Treatment.

This finding has been resolved.

- 2) During the Division's review of Summit - VMH's subcontractor files it was noted that current BCI checks had not been completed and that monitoring for subcontractors had not been done consistently.

Valley Mental Health's process for monitoring subcontractors and obtaining required documentation was reviewed in the FY14 Site Visit and was found to be significantly improved.

This finding has been resolved.

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 Summit County - Valley Mental Health on March 18th, 2014. The monitoring team consisted of Dinah Weldon, Program Administrator; Eric Tadehara, Program Manager; Lori Cerar and Lis Rosen, Utah Family Coalition (Allies with Families and NAMI). The review included the following areas: record reviews, discussions with clinical supervisors and management, case staff, program visits, and 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; Mental Health Early Intervention funding; civil commitment; compliance with Division Directives and the Center's provision of the ten mandated services as required by Utah Code 17-43-301.

From our review, Summit - VMH is in compliance with eight of the nine mandated services which apply to children and youth. Summit - VMH is not compliant with one of the services, psychosocial rehabilitation.

Follow-up from Fiscal Year 2013 Audit

FY13 Minor Non-compliance Issues:

- 1) Data reported to the Division of Substance Abuse and Mental Health regarding emergency services is incomplete.

This finding has not been resolved and is continued in FY14. Due to progress made it will be continued as a deficiency; see Deficiency #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) The amount of children and youth who have been served by Summit - VMH has dropped in each of the previous four fiscal years. In FY09, there were 250 children and youth who received services through Summit - VMH. The number of children served has decreased to 169 in FY13, which equates to a 32.4% reduction in children receiving services since FY09.

Reduction in Children Receiving Services					
Fiscal Year	FY09	FY10	FY11	FY12	FY13
Number of Children/Youth Served	250	240	230	217	169

Center’s Response and Corrective Action Plan:

During most of FY 13, Summit did not have a “child therapist” and youth were often referred to subcontractors. A child therapist was hired in May of 2013 for 30 hours and week and moved to full time in April of 2014. Additionally, other staff have received more training to work with younger clients.

- Summit - VMH did not provide psychosocial rehabilitation services for children and youth during FY13. In the charts reviewed, there were no needs identified for psychosocial rehabilitation. Even though there was no need identified in the charts, it is still recommended that Summit - VMH provide psychosocial rehabilitation for children and youth. One possible area Summit - VMH may be able to provide these services is within the school settings where a partnership already exists.

Center’s Response and Corrective Action Plan:

Summit will evaluate the need and implement PRS services in the schools for the FY 15 school year. School based services are currently under revision as the demand for such services has increased and the need to re-evaluate what can be provided will be conducted during the summer. Additionally, Summit will continue to evaluate the need for PRS at the clinic and provide when medical necessity exists.

- The Recovery Plan objectives, or short-term goals, were often not measurable or achievable. There was evidence in nine of the 11 charts reviewed of difficult measurability and/or hard to achieve objectives. One objective stated the child “wants to get along better with my mom,” which lacks a measurement method. A second objective was that the child will “implement positive self-talk to reduce or eliminate anxiety.” This objective provides no way to measure how the child will “reduce or eliminate anxiety” which also represents an unattainable task for a child to work on, as eliminating anxiety may be too finite and concrete for a child. A third objective shows the desire of the child to “not get mad” which has no measurable outcome listed and would prove difficult for the child to achieve.

Division Directives state that the objectives should be “behavioral changes that are measurable, short term and tied to the goals.” By helping children and youth establish goals with measurable and achievable outcomes, their progress may be tracked both clinically and personally by the family and child or youth.

Center's Response and Corrective Action Plan:

Corrective action plan has been implemented. DSAMH praised Birgitte Hellberg's charts as the best in State in all aspects. During weekly staff meetings, Birgitte has lead staff training for all aspects of the client record including SMART goals, assessment, progress notes, etc.

FY14 Deficiencies:

- 1) During FY13, Summit - VMH provided case management services to 14 children and youth, which represents 8.3% of the children and youth served. The rural and state averages for case management are 32.7% and 25.1%, respectively. It is recommended that Summit - VMH increase access to case management services for children and youth.
- 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 reported on the Substance Abuse and Mental Health Information System (SAMHIS). Evidence of the provision of emergency services was found in chart reviews. Evidence of emergency services being provided was present. This is strictly a data reporting issue.

FY14 Recommendations:

- 1) The Youth Outcome Questionnaire (YOQ) was administered at a rate of 60.8% for FY13. Although the rate exceeds the required rate of 50%, Summit - VMH is not administering the YOQ at the required frequency. The Division Directives require the YOQ be administered every 30 days for each child/youth. Among the active charts reviewed, the frequency averaged four completed YOQs during the past calendar year. It is recommended that Summit - VMH improve the frequency which the YOQ is being administered.

FY14 Division Comments:

- 1) *Family Feedback:* The Utah Family Coalition collected family feedback from three questionnaires and six parents who attended the family feedback group. Overall, the responses from the families were positive. All of the families expressed gratitude for the services that Summit - VMH is able to provide for their families. The staff at Summit - VMH "are nice, friendly, and easy to talk to." Families who have worked with the Family Resource Facilitator (FRF) also reported the FRF is very helpful and has provided assistance with things like finding resources and being supportive during an Individual Education Plan process for their children. The families who were present at the feedback group did feel there is a need for more Spanish speaking therapists and interpreters in Summit County.
- 2) *Wraparound:* Summit - VMH is providing Wraparound to fidelity as defined by the Utah Family Coalition. The FRF is encouraged to work on including all necessary paperwork (Team Meeting Minutes, Safety Plans, and Transition Plans) in each chart. The FRF is also encouraged to include more of the informal and natural supports into the Wraparound process.

- 3) *School-based Services:* Summit - VMH is providing school-based services in each district in the county. In the Park City School District, Summit - VMH provides group therapy that the students register for at Park City High School. The therapist also meets with children and youth individually. A school-based therapist also meets with children individually and in a group in the North Summit School District in Coalville. One representative from the Park City School District indicated that there is a close working partnership with Summit - VMH. The representative also mentioned that Summit - VMH helps to provide better access to the students in the area. Summit - VMH is also able to help during crises.

Adult Mental Health

The Adult Mental Health monitoring team consisted of Jeremy Christensen, Program Administrator, Michael Newman, Recovery and Resiliency Peer Program Manager, and LeAnne Huff, Adult Program Manager. The Summit County – Valley Mental Health review included: record reviews, discussions with clinical supervisors, management teams, and community partners. Site visits to administrative offices, outpatient clinic, county jail, and new urinary lab analysis building. During the discussions, the site visit team reviewed the State FY13 audit findings, area plans, the Mental Health Scorecard and the ten mandated services. Focus groups were held to collect consumer feedback.

Based on our review, Summit - VMH is in partial compliance with the 10 mandated services.

Follow-up from Fiscal Year 2013 Audit

FY13 Minor Non-compliance Issues:

- 1) Failure to Provide Adequate Mandated Outpatient Services and Report Data to the Division as contractually required (psychosocial rehabilitation (PRS), residential services, and jail services).

This finding has not been resolved and is continued in FY14; see Minor-Noncompliance Issue #1.

Findings for Fiscal Year 2014 Audit

FY14 Major Non-compliance Issues:

None

FY14 Significant Non-compliance Issues:

None

FY14 Minor Non-compliance Issues:

- 1) *Psychosocial Rehabilitation Services:* According to the FY13 Mental Health Score Card Summit - VMH provided psychosocial rehabilitation to three individuals, approximately 0.7% of the population served and this number is below state averages. After discussion with Summit - VMH management it was determined that psychosocial rehabilitation services are being provided in the jail (2 groups twice a week). It was also discussed that these services are likely being provided on an individual basis and not being coded as PRS. DSAMH encourages Summit - VMH to reach out and collaborate with consumers and peers in their community to develop viable PRS groups. In addition, code any PRS services being provided as PRS. DSAMH will continue to work with Summit - VMH on data submission to accurately reflect the great services they are currently providing to incarcerated individuals which is not reflected on the score card.

Center's Response and Corrective Action Plan:

VBH-Summit does provide PRS in the jail, however these individuals are NOT open VBH clients, therefore they are not tracked. With the implementation of a minimal data set to track jail and crisis services, VBH-Summit will be able to track the services accurately and better reflect the provision of these services. As stated earlier, VBH-Summit is also re-evaluating services provided in the schools and will look to implement for PRS services during the upcoming school year. PRS services at the clinic will be provided as medical necessity is determined.

FY14 Deficiencies:

None

FY14 Recommendations:

- 1) *Peer Support:* DSAMH recommends that Summit - VMH continue the process of hiring a peer support specialist(s) to assist clients according to the recovery model.
- 2) *Residential Services:* During the management's discussion, the management team reported they contract with providers in Salt Lake City to provide residential services. DSAMH appreciates Summit - VMH's efforts in establishing these arrangements and requests that Summit - VMH formalize the agreements they have in place to provide this mandated service to their community.

FY14 Division Comments:

- 1) *Community Involvement/Awareness:* DSAMH commends Summit - VMH's impressive efforts in their community involvement. Summit - VMH has been very proactive by participating in multiple parades including the 4th of July parade, the parades in Kamas and Oakley. Summit - VMH participated weekly in the farmer's market in Oakley and in Park City. Summit - VMH was present for the Miner's day Recovery Day, the Deer Valley Concert Series, and Ski team press conference to name a few. DSAMH recognizes and appreciates these efforts as it helps to raise awareness of mental health issues and through the awareness and education helps to change negative attitudes surrounding mental health.
- 2) *Peace House Domestic Violence Shelter:* Summit - VMH has established a positive working relationship with the Peace House, providing mental health services to Peace House residents. Summit - VMH provides on-sight visits to residents if necessary and is able to provide same day services in the event of a crisis.
- 3) *Sundance film Association:* Summit - VMH has signed a contract with Sundance to provide crisis support to audience members viewing films that have the potential to release strong emotions. When asked by Sundance, two licensed clinicians will be available for support for audience members at the theatre.

- 4) *Jail Services:* DSAMH commends Summit - VMH for their efforts in providing services to incarcerated individuals in the Summit County Jail. The participants reported that they were very grateful for the two groups held each week, and that the skills they were learning were helpful for their current situation as well as when they are released. All participants in the group gave positive feedback regarding Summit - VMH.

Substance Abuse Prevention

Susannah Burt, Program Manager, conducted the annual prevention review of Summit County – Valley Mental Health Prevention on March 18th, 2014. 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

No findings were issued.

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:

- 1) It was noted as the Student Health and Risk Prevention (SHARP) data for 2013 was reviewed that the 30 day alcohol use rates among 12th graders had a significant increase from 34.5% to 40.6%. This rate is also significantly higher than the state average of 14.0%. While all other grades are still higher than the state average, other grades are showing a decrease in 30 day alcohol use. Another area of concern was the 30 day marijuana use rates, especially among 12th graders. Statewide, there was an increase in use. However Summit County 12th graders went from 16.3% in 2011 to 30.0% in 2013. The state average for this grade is 9.9%.
- 2) The Eliminating Alcohol Sales to Youth (EASY) checks decreased from 25 to 24. Continued collaboration with local law enforcement is encouraged.
- 3) Summit was reminded to do the Strategic Prevention Framework (SPF) 5 steps for their area and planning. This includes participation on local coalitions that can impact prevention services in Summit County.

FY14 Recommendations:

None

FY14 Division Comments:

None

Substance Abuse Treatment

Dave Felt, Program Administrator, Becky King, Program Manager, and Janida Emerson, Justice Programs Manager, conducted the review of Summit County - Valley Mental Health Substance Abuse Treatment Program on March 18th and 19th, 2014. The review focused on Substance Abuse Treatment (SAPT) Block Grant Compliance, Drug Court and DORA Program compliance, clinical practice and compliance with contract requirements. Drug Court was evaluated through staff discussion, clinical records and attendance at the Adult Felony Drug Court staffing and court session. Clinical practices and documentation were evaluated by reviewing client charts and discussing current practices. Adherence to SAPT Block Grant requirements, contract requirements and DORA Program requirements were evaluated by a review of policies and procedures, interviews with clients, a discussion with Summit - VMH staff and a review of program schedules and other documentation. Summit - VMH performance was evaluated using Utah Substance Abuse Treatment Outcomes Measures Scorecard and Consumer Satisfaction Survey Data. Client satisfaction was measured by reviewing records, Consumer Satisfaction Survey data and results from client interviews.

Follow-up from Fiscal Year 2013 Audit

FY13 Minor Non-compliance Issues:

- 1) Summit - VMH had an 8.8% sample collection rate for the FY13 Youth (Family) Satisfaction Surveys. The Mental Health Statistical Improvement Project (MHSIP) Guidelines and DSAMH Division Directives require that Local Authorities obtain a minimum sample rate of 10% to obtain accurate data results. Summit - VMH staff stated that the surveys were being provided to the youth to take home to their parents, which resulted in little or no feedback. The sample rate increased to 9.8% in the FY13, but still does not meet Division Guidelines.

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

Findings for Fiscal Year 2014 Audit:

FY14 Major Non-compliance issues:

None

FY14 Significant Non-compliance issues:

- 1) Summit - VMH had a 9.8% sample collection rate for the FY12 Youth (Family) Satisfaction Surveys, which has increased slightly from last year. However, this continues to be a repeat finding two years in a row. The Mental Health Statistical Improvement Project (MHSIP) Guidelines and DSAMH Division Directives require that Local Authorities obtain a minimum sample rate of 10% to obtain accurate data results.

Center's Response and Corrective Action Plan:

Tracking procedures were put in place earlier this year to increase MHSIP returns. Submissions were counted weekly and progress towards goal was monitored to ensure reaching target goals.

FY14 Minor Non-compliance issues:

- 1) Summit – VMH had 4.4% of old open admissions for non-methadone outpatient, intensive outpatient (IOP), residential or detox, which is above the Division requirement of 4%. It is recommended that Summit – VMH review their treatment completion data to determine the drop in their completion rate. There were 28.1% terminated by Summit – VMH and 21.3% that were transferred and not returned to the program.

Center’s Response and Corrective Action Plan:

Corrective action plan implemented. Monthly, each clinician receives a list of current open clients with the date of their last appt. If the client has not been seen in the last 30 days, clinicians are to follow up to determine current need for services. Clinicians will either set new appointment for ongoing services or if the client is no longer in need of treatment, clinician will close the file. Supervisors monitor their direct reports for compliance. Additionally training has been completed during staff meeting to discuss appropriate “completion, termination and transfers”.

FY14 Deficiencies:

- 1) The FY13 Adult Consumer Satisfaction Survey reflects that the participation in treatment planning decreased to 60%, which doesn’t meet the Division standard of being over 75% of the National Average (82%).
- 2) The FY13 Utah Substance Abuse Treatment Outcomes Measures Scorecard reflects that Summit - VMH failed to meet the Division Standard in the following areas:
 - The percent of clients retained in treatment 60 or more days decreased from 80.6% to 54.8% from FY12 to FY13 respectively.
 - The percent of clients completing a treatment episode successfully decreased from 57% to 49.8% respectively.
- 3) The goals and objectives in the treatment plan are vague, un-measurable and not changed frequently enough to demonstrate progress or lack of progress in treatment. Some of the goals appear to be “copied and pasted” from the “client’s life goal,” and other goals appear to be “canned statements.” Some charts had several goals listed, which could make it difficult for the client to complete within a reasonable amount of time. Finally, the objectives were not measureable and often looked like goals rather than objectives. Treatment goals and objectives should be specific, client centered and measureable (*Chart #'s* [REDACTED]).

FY14 Recommendations:

- 1) *Division Directives:* Summit -VMH has made no significant efforts to train staff on the requirements in the Division Directives outlining the change from event based, program oriented treatment and documentation to a focus on engagement, person centered planning and the requirement that assessments, ASAMs and treatment plans be current rather than based on time frames for updates. It is recommended that Summit - VMH stay current on Division Directives and train staff on clinical requirements as needed.

FY14 Division Comments:

- 1) *Community Involvement:* Summit – VMH was involved in a number of activities and events over the past year, which has led to increased partnerships with the community. These partnerships include Sundance Film Festival, Summit School District and Peace House (Domestic Violence Shelter) and other community programs. Increased involvement with the community has led to expanded services and increased referrals to Summit – VMH.
- 2) *Tobacco Cessation:* Summit – VMH leads the State in the largest decrease in tobacco use over the past year. In the FY13 Utah Substance Abuse Treatment Outcomes Measures Scorecard, tobacco use from admission to discharge decreased from 46.3% to 39.7%. Summit – VMH is making a conscious effort to identify and diagnose tobacco use during the assessment; is discussing tobacco use in individual and group sessions; and offers tobacco cessation classes.
- 3) *Communication with Clients:* Clients expressed numerous concerns about the loss of the prescribing physician, and the fact that they had heard that he would not be replaced. While this vacancy had just occurred, and Summit - VMH reported that they had not yet made a decision, this confusion was causing significant concern with the clients.

Signature Page

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

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

The Division of Substance Abuse and Mental Health

Prepared by:

Chad Carter _____ Date _____
Auditor IV

Approved by:

Paul Korth _____ Date _____
Administrative Services Director

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