

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



Site Monitoring Report of

Utah County Mental Health Services
Wasatch Mental Health

Local Authority Contract #122386

Review Dates: November 19th, 2013; January 7th & 8th, 2014

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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 Utah County Mental Health Services – Wasatch Mental Health (also referred to in this report as WMH 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 Utah County Mental Health Services – Wasatch Mental Health on November 19th, 2013; January 7th & 8th, 2014. The focus of the review was on governance and oversight, fiscal management, pediatric and adult mental health services and general operations.

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

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

Summary of Findings

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 None	
<i>Adult Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None None	

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health conducted its annual monitoring review at Utah County Mental Health Services – Wasatch Mental Health (WMH). The Governance and Fiscal Oversight section of the review was conducted by Chad Carter, Auditor IV on November 19th, 2013. Overall cost per client data was analyzed and compared to the statewide Local Authority average, WMH was found to be within the client cost standards provided in the DSAMH Division Directives. Personnel and subcontractor files were examined for 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 2013. All selected expenditures were found to be properly approved and were supported with adequate documentation.

The CPA firm Litz & Company completed an independent audit of WMH for the year ending June 30, 2013 and issued a report dated November 22, 2013. The auditors’ opinion was unqualified; however, the firm did identify one concern regarding the timeliness of their reporting package to the Federal Single Audit Clearinghouse. The Division is satisfied with the Center’s response regarding this finding. No deficiencies were identified regarding reported information 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

Mental Health Mandated Services

According to Utah Code 17-43-301, the Local Authority is required to provide the following ten mandated services:

Inpatient Care

Residential Care

Outpatient Care

24-hour Emergency Services

Psychotropic Medication Management

Psychosocial Rehabilitation (including vocational training and skills development)

Case Management

Community Supports (including in-home services, housing, family support services, and respite services)

Consultation and Education Services

Services to persons incarcerated in a county jail or other county correctional facility

The mandate to provide services to those in county correctional facilities is not applicable to the children and youth population.

In subsection (4)(a)(ii) each local authority is required to “annually prepare and submit to the Division a plan approved by the county legislative body for mental health funding and service delivery, either directly by the local mental health authority or by contract.” This annual area plan provides the state Division of Substance Abuse and Mental Health with a measuring tool against which the local authority is measured during the annual monitoring site review.

A major focus of the monitoring efforts of the Division of Substance Abuse and Mental Health is to measure compliance with this legislative mandate to provide these services to the adults, youth, and children of Utah.

Child, Youth and Family Mental Health

The Division of Substance Abuse and Mental Health Children, Youth & Families team conducted its annual monitoring review at Wasatch Mental Health on January 7th & 8th, 2014. The monitoring team consisted of Dinah Weldon, Program Administrator; Eric Tadehara, Program Manager; and Tracy Johnson, Utah Family Coalition (New Frontiers for Families). 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 the FY13 audit; 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, Wasatch Mental Health is in full compliance with the mandated service provisions.

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:

- 1) *Crisis Services for Children, Youth and Families:* Wasatch Mental Health continues to provide quality interventions for children and youth who have emergent mental health issues or who are experiencing a mental health crisis. The Children's Mobile Crisis Team, in

tandem with The Recovery Outreach Center and The Juvenile Receiving Center, allow families to access crisis services in their home, in the community (schools, emergency rooms) or families can access center based walk-in services. This program serves as an effective model for other emergency service providers.

- 2) *Family Feedback:* The Utah Family Coalition (UFC) collected feedback from 24 families of which 21 provided their feedback by responding to the UFC Questionnaire, and three families participated in the focus group. Families with children receiving services through Wasatch Mental Health indicated they felt that the staff cares about them and their children. The parents expressed gratitude for the various programs and services which are offered at WMH. One parent stated, “They get to the root of the problem and find a cure.”
- 3) *Collaboration and Partnerships:* Wasatch Mental Health partners with multiple agencies to help provide the services and treatment for families and their children. The family clinic approach is seen as a positive by the Division of Child and Family Services (DCFS) because it allows for both the children and parents of those being served by DCFS to have access to mental health services at one location. To increase collaborative efforts and to better serve families and children, WMH participates in weekly multi-agency staff meetings and is available for additional staffings when necessary. Administrators from DCFS and the Division of Juvenile Justice Services (DJJS) described a positive working relationship and reported that communication exists at all levels to foster the relationships and to best serve families and children.
- 4) *School-based Mental Health Services:* Wasatch Mental Health provides school-based mental health services in each of the three districts in Utah County: Alpine, Nebo, and Provo. Therapists are on site at least one day per week. One principal stated that “they’ve saved numerous kids” and have made a large difference in his school. Along with therapy and case management, WMH also provides skills development groups available to families, including the Strengthening Families group and Stride. A district administrator believes that these services are “all about the kids” and WMH puts great effort into aiding children. It is commendable that WMH supports school-based mental health and puts the focus on helping children and their families.
- 5) *Wraparound & Family Resource Facilitation:* Wasatch Mental Health provides Wraparound to fidelity as defined by the Utah Family Coalition (UFC). WMH supports the Family Resource Facilitation (FRF) program. The FRFs are an integral part of the service delivery system and are valued by WMH and the families. One young adult reported that the FRFs provided useful support and helped with understanding the mental health system and the necessary paperwork required to transition to adulthood. One parent stated that the FRF understands and “doesn’t judge me.”

Adult Mental Health

The Adult Mental Health team consisted of Jeremy Christensen, Program Administrator, Robert Snarr, Adult Program Manager, Michael Newman, Recovery and Resiliency Peer Program Manager, and LeAnne Huff, Adult Mental Health Program Manager. The review included record reviews, discussions with clients, managers, clinical supervisors, and site visits. During this monitoring visit, site visits were conducted at Provo Canyon Behavioral Health, Recovery Outreach Center (crisis services), Intensive Residential Treatment (IRT), Mapleview (community based housing), Mountain Peaks Counseling, Wellness Recovery Center (WRC), Clubhouse, Wasatch Assistance Team Caring for the Homeless (WATCH), Food and Care Coalition and Wasatch Mental Health Administrative Offices.

Focus groups were conducted at a variety of locations including the Clubhouse and Intensive Residential Treatment (IRT) center to obtain feedback from consumers. During the discussion with WMH, the site visit team reviewed the FY13 Monitoring Report, the Mental Health Scorecard, area plans, Division Directives, and the ten mandated services.

Based on our review, Wasatch Mental Health is in full compliance with all ten mandated services, and in full compliance with the Division Directives.

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:

- 1) *Improve Data Submission Processes to Accurately Reflect the Delivery of Mandated Services:* Data submission from WMH to DSAMH does not accurately capture the correct amount of events of services in regards to jail and unfunded services. It was determined that these services are being provided at appropriate levels however, not accurately reflected on the Mental Health Score Card. DSAMH recommends WMH review data submission

procedures with the goal of improving data collection and submission. DSAMH will continue to work with and support WMH to clarify and improve its data collection and submission, specifically jail and unfunded services to accurately reflect the quality and quantity of valuable work and efforts WMH is providing in the community.

- 2) *Peer Support Services*: DSAMH recommends the expansion of Peer Support Services within WMH's scope of services. DSAMH became informed of obstacles WMH was encountering to hiring more peer specialists, such as hiring individuals who are current recipients of WMH services, and encourages WMH to continue to explore ways to remove any of these barriers. DSAMH offers WMH support in accomplishing this task, including examples of other models in parts of Utah where the peer workforce has been successful, despite employers having similar concerns.

FY14 Division Comments:

- 1) *Clubhouse*: Wasatch House is a certified clubhouse located in Provo that provides exemplary recovery focused opportunities for residents of Utah County. Wasatch House supports its members in their recovery process in various ways including, obtaining education, skills development, self-advocacy, a variety of employment opportunities, various rehabilitative social opportunities, housing and transitional housing to its members. Wasatch House recently experienced a significant increase in membership related to WMH combining all of its day time programming into one location. WMH has done great work transitioning these services and maintaining a high level of care as evidence through direct reports from members and observed recovery activities during the site visit. DSAMH commends WMH and Wasatch House for maintaining their International Center for Clubhouse Development (ICCD) accreditation, best practice fidelity and their high quality of service to program participants. With shifting health care funding, WMH has done a great job working collaboratively across the state to help maintain fidelity to the clubhouse model and is encouraged to continue in their leadership role in this regard. Individuals interviewed at Wasatch House were very satisfied with their supportive employment programming, housing, and community at the clubhouse.
- 2) *Crisis Intervention Team (CIT)*: DSAMH recognizes and appreciates WMH's impressive efforts in building and sustaining positive collaborative relationships with law enforcement in Utah County. WMH has hosted 16 CIT academies and trained 371 officers since 2005 and WMH continues to develop and strengthen relationships with law enforcement agencies throughout the County.
- 3) *Crisis Services*: WMH provides excellent 24-hour crisis response services to their community including the Recovery Outreach Center (ROC), a walk-in crisis center that is available to anyone regardless of funding. The ROC offers a safe place for individuals experiencing a mental health emergency to be seen by a therapist, receive an assessment, have the necessary time to de-escalate and be triaged to appropriate and available resources. The Intensive Residential Treatment (IRT) center provides 24-hour crisis stabilization for individuals with severe mental illness and serves as an alternative to inpatient hospitalization. In addition to the ROC, WMH has integrated a mobile crisis response team who can respond to individuals in their own environment. This team works closely with the crisis line, CIT

officers, and other community partners to provide supportive services to individuals experiencing a mental health emergency.

- 4) *Access to Services:* WMH has made significant progress in expanding services with the opening of Mountain Peaks Counseling, an insurance clinic increasing access to services for their community. Since opening six months ago, Mountain Peaks Counseling has seen individuals and families with a variety of insurance plans including Blue Cross Blue Shield, Medicare, DMBA and PEHP to name a few. WMH Wasatch Assistance Team Caring for the Homeless (WATCH) team has also partnered with the Food and Care Coalition to provide on-site mental health services to homeless and low income individuals. The Food and Care Coalition has developed a state of the art center where homeless individuals and families receive a holistic approach to address their needs such as food, shelter, hygiene, mental health, spirituality, skill development and dental services.
- 5) *Treatment Based and Supported Housing:* WMH offers impressive continuity of care to individuals in need of housing. The continuum of care goes from most intensive support to least intensive support. WMH has nine housing facilities including 24-hour supervised housing, and independent living. WMH provides quality wrap around services depending on individual needs to help support individuals in their recovery. WMH has demonstrated active participation in the community and is working closely with the Continuum of Care and the local Public Housing Authorities.
- 6) *Wellness Promotion and Integrated Health:* WMH has developed and implemented the Acuity of Care System in the Adult Division that promotes principles of Recovery through consumer collaboration, utilizing the most appropriate level of care, and supporting clients transitioning to lower levels of care as clients gain independence. This leading-edge system has five levels of care going from the least intensive of medication management to most intensive level of crisis intervention. An important component of this system is Recovery Services Coordination (RSC) and is implemented at each level. RSC encourages regular reviews of levels of care by collaborating with the client and their multi-disciplinary team to continually update goals and objectives as needed as well as to guide movement through the different levels of care. In addition, WMH is making great strides in addressing integrated care by renovating the 2nd floor of the Westpark building to add Mountainlands Medical Clinic, a Federally Qualified Health Care Clinic.
- 7) *Consumer Feedback:* Individuals were interviewed at the WMH IRT and the Wasatch House. Respondents stated that they felt supported in their mental health treatment and were overall content in their treatment within WMH. They felt supported in their physical health, especially at Wasatch House when utilizing their wellness center. Past tobacco cessation and support was mentioned, although it was not currently being taught at the Wasatch House. There were some concerns at Wasatch House regarding spiritual health, where the majority of consumers did not feel comfortable and/or supported in their spiritual beliefs. Transportation was a topic that all were satisfied with, between Provo's excellent bus and TRAX system and the transportation provided by case managers and the Clubhouse. Many respondents were interested in becoming Certified Peer Support Specialists and desired to have more Peer Support Services provided to them.

- 8) *Peer Support:* The one Certified Peer Support Specialist (CPSS) employed is utilized in a very effective manner, working in crisis services, with the Family Assessment Stabilization Team, and even partnering with Family Resource Facilitators within WMH at times. Individuals in recovery that had worked with WMH's CPSS described feelings of trust, empathy, and being comfortable working with the CPSS.

Signature Page

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

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

The Division of Substance Abuse and Mental Health

Prepared by:

Chad Carter _____ Date _____
Auditor IV

Approved by:

Paul Korth _____ Date _____
Administrative Services Director

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