



Site Monitoring Report of

Salt Lake County
Division of Behavioral Health Services

Local Authority Contracts #130044 and #130043

Review Dates: February 23rd & 24th 2016

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Section One: Site Monitoring Report

Executive Summary

In accordance with Utah Code Section 62A-15-103, the Division of Substance Abuse and Mental Health (also referred to in this report as DSAMH or the Division) conducted a review of Salt Lake County Division of Behavioral Health Services (also referred to in this report as SLCo or the County) on February 23rd & 24th 2016. 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 | None | |
| | Significant Non-Compliance | 1 | 6 - 7 |
| | Minor Non-Compliance | 1 | 7 - 8 |
| <i>Child, Youth & Family Mental Health</i> | Major Non-Compliance | None | |
| | Significant Non-Compliance | None | |
| | Minor Non-Compliance | 4 | 11 - 13 |
| <i>Adult Mental Health</i> | Major Non-Compliance | None | |
| | Significant Non-Compliance | 1 | 17 |
| | Minor Non-Compliance | None | |
| <i>Substance Abuse Prevention</i> | Major Non-Compliance | None | |
| | Significant Non-Compliance | None | |
| | Minor Non-Compliance | None | |
| <i>Substance Abuse Treatment</i> | Major Non-Compliance | 1 | 23 - 24 |
| | Significant Non-Compliance | None | |
| | Minor Non-Compliance | 2 | 24 - 26 |

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review at Salt Lake County Division of Behavioral Health Services (SLCo). The Governance and Fiscal Oversight section of the review was conducted on February 23rd, 2016 by Chad Carter, Auditor IV. Overall cost per client data was analyzed and compared to the statewide Local Authority average. Personnel and subcontractor files were examined for compliance with state licensing laws and adherence to contractual requirements, as well as the Center's own policy. Client fees were reviewed for consistency and adherence to approved fee schedules. Executive travel reimbursements were reviewed to ensure they were appropriate and that no personal benefit had been gained. Detailed service and operating expenditures were examined for proper approval and supporting documentation.

Mental health and substance use disorder services are contracted to outside providers. SLCo must ensure that subcontractors comply with all provisions identified in the DHS Contract with Local Mental Health Authority. SLCo does conduct regular monitoring reviews on their subcontractors. The Governance and Oversight section of the review was extended to include some contracted providers to test compliance. Site visits were done on Volunteers of America, Family Counseling Center and Odyssey House. The visits included a review of insurance, code of conduct, conflict of interest, licensing, invoices and training.

SLCo's independent financial statement audit was reviewed as part of monitoring. The CPA firm Squire & Company completed the audit of Salt Lake County for the year ending December 31, 2014 and issued a report dated June 29, 2015. The auditors' opinion was unqualified and no deficiencies were identified during the audit of the financial statements.

Follow-up from Fiscal Year 2015 Audit:

FY15 Minor Non-compliance Issues:

- 1) OptumHeath is not monitoring a sufficient number of subcontractors and had only conducted monitoring on three to four during the fiscal year.

This finding has not been resolved, and is continued in FY16; See Significant Non-compliance Issue #1.

Findings for Fiscal Year 2016 Audit:

FY16 Major Non-compliance Issues:

None

FY16 Significant Non-compliance Issues:

- 1) SLCo conducted their annual audit on OptumHealth, but the report has not yet been completed. In speaking with SLCo, they will repeat their finding on Optum for insufficient subcontractor monitoring. The action plan submitted last year by Optum for this finding

stated that they would conduct at least six audits per quarter. Optum has participated in some of SLCo's monitoring visits, but have not done the additional monitoring on their own as stated in their action plan. SLCo is proactively following up on this issue, but Optum must be able to provide reasonable assurance that its contracted providers are meeting performance standards and are in compliance with the DHS contract.

Center's Response and Corrective Action Plan:

Since April 2015, thirty Optum providers have been audited at least one time. This includes audits conducted by Optum Salt Lake County, Optum's High Volume Audit Team and by Optum staff in collaboration with the Salt Lake County Division of Behavioral Health Services Quality Team and the Division of Substance Abuse and Mental Health auditing teams. The Optum audit schedule for FY17 is currently under development and does include follow-up audits related to findings from prior monitoring visits.

FY16 Minor Non-compliance Issues:

- 1) During the review of subcontracted providers, it was found that Volunteers of America (VOA) was not in compliance with conflict of interest provisions of the DHS contract. VOA was aware of several therapists that either had their own practice or were providing the same services with other employers. The subject was being communicated within the organization, but was not being documented. The contract requires that all potential conflicts are disclosed in writing and updated annually.

Center's Response and Corrective Action Plan:

Every year as part of the County's contract negotiation process, we send out the conflict of interest form to the providers and ask for it to be returned. Our instructions to the agencies indicate that they need to return a form for each employee who has a conflict of interest. On May 7, 2015, we received a signed Conflict of Interest form from Volunteers of America (VOA) that indicated that there were no conflicts of interest. With what the County received prior to the beginning of the FY16 year and that by contract contractors are obligated to submit a Conflict of Interest form when an existing or new employee obtains dual employment with an outside agency with similar job duties, the County had no reason to believe that VOA had not followed procedure appropriately. However, with this finding we discovered that the problem was two-fold. First, when the question was asked of VOA about employees with dual employment in like positions, the answer given was an "off-the-cuff" response versus a factual response (i.e., meaning the numbers given were not necessarily factual). Secondly, it was discovered that VOA was under the impression that only those employees with dual employment with government agencies or with those providers the County contracts with needed to complete a Conflict of Interest form. To address this finding, first during the monthly provider meeting all providers will be notified that when giving out this type of information it is for official purposes and will be regarded as factual so it is important that they only give factual information. Second, all providers will be asked to submit Conflict of Interest forms for any current employees to which this pertains within seven days (VOA is to have their forms into the County by August 5, 2016, for those who currently have dual employment). This would pertain not to just this immediate finding but would be ongoing as turnover occurs or current employees gain dual employment. Thirdly, for FY17 the County will add to its audit tool to review any Conflict of

Interest forms on file and to specifically inquire about dual employment for all employees.

FY16 Deficiencies:

None

FY16 Recommendations:

None

FY16 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 on February 23rd & 24th, 2016. The monitoring team consisted of Dinah Weldon, Program Administrator; Eric Tadehara, Program Manager; and Wendy Mair, National Alliance on Mental Illness Utah (NAMI Utah). The review included the following areas: record reviews; discussions with clinical supervisors and management; case staffing; program visits; and feedback from families through questionnaires. During the visit, the monitoring team reviewed FY15 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; SLCo 2015 Audit of OptumHealth; and the Center's provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 2015 Audit

FY15 Minor 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 FY13.

This finding has not been resolved, and is continued in FY16; See Minor Non-compliance Issue #1.

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

This finding has been resolved.

- 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 the Substance Abuse and Mental Health Information System (SAMHIS).

This finding has not been resolved and is continued in FY16; see Minor Non-compliance Issue #2.

- 4) Recovery Plans are not compliant with Division Directives. Objectives are not tied to measureable behavioral or cognitive changes and are difficult to achieve.

This finding has not been resolved and is continued in FY16; see Minor Non-compliance Issue #3.

- 5) Juvenile Civil Commitment processes are not compliant with statutory requirements. Over half of the commitment forms that were reviewed were outdated versions from 2007. The list of children and youth who were committed to the physical custody of SLCo was not current or accurate. It was not evident that Juvenile Civil Commitment was happening in the time frame required by statute. There was no evidence that SLCo was using the Discharge from Commitment form.

This finding has not been resolved and is continued in FY16; see Minor Non-compliance Issue #4.

Findings for Fiscal Year 2016 Audit

FY16 Major Non-compliance Issues:

None

FY16 Significant Non-compliance Issues:

None

FY16 Minor Non-compliance Issues:

- 1) *Coordination of care:* Coordination of care continues to be limited for children and youth transitioning between provider agencies. Within the chart review, evidence of communication or coordinated treatment efforts between the contracted providers was lacking.

SLCo has made improvements in coordination of care occurring between levels of care (e.g. residential, intensive day treatment, and outpatient services). There was also evidence of improved coordination of care with community partners. SLCo has continued to have increased involvement with Multi Agency Coordinating Committees, which was evidenced through meetings with DCFS and the Juvenile Courts. SLCO conducts quarterly meetings with these partners to ensure the needs of children and youth are being met.

Challenges exist in coordinating treatment efforts between agencies when there are multiple agencies serving a child or youth. In one chart, a youth was receiving services from Valley Behavioral Health, with Hopeful Beginnings providing respite services. The treatment plans did not include goals or objectives showing the concurrent services. There was no evidence that there was ongoing communication between the two treatment providers.

Center's Response and Corrective Action Plan:

1a) Optum Salt Lake County continues to emphasize the importance of documenting the coordination of care efforts between agencies. This will again be addressed during mandatory provider trainings in FY17. However, in July 2016, a weekly email blast will include the following: details to be included in the documentation, reference to 45 CFR parts 160 and 164, as well as a reference to the coding requirements for T1017 Targeting Case Management, indicating

this is a reimbursable service.

1b) Since the monitoring visit in February, Optum conducted a follow-up meeting with Valley Behavioral Health and Hopeful Beginnings to collaborate on a workflow to improve collaboration between the two agencies specifically related to Respite. The referral, admission, treatment planning, clinical collaboration and discharge planning processes were outlined. Per Hopeful Beginnings report on June 13, 2016, these steps have been implemented.

- 2) *Emergency data:* Emergency data reported to DSAMH regarding emergency services is incomplete. For FY15, there was an increase (from four in FY14 to 37 in FY15) in the number of children and youth who were reported to SAMHIS to have received emergency services, however, SLCo is not capturing all of the emergency data.

DSAMH recognizes that data for emergency services through the Mobile Crisis Outreach Team is not accessible at this time; however some of SLCo's providers (such as Youth Services or school-based services) see children and youth who are in crisis without requiring them to have an appointment in advance. Training providers to use the Emergency Modifier for the Event of Service will allow SLCo to capture and report more of the emergency services that are being provided.

Center's Response and Corrective Action Plan:

During the Mandatory Provider Training in August of 2016, Optum Salt Lake County will include a specific discussion regarding the application and use of the crisis modifier. In addition, Optum will add this to the clinical auditing tool to verify it is used appropriately by providers. In addition, Optum will monitor claims data for use of the emergency modifier.

- 3) *Objectives:* During the chart review, objectives in six of the 16 charts were vague, lacked meaning for children, youth and families, and were difficult for a child or youth to achieve. Examples include: (1) the child will "explore feelings that trigger pain"; (2) "client will have no negative thoughts about self to harm self and will develop improved coping skills"; and (3) client will "reduce frequency and severity of disruptive behavior at home and school." Each of these objectives is vague and would be difficult for a child or youth to achieve. The Division Directives state that "short term goals/objectives are measurable, achievable and within a timeframe." Providing technical assistance/training to the various providers to incorporate these concepts into the recovery planning process will allow for better progress for children and their families.

Center's Response and Corrective Action Plan:

Optum has offered repeated trainings for providers regarding creating and implementing treatment plans which meet Division Directive standards. This topic will again be addressed in

the Mandatory Provider Trainings in the Fall of 2016. This training will have the additional component of being interactive, using specific cases, where providers will create and edit treatment plans to meet Medicaid requirements. This training will be offered in conjunction with representatives from the Recovery and Resiliency Team to demonstrate how to include the consumer and their family members in treatment planning and treatment plan reviews.

- 4) *Juvenile Civil Commitment*: The Juvenile Civil Commitment processes are not compliant with statutory requirements.
 - a) SLCo does not have an effective administrative process to track Juvenile Civil Commitment to ensure that the transfer of physical custody is completed in the time frame and manner required by statute.
 - b) SLCo is organizing and storing Juvenile Civil Commitment forms by the year completed and then by the type of placement. This system made it difficult for SLCo to locate the necessary legal documents related to any specific client. Usually, this occurs in an electronic medical record where all legal documents related to a client are kept together. That system enables LMHAs to track multiple commitments for a client over time and ensure that all the required legal documents have been completed.
 - c) Discharge from Commitment forms were not completed for youth discharging from the Utah State Hospital. SLCo was not tracking administratively (or by individual client) if these forms had been completed.

Center’s Response and Corrective Action Plan:

4a) Since the DSAMH monitoring visit in February, Optum Salt Lake County has created a workflow to address the issues associated with Juvenile Civil Commitment. The workflow requires that the Commitment of Physical Custody and the Discharge from Commitment forms are submitted to Optum. Therefore, the date the youth is placed in custody is recorded and the discharge date is also tracked. The spreadsheet maintained to support the workflow used for tracking youth commitment includes the date of admission to the facility, date of pink/blue sheet and/or Commitment of Physical Custody form, and date of discharge from commitment. The spreadsheet allows Optum to track physical custody of the youth from admission to discharge (see below).

| Client Name | | Date of Admission | Emergency | MH | Petitioner | Date of Commitment | NDFP | D/C | Reviews | Reviews |
|-------------|------|-------------------|------------|---------|------------|--------------------|------|-----|---------|---------|
| First | Last | /Commitment | Commitment | Officer | | Discharge | Name | | | |
| | | | | | | | | | | |

4b) This documentation as well as the Commitment of Physical Custody form are to be faxed to Optum. A spreadsheet is used to track receipt of these forms, as well as the discharge forms.

4c) A specific workflow has been implemented for tracking the Discharge from Commitment forms and all forms related to the same consumer are stored together.

FY16 Deficiencies:

None

FY16 Recommendations:

- 1) *Mobile Crisis Outreach Team (MCOT)*: In consideration of reports that the MCOT's responses to Salt Lake Valley Juvenile Detention (SLVDT) are not sufficiently assisting detention staff in addressing the crisis mental health needs of the youth and are not sufficiently collaborative with detention staff, it is recommended that the Juvenile MCOT:
 - a) Become familiar with the Massachusetts Youth Screening Instrument—Version 2 (MAYSI-2; Grisso & Barnum, 2006): a 52-question self-report screening instrument that measures symptoms on seven scales pertaining to areas of emotional, behavioral, or psychological disturbance, including suicide ideation. This screening instrument is used in all of Utah's Juvenile Justice Facilities.
 - b) SLVDT is beginning to use the Columbia Suicide Severity Rating Scale (C-SSRS) to evaluate suicidality. Juvenile MCOT, in line with the local mental health authority directives should be familiar with and utilize the C-SSRS, giving a common framework to talk about mental illness and suicide related issues with JSS and other providers. Ask to see the youth's C-SSRS results, if one has been administered recently. Administer the C-SSRS when indicated.
 - c) As indicated, the follow up plan should involve the Stanley Brown Safety Plan tool endorsed by DSAMH and the statewide zero suicide initiative adopted by local mental health authorities.
 - d) Attend the eight hour Mental Health Training provided to Juvenile Justice Staff to gain greater understanding of mental health and suicide related risks and needs that are common to youth in Juvenile Justice settings.
 - e) When responding to SLVDT, MCOT staff members are requested to complete a written document that clearly identifies recommendations and next steps for the SLVDT staff to consider implementing to help them meet the mental, emotional and behavioral health needs of the youth
 - f) If an inpatient admission is warranted, then MCOT should help facilitate the admission by communicating directly with the Emergency Room Crisis Worker, informing them about the youth and why MCOT feels that the youth meets criteria for an inpatient admission.
 - g) MCOT is encouraged to notify the youth's behavioral health treatment providers of their involvement with the youth.
 - h) SLCo and OptumHealth are encouraged to develop a Business Associate Agreement with the Division of Juvenile Justice Services.

FY16 Division Comments:

- 1) *Family Feedback*: Family feedback was collected from 39 families who completed the Utah Family Coalition (UFC) survey. The overall view of the families who completed the survey was positive, with many families reporting good access to services throughout the county. The majority of the parents who responded affirmed that they are included in their child's treatment planning and recovery. It is recommended that the Family Feedback surveys be distributed to a wider audience in order to gain a more comprehensive sample from families who receive services from SLCo.

- 2) *Wraparound and Family Resource Facilitators*: SLCo is providing Wraparound to fidelity as defined by the UFC. SLCo Family Resource Facilitators (FRF) are an integral part of the service delivery system in SLCo and maintain a strong emphasis in the Wraparound process on engaging both informal and formal supports. In the UFC survey, parents reported the FRFs provided information about local resources, support groups, and helped to advocate for the children, youth, and families served. One parent stated the FRF “really made my granddaughter’s voice and choice heard.”
- 3) *FAST and Latency FAST*: SLCo provides supportive family based services to keep children in their homes during times of mental health and behavioral crisis. The FAST program serves youth ages 12-17 years old and the Latency FAST program serves youth ages 6-11 years old. The programs utilize a collaborative effort with the youth MCOT team and the Salt Lake County Division of Youth Services to provide crisis family intervention to help stabilize crisis situations, and divert possible inpatient admissions.
- 4) *USARA*: SLCo partners with Utah Support Advocates for Recovery Awareness (USARA) to provide resources for families involved in recovery and/or the criminal justice system. USARA employs a FRF to provide services to families throughout the community, including at the Draper Prison and in various outpatient treatment providers. USARA also provides Addiction Recovery Management (ARM) for families to aide with reunification and other recovery oriented services for a family system.

Adult Mental Health

The Division of Substance Abuse and Mental Health Adult Monitoring Team conducted its annual monitoring review at Salt Lake County on February 23rd and 24th, 2016. The team consisted of Pam Bennett, Program Administrator, Robert H. Snarr, Program Administrator, LeAnne Huff, Program Manager and Cami Roundy, Peer Support and Resiliency Program Manager. The review included: record reviews, discussions with clinical supervisors and management teams, including Salt Lake County Division of Behavioral Health (SLCo), OptumHealth, and multiple providers and community partnerships throughout the County. Site visits were conducted at North Valley Outpatient, Fresh Start and Master's Programs, Volunteers of America Assertive Community Treatment (VOA/ACT) team, Oxbow Jail and Safe Haven/Valley Storefront. A focus group was conducted with individuals receiving services in Salt Lake County at Valley Behavioral Health (VBH) North Valley. During the site visit, the team discussed and reviewed the FY15 audit findings; the mental health scorecard; area plan; Outcome Questionnaires; and SLCo's provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 2015 Audit

FY15 Significant Non-Compliance Issues:

- 1) *DSAMH Directive on OQ Administration:* SLCo's rate of OQ administration continues to be insufficient with the FY14 mental health scorecard showing a rate of 39%, and Division Directives requiring at least 50% OQ collection rate to be in compliance. DSAMH appreciates that OQ administration has been steadily increasing over the last few years, and that the rate has increased from 33% in FY14 to 39% in FY15. DSAMH recognizes the complexity of providing OQ training to over 200 providers and appreciates SLCo's efforts in addressing this issue. The FY16 Score card now shows OQ administration at 50.7%.

This finding has been resolved.

- 2) *Documentation of Mandated Outpatient Services:* This finding is continued from FY14 where issues of documentation were found in the assessment, treatment plans, and progress notes, which could result in inadequate treatment. Thorough documentation in all these areas helps clinicians evaluate treatment progress and work with clients to create new goals and objectives as life adjustments occur. Charts were reviewed for VBH, Volunteers of America, Odyssey House, Asian Association, and Sundance Behavioral Health.

This finding has not been resolved and is continued in FY16; see Significant Non-compliance issue #1.

Findings for Fiscal Year 2016 Audit

FY16 Major Non-compliance Issues:

None

FY16 Significant Non-compliance Issues:

- 1) *Documentation of Mandated Outpatient Services:* This finding is continued from FY14 and FY15 as documentation issues continue to be found in the assessment, treatment plans and progress notes, which could result in inadequate treatment. Charts were reviewed for Valley Behavioral Health, Volunteers of America, Asian Association, Psychological Behavioral Solutions, Summit Community Counseling, Hopeful Beginnings, Clinical Consultants and Sundance Behavioral Health.

Charts reviewed demonstrated that five of 25 (20%) of charts did not include an updated or ongoing assessment and six of 25 (24%) did not include frequency and/or duration of treatment. Three of 25 charts (12%) had inconsistencies within the progress notes (note extremely brief, note not tied to treatment plan or goal) which is an improvement from FY15 (FY15=28%). Three of 25 charts (12%) did not have an objective in the chart. Without goals or objectives tied to progress notes, it is unclear if the progress note ties back to the treatment plan.

Center’s Response and Corrective Action Plan:

The Provider Manual was updated and distributed to all in-network providers on the 3rd of June, 2016. This includes all of the documentation requirements for providers. In addition, the interactive, mandatory provider training referenced under the children’s mental health section, response to number 3 of the minor non-compliance findings, is scheduled for the second week of August 2016. This training will revisit the concept of the “golden thread” and tying the assessment to the treatment plan and progress notes. Specific examples and strategies will be offered to clinicians along with strategies to efficiently implement these concepts into daily practice.

FY16 Minor Non-compliance Issues:

None

FY16 Deficiencies:

- 1) *SLCo/OptumHealth’s provider outpatient charting:* DSAMH provided a recommendation in FY15 regarding short term goals/objectives. In accordance with Division Directives, recovery planning principles state short term goals/objectives are to be measurable, achievable and within a timeframe. Eleven of 25 (44%) charts reviewed in FY16 did not have measurable objectives. The clearer and more measurable goals are, the easier it is for the client and therapist to evaluate progress. One possible option for developing measurable goals is encouraging staff to utilize **SMART** goals; **S**pecific, **M**easurable, **A**ttainable, **R**elevant, and **T**ime-based.

FY16 Recommendations:

- 1) *Integration of the OQ*: Division Directives require that data from the OQ shall be shared with the client and incorporated into the clinical process, as evidenced in the chart. Only eight of 25 (32%) charts had evidence of integration of OQ as a clinical tool and only two of 25 (8%) of the charts included ongoing administration and use of the OQ. Although administration of the OQ every 30 days has increased to 50.7%, five out of 25 (20%) charts included completed paper OQs without evidence of scoring. The 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 (LMHAs) and by DSAMH. It is recommended that SLCo and OptumHealth work with providers to increase understanding of the clinical use of the OQ.
- 2) *Case Management (CM)*: In review of the FY15 Mental Health Score Card, SLCo reported 20.4% of CM as compared to the urban areas average of 28.6%. A review of CM in the Substance Abuse and Mental Health Information System (SAMHIS) demonstrates substantially higher numbers over the last seven months, and SLCo is on track to exceed the FY15 urban average. DSAMH recognizes and appreciates SLCo's efforts in addressing the issue, and recommends continued efforts to bring case management services numbers to meet or exceed the urban average.

FY16 Division Comments:

- 1) *Homeless services*: DSAMH commends SLCo, in partnership with VBH for providing evidence-based practices and treatment services at Homefront, Safe Haven and at Storefront, including the development of two assertive outreach teams. The Valley Homeless Outreach Team and the Assertive Community Outreach Team provide services 24/7, and assist individuals discharging from inpatient settings to avoid homelessness. These programs have been successful in outreach efforts and facilitating placement into permanent supportive housing, and have demonstrated active participation with local homeless service providers including partner agencies: Salt Lake Police Department, Jail, Hospitals, The Road Home, VOA, 4th Street Medical Clinic, local Public Housing Authorities and the Continuum of Care.
- 2) *Aging Services*: DSAMH recognizes and appreciates the partnership between the VBH Masters Program and Salt Lake County Aging and Adult Services for the Initiative on the Vital Aging Project. This program provides weekly services in eight Senior Centers throughout the County, promoting wellness education. A licensed mental health therapist is also available to these centers, providing mental health services to individuals and their families. VBH has also used private grant monies to hire a full time position, to coordinate the physical health and mental health care needs of their elderly clients.
- 3) *Salt Lake County Behavioral Health Advisory Council*: DSAMH appreciates the collaboration of the community members who sit on the Salt Lake County Behavioral Health Advisory Council. Representation includes Salt Lake City Police, Salt Lake County Jail, Intermountain Healthcare Dayspring, Utah Support Advocates for Recovery Awareness (USARA), National Alliance on Mental Illness Utah (NAMI), University of Utah Psychiatry,

Alliance House, and consumer experts. This council meets quarterly and provides input and advice into the programming to Salt Lake County Behavioral Health Administration.

- 4) *Access to Services:* DSAMH contacted Clinical Consultants, Hopeful Beginnings and Valley Behavioral Health to perform an access test. Clinical Consultants report a seven day wait for an evaluation for Medicaid clients. Unfunded individuals are required to pay upfront for their assessment, followed by scheduling an intake. Hopeful Beginnings has a wait-list of four to six weeks for Medicaid and unfunded clients. However, they ask about symptoms including suicidal ideation, and individuals in crisis are referred to the next available therapist. They also offer in home services for therapy as an option. Valley Behavioral Health will ask about symptoms followed by a transfer to Billing. VBH reports that they will process the information within 24 hours and call back with an appointment. However, no one called DSAMH back.
- 5) *Adult Peer Support Services:* Salt Lake County has an extensive workforce of Peer Support Specialists in the State of Utah, with OptumHealth now offering Certified Peer Support Specialist training. DSAMH visited Peer Support Specialists at Valley Behavioral Health North Valley and Volunteers of America/ACT to review charting and provide technical assistance for Peer Support Services. SLCo continues to exemplify the process of incorporating adult peer support services into a complex treatment system.
- 6) *Participant Feedback:* Participants in the Valley Behavioral Health Fresh Start Program reported that they feel supported by the staff and are free to be able to share their ideas and work as a group to make program decisions. They expressed that they enjoy the different groups, particularly Wellness groups, and enjoy the opportunity to speak in public and educate others. Participant comments included - “Fresh Start has been a Godsend for me. I have a job and do well and I am grateful to be here”; “I get support and get to spend my day with people I like. It helps me to get centered and keep moving forward”; “We act like a great big family. We really don’t pay attention to a person’s diagnosis or illness, we pay attention to them as a person.”

Substance Abuse Prevention

Susannah Burt, Program Manager, conducted the annual prevention review of Salt Lake County Substance Abuse Prevention on February 23rd, 2016. The reviews focused on the requirements found in State and Federal law, Division Directives, and contracts. In addition, the reviews evaluated the services described in the annual prevention area plan and evaluated the data used to establish prevention priorities.

Follow-up from Fiscal Year 2015 Audit

No findings were issued in FY15.

Findings for Fiscal Year 2016 Audit

FY16 Major Non-compliance Issues:

None

FY16 Significant Non-compliance Issues:

None

FY16 Minor Non-compliance Issues:

None

FY16 Deficiencies:

- 1) SLCo saw a decrease in the number of Eliminating Alcohol Sales to Youth Compliance checks, from 536 in FY13 to 476 in FY14 (most recent data available).

FY16 Recommendations:

- 1) It is recommended that SLCo work towards increasing the Student Health and Risk Prevention (SHARP) survey sample in the County. The SHARP survey provides data for coalitions so they can prioritize issues and factors within their specific community.
- 2) It is recommended that SLCo increase training opportunities for staff and coalition members. This includes program level training, and attending conferences, summits and workshops. Increasing training opportunities increases the capacity of the community to do effective and evidence based prevention.
- 3) It is recommended that SLCo identify ways to increase the number of EASY compliance checks with the local law enforcement agencies.

FY16 Division Comments:

- 1) SLCo saw an improvement on the Synar compliance check rates. SLCo increased to 94% from 89% the previous year. 598 tobacco establishments were checked and 35 sold tobacco products to minors.
- 2) SLCo reported an increase in the number of coalitions they participate in from five to eight.
- 3) SLCo uses logic models as part of their audit tool with their providers. They also require all providers to complete and submit year end reports relating how they are working towards long-term goals. This is evidence of SLCo efforts of evaluation.
- 4) SLCo holds monthly meetings with their providers. During these meetings providers and SLCo share information, provide training on evidence based, suicide prevention, shared risk factors, marijuana, legislative issues, how to use/draft a logic model and the Student Health and Risk Prevention survey.
- 5) SLCo elected to move the Prevention team from Behavioral Health Services to the Health Department. This has assisted the Prevention team in collaborating with many new partners. Included are private partners such as Intermountain Healthcare.
- 6) SLCo has a new Health Salt Lake website outlining plans, priorities and resources to increase the health of the community.
- 7) A review of the SHARP survey results show that substance use rates are not increasing in SLCo.

Substance Abuse Treatment

Becky King, Program Administrator and Heather Lewis, Program Manager, conducted the annual review of Salt Lake County Behavioral Health Services on February 23rd, 2016. The visit focused on Substance Abuse Prevention and Treatment (SAPT) block grant compliance, compliance with Division Directives and Contracts, SLCo's monitoring of contracted programs and their providers compliance with contract and clinical requirements. Block grant compliance was evaluated through a review of provider contracts, discussions with staff members and a review of SLCo's audit reports. Compliance with Division Directives was evaluated by reviewing SLCo's audit instruments and procedures, reviewing provider contracts, comparing program outcome measures against DSAMH standards and visits with SLCo's agencies' staff members. Monitoring of clinical practices was evaluated by reviewing SLCo's audit reports, audit instruments, procedures and discussions with staff responsible for the audits of contracted providers. The review included a visit to SLCo Criminal Justice Services (CJS).

Follow-up from Fiscal Year 2015 Audit

FY15 Significant Non-Compliance Issues:

- 1) Not all of SLCo's agencies are using the Sliding Fee Scale and Fee Reduction Policy submitted by SLCo with their area plan for collection of client fees.

This finding has not been resolved, and is continued in FY16; See Major Non-compliance Issue #1.

FY15 Minor Non-Compliance Issues:

- 1) FY14 Utah Substance Abuse Treatment Outcomes Measures showed:
 - a. The percent of clients reporting alcohol abstinence from admission to discharge increased from 23.6% to 27.3% from FY13 to FY14 respectively. In FY15, the percent of abstinence from alcohol use decreased to 20.6%, which still does not meet Division Directives.

This finding has not been resolved, and is continued in FY16; See Minor Non-compliance Issue #1(a).

- b. The percent of clients that completed a treatment episode successfully decreased from 47.4% to 45.7% from FY13 to FY14 respectively. In FY15, the percent of clients completing a treatment episode successfully decreased to 42.5%, which still does not meet Division Directives.

This finding has not been resolved, and is continued in FY16; See Minor Non-compliance Issue #1(b).

- c. The percent of old open admissions for non-methadone, intensive outpatient (IOP) or residential treatment in SLCo was 5% in FY14, which was above the Division Standard of 4%. In FY15, the number of old open admissions increased to 5.1%, which still does not meet Division Directives.

This finding has not been resolved, and is continued in FY16; See Minor Non-compliance Issue #1(c).

FY15 Deficiencies:

- 1) SLCo Criminal Justice Services was not using Medicaid and commercial insurance to maximum capacity with Criminal Justice Programs. In FY15, SLCo developed a plan to start billing Medicaid and commercial insurance, which now meets Division Directives.

This deficiency has been resolved.

- 2) SLCo's Drug Court Teams were not providing copies of their incentives and sanctions matrix to the clients as part of their handbook. It was also reported that the matrix was only considered to be a general guide. In FY15, the SLCo Drug Court Team started providing copies of the incentives and sanctions matrix to clients and using the matrix as a tool for improving client outcomes.

This deficiency has been resolved.

Findings for Fiscal Year 2016 Audit:

FY16 Major Non-compliance issues:

- 1) Not all of SLCo's agencies are using the Sliding Fee Scale and Fee Reduction Policy submitted by SLCo with their area plan for collection of client fees. SLCo Criminal Justice Services reported in FY14 and FY15 that they have been using a standard fee of \$1,200 for phases 2-4 of Drug Court and clients are required to pay for their Urinalysis Tests at \$12.50 each. Since drug testing is required a minimum of two times per week, this adds a minimum of an additional \$1,300 per year to the assessed fees. This process is in conflict with both the requirements outlined in the FY16 Division Directives and the DHS contract for Substance Abuse Services with SLCo.

Center's Response and Corrective Action Plan:

Salt Lake County does allow for agencies to utilize alternate fee schedules, when approved by the County in advance. SLCo Criminal Justice Services is one of the agencies that we have approved an alternate fee schedule for, and this fee schedule is included in the Area Plan submitted to DSAMH. CJS will make adjustments to their fee schedule based on an individual's ability to pay. The fee can be reduced down to \$800.00 or written off based on an individual's financial needs, which is assessed by their case manager and approved by the case manager's supervisor. When an individual enters drug court each case manager creates a detailed budget

plan with their client. By the end of Drug Court most clients are working and are able to meet their financial obligations. No one is ever denied treatment, phase progression, or graduation from the program due to their inability to pay.

FY16 Significant Non-compliance issues:

None

FY16 Minor Non-compliance issues:

1) The FY15 Utah Substance Abuse Treatment Outcomes Measures showed:

- a. The percent of clients reporting alcohol abstinence from admission to discharge increased from 23.6% to 27.3% from FY13 to FY14 respectively. In FY15, the percent of abstinence from alcohol use decreased to 20.6%, which still does not meet the Division Directives.

Local Substance Abuse Authorities' Outcome Scorecard will show that they increased the percentage of clients who are abstinent from alcohol from admission to discharge at a rate that is greater than or equal to 75% of the national average. Abstinence from alcohol is defined as no alcohol use for 30 days.

County's Response and Corrective Action Plan:

It is an unfortunate reality that there are some clients who turn to alcohol as a "replacement drug" for whatever drug of choice the client is giving up. This is certainly not encouraged and is addressed accordingly. Salt Lake County will continue to ensure providers address this issue, and also ensure that it is being properly recorded. With at least some of these clients the issue is not that they begin using alcohol during treatment versus that they did not disclose their alcohol use upon admission. Weeks or months later this is disclosed, or discovered. The person does not complete treatment successfully (not necessarily immediately tied to discovery of alcohol use) and therefore it appears as if the client began using during treatment. Additionally, due to the fact that we contract out with a large network of providers, the provider at the beginning of an episode is not necessarily always the provider at the end of episode. In these instances, the provider at the end of the episode would not have access to the episode admission record and it is not possible to update that with newly discovered information. Due to the detox admission counting as the start of an episode the use of substances listed are usually restricted to those the client reports while intoxicated, and therefore may not reflect the complete condition at admission. This initial report of substances while under the influence may for this reason be minimizing the actual use disorder and/or the number of substances used/abused.

- b. The percent of clients that completed a treatment episode successfully decreased from 47.4% to 45.7% from FY13 to FY14 respectively. In FY15, the percent of clients completing a treatment episode successfully decreased to 42.5%, which still does not meet Division Directives.

Local Substance Abuse Authorities will meet or exceed their FY2014 Successful Treatment Episode Completion rates in FY2015 and will work towards achieving a goal of 60%. Local Substance Abuse Authorities whose FY2014 completion rate was over 60% are required to meet or exceed a 60% completion rate in FY2015. Successful Treatment Episode Completion is defined as a successful completion of an episode of treatment without a readmission within 30 days. An episode of treatment is defined in the Treatment Episode Data Set.

County's Response and Corrective Action Plan:

Due to Salt Lake County's model of paneling providers versus providing the services in-house it is a constant training issue to ensure providers are coding any part of the [TEDS NOMS](#) data correctly. Treatment completion is the criteria reviewed during the County's audits of each provider and, if found to be a deficiency, would require corrective action. Based on County audits of providers, we feel this finding is primarily related to data entry and training of clinical staff. Through the County's Navigator and PSCC meetings, as well as the annual audits, we will continue to train staff and address this issue. Additionally, we will be providing our QA/QM team a monthly report of providers' open clients and discharge reasons so that we may take a more proactive approach to addressing this finding and provide more technical assistance in areas where the data indicate it is needed.

Also CJS data has been recently added under SLCo. As there is historical data which was not monitored or reported on by Salt Lake County or the State, there is need for review and corrections of both the historical and currently collected/reported data. We are working with CJS to address these issues and to train their staff on data entry.

- c. The percent of old open admissions for non-methadone, intensive outpatient (IOP) or residential treatment in SLCo was 5% in FY14, which is above the Division Standard of 4%. In the FY15, the number of old open admissions increased to 5.1%, which still does not meet Division Directives.

Data findings may result for substance abuse providers when old open admissions account for more than 4% of clients served for a given fiscal year for non-methadone Outpatient and/or IOP and any residential and/or detox.

County's Response and Corrective Action Plan:

Due to the reason described above, in b.), ensuring that providers discharge in a timely manner is challenging. The County does produce reports and notify any providers found to not have discharged what is identified as an old account. This is another one of the criteria reviewed during the County's audits of each provider and, if found to be a deficiency, will be corrected. Through the County's Navigator and PSCC meetings, as well as the annual audits, we will

continue to train staff and address this issue. The inclusion of the CJS has compounded this issue as well. Additionally, we will be providing our QA/QM team a monthly report of providers' open clients and discharge reasons so that we may take a more proactive approach to addressing this finding and provide more technical assistance in areas where the data indicate it is needed.

- 2) In FY15, SLCo collected 9.5% of the Youth (*Family*) Surveys, which is below the required rate of 10%.

A minimum sample rate of 10% of the number of annual unduplicated clients served for the prior year is required by all providers. Providers returning less than 10% will be considered deficient and will receive a finding in the audit report.

County's Response and Corrective Action Plan:

Upon receiving notice of the sample rate being below the minimum threshold, we reached out to our youth providers. What we were told was that it is a challenge to get the parents to complete the surveys. Despite staff's request to attend treatment with the youth, it is relatively common that parents will just drop off their youth for treatment. Of course, it is inappropriate to involve the youth in trying to get their parents to attend treatment, so after several requests to the parent to attend (via phone), if the parent continues to fail to attend then the next step is sending letters out to the parent(s). All too often there is no response to any of the outreach efforts. The youth providers will continue to take all necessary steps to engage parents to fill out the surveys, but unfortunately the lack of completing something as simple as a survey is reflective of the overall familial problems that contribute to the youth needing treatment. For FY17, once the surveys have been distributed Salt Lake County will reach out to youth providers on a weekly basis to be able to determine the rate of youth surveys completed and to ensure the providers are taking all reasonable steps to have the surveys completed.

FY16 Deficiencies:

None

FY16 Recommendations:

- 1) *Outcome Scorecards:* SLCo no longer prepares provider outcome scorecards similar to the ones used to evaluate the Local Authorities outcomes by DSAMH. SLCo discontinued the report several years ago, and therefore is not able to identify which providers are meeting outcome measure standards. DSAMH recommends publishing a scorecard to improve outcomes.
- 2) *Direct Access:* SLCo does an excellent job of referring clients to the appropriate programs and has a system in place to manage their waiting list. However, during a DSAMH Direct Access Test with a female volunteer that called the front desk of the Salt Lake County Behavioral Office, the receptionist did not ask this woman if she was pregnant. It is recommended that SLCo ensures that all women that call for treatment assistance are asked if

they are pregnant to ensure they receive services within 48 hours (which is a SAPT Block Grant Requirement).

FY16 Division Comments:

- 1) *Monitoring:* In FY15, SLCo started including feedback to providers after their Site Visit regarding the clinical chart reviews, which has made a positive difference with providers and program outcomes. In addition, SLCo has been including a SAPT Block checklist in the monitoring tool, which has assisted their contract programs in complying with these requirements.
- 2) *Medication Assisted Treatment (MAT):* SLCo continues to encourage the use of Medication Assisted Treatment (MAT), which has improved client and program outcomes.
- 3) *Justice Reinvestment Initiative (JRI):* SLCo has started three programs with the JRI Funds: (1) Core II – Salt Lake County Jail Women’s Treatment Program; (2) Intensive Supervision – with the SLCo CJS Program and Probation; (3) Prosecutorial Pre-Diversion Program – The SLCo Jail is screening low risk offenders and working with the District Attorney to prevent unnecessary jail time.
- 4) *Vivitrol Pilot Program:* SLCo Behavioral Health and the Jail has developed a pilot program that provides up to six months of Vivitrol injections to clients in Salt Lake County Treatment Programs. This program has made a positive difference in their community.

Section Two: Report Information

Background

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

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

Non-Compliance Issues, Action Plans and Timelines

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

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

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

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

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

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

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

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

Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of 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:

Chad Carter _____ Date _____
Auditor IV

Approved by:

Kyle Larson _____ Date _____
Administrative Services Director

Jeremy Christensen _____ Date _____
Assistant Director Mental Health

Brent Kelsey _____ Date _____
Assistant Director Substance Abuse

Doug Thomas _____ Date _____
Division Director