



Site Monitoring Report of

Wasatch County Family Clinic

Local Authority Contracts #122282 and #122283

Review Dates: November 12th & 17th, 2015

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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 Wasatch County Family Clinic (also referred to in this report as WCFC or the Center) on November 12th & 17th 2015. 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 None	
<i>Adult Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None None	
<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 None None	

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review at Wasatch County Family Clinic (WCFC). The Governance and Fiscal Oversight section of the review was conducted on November 17th, 2015 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.

The CPA firm Larson & Company, PC performed the County's financial statement audit for the year ending December 31st, 2014. The Independent Auditor's Report and the Independent Auditors' Report on Compliance for the Major Federal Award Programs, both dated August 25th, 2015, expressed an unqualified opinion and did not include any findings or deficiencies.

Follow-up from Fiscal Year 2015 Audit:

FY15 Minor Non-compliance Issues:

- 1) In a sample of four WCFC clinical employee files, one was found to have an expired BCI background check and another had a hire date of 5/19/14 without a completed BCI check.

This finding has been resolved.

- 2) WCFC's client cost for Substance Abuse Treatment has increased more than 25% from the previous year. DSAMH Division Directives state, "The Local Authority shall meet an overall client cost within fifty (50) percent of the statewide Local Authority overall average cost per client and with-in twenty-five (25) percent of their previous year actual cost per client." The Center's costs have increased by 26.7% going from \$1,539 per client in FY13 to \$1,950 in FY14. It is noted that WCFC's total cost per client is below the State average. It is also noted that Wasatch Mental Health took over as the contracted provider in January of 2013 and had some difficulties obtaining correct data from the previous provider. This may have affected the accuracy of the FY13 cost per client data.

This finding has been resolved.

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:

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, and Families team conducted its annual monitoring review at Wasatch County Family Clinic on December 17th, 2015. The monitoring team consisted of Eric Tadehara, Program Manager; and Brenda Chabot, Utah Family Coalition. 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 the Fiscal Year 2015 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; Mental Health Early Intervention funding; juvenile civil commitment; compliance with Division Directives; and the Center's provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 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:

None

FY16 Recommendations:

None

FY16 Division Comments:

- 1) *Family Feedback:* The Utah Family Coalition (UFC) collected feedback from 13 families via survey. Families and caregivers reported that WCFC and the staff are helpful and caring. Families are grateful for the many services provided by WCFC.
- 2) *Wraparound and Family Resource Facilitators:* WCFC provides Wraparound to fidelity as defined by the UFC. The Family Resource Facilitator (FRF) is an integral and valued part of

the service delivery system. The FRF is providing services throughout the community. The families who receive FRF services commented in the survey that the FRF is helpful and provides various resources and support.

- 3) *Strengthening Families:* During FY15, WCFC conducted its first Strengthening Family group. The group experienced start to finish completion for 100% of the participants. One community partner reported the group being very helpful for the families they refer, the success of the group is commendable.

Adult Mental Health

The Division of Substance Abuse and Mental Health Adult Monitoring Team conducted its annual monitoring review at Wasatch County Family Clinic on November 17th, 2015. The monitoring team consisted of Pam Bennett, Program Administrator, and LeAnne Huff, Program Manager. The review included the following areas: record reviews, and discussions with clinical supervisors and management teams. Visits were conducted to the Wasatch County Jail and outpatient services. During the discussions, the site visit team reviewed the Fiscal Year 2015 Monitoring Report; statistics, including the mental health scorecard; area plans; outcome questionnaires; Division Directives, and the Center's provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 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

FY15 Deficiencies:

None

FY15 Recommendations:

None

FY15 Division Comments:

- 1) *Crisis Intervention Team (CIT)*: DSAMH recognizes and appreciates WCFC and Summit County Sheriff's ongoing dedication to the CIT Program in Heber. DSAMH commends this collaborative partnership and the quality response given to individuals in their community experiencing a mental health crisis.
- 2) *Suicide Prevention*: DSAMH recognizes the excellent work WCFC is doing with suicide prevention. Through the funding from Prevention by Design, WCFC is continuing to market and advertise suicide prevention efforts in ads, paper, and radio. In addition to Question, Persuade, and Refer (QPR) training, the local suicide prevention coalition is now providing

postvention training. WCFC has partnered with the Health Department and Wasatch County School District and, through this partnership, trained a Spanish speaking QPR instructor. WCFC has provided 23 QPR classes to their community, including providing training through churches, schools, and senior centers.

- 3) *Community Collaboration:* DSAMH commends WCFC's commitment to its community and the partnerships they have built. WCFC and the Department of Health co-hosted "Dinner in the Park, Eat with your Family Day" that was attended by over 400 individuals. They had representation from the hospital, school district, law enforcement, and hospice. WCFC has been reaching out to their growing Hispanic community by offering QPR trainings and Prime for Life classes in Spanish.
- 4) *Client Outreach:* Charts indicated that WCFC provides thorough outreach to their clients when needed to help them obtain their goals, connect them to medical appointments, and keep them stable in the community.
- 5) *Crisis Safety Planning:* DSAMH appreciates WCFC's thorough documentation of safety planning in their medical record. When indicated, a safety plan was filled out collaboratively with the client and this information was easily identified in the charts.

Substance Abuse Prevention

Susannah Burt, Program Manager, conducted the annual prevention review of Wasatch County Family Clinic on November 12th, 2015. 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

FY15 Deficiencies:

- 1) Currently WCFC does not meet the 80% minimum of evidence-based strategies. The Division Directives require a goal of 100% with no more than 20% of implemented strategies being considered a two or lower on the PART tool (see tool on www.dsamh.utah.gov). 70% of WCFC's implemented strategies are considered evidence-based.

WCFC has collected data for an additional program and is preparing to submit this program to the Evidence Based Workgroup. In addition, some of the non-evidence based strategies were removed from the plan. WCFC demonstrated their dedication to improving and increasing the number of evidence based strategies in Wasatch County.

This Deficiency has been resolved.

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:

None

FY16 Recommendations:

- 1) It is recommended that WCFC develop a comprehensive strategic plan by December 2016.
- 2) It is recommended that WCFC share the data from the pre/post-tests with the coalitions. Providing the coalitions with the data will engage them and demonstrate the outcomes of their endeavors.

- 3) It is recommended that WCFC share their annual prevention report with their coalition and key leaders. Providing these groups with the report will allow them to see the goals, strategies and outcomes of the community efforts.

FY16 Division Comments:

- 1) WCFC has three coalitions within the county: Caring Community Coalition, Wasatch Suicide Prevention Coalition and Safe Kids Coalition. Safe Kids Coalition only meets twice a year. Caring Community Coalition has developed a stronger structure, using the Strategic Prevention Framework as its model.
- 2) WCFC provides Prime for Life Under 21 to over 500 high school students a year, as part of a collaboration with Wasatch School District.
- 3) WCFC has coordinated with volunteers and the community to provide Strengthening Families, this is well received in the community. Every family that started the class, stayed the entire 14 weeks with no drop outs.
- 4) WCFC has greatly improved the relationships between the County and other agencies. This is evidenced by the collaboration and joint projects such as the Dinner in the Park event. Mental Health, Substance Abuse Treatment, Health Department, and Prevention all worked together for the event as well as on the Wasatch Suicide Prevention Coalition.
- 5) The relationship with the increasing Hispanic population is improving, in large part to the work with Juan Morales. Mr. Morales has guided WCFC and the Caring Community Coalition on appropriate events, outreach and identified some additional needs of the specific population.
- 6) WCFC maintained their number of Eliminating Alcohol Sales to Youth (EASY) compliance checks as well as maintained the percent of compliance to 100%. This is due to the positive relationship with law enforcement and community support for the initiative.
- 7) During the visit, WCFC identified a technical assistance opportunity. DSAMH will schedule time with Wasatch Mental Health to address how to organize and share data with coalition members and stake holders.

Substance Abuse Treatment

Becky King, Program Administrator and Heather Lewis, Access to Recovery Program Manager, conducted the substance use disorders treatment review of Wasatch County Family Clinic on November 17th, 2015. The review focused on Substance Abuse Treatment (SAPT) Block Grant Compliance, Drug Court Program compliance, clinical practice and compliance with contract requirements. Clinical practices and documentation were evaluated by reviewing client charts and discussing current practices. Adherence to SAPT Block Grant requirements, contract requirements and Drug Court requirements were evaluated by a review of policies and procedures, interviews with clients, a discussion with WCFC staff and a review of program schedules and other documentation. WCFC 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 2015 Audit

FY15 Minor Non-compliance issues:

- 1) WCFC's outcome report shows that the percent of individuals retained in treatment decreased from 68.8% in FY13 to 51.9% in FY14. In FY15, the percent of individuals retained in treatment increased to 65.8%, which now meets Division Directives.

This issue has been resolved.

- 2) WCFC collected 6.7% of Youth (Family) Satisfaction Surveys in FY14, which is below the required amount of 10%. In FY15, WCFC collected 15.8% of Youth (Family) Satisfaction Surveys, which now meets Division Directives.

This issue has been resolved.

- 3) WCFC's outcomes report showed that the percent of individuals involved in social support recovery decreased from 17.4% in FY13 to -5.9% in FY14. In FY15, the number of individuals involved in social recovery support increased to 5.4%, which now meets Division Directives.

This issue has been resolved.

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:

None

FY16 Recommendations:

- 1) *Drug Testing:* Clients reported that random drug screens are conducted at WCFC, which requires that they call in every day of the week. However, on the weekends there is a lack of gender specific staff to accommodate individuals (*i.e. female staff for female clients or male staff with male clients*). WCFC may want to consider having two staff on the weekends, one male and one female to provide appropriate gender specific coverage for drug tests.

FY16 Division Comments:

- 1) *Clinical Charts:* WCFC continues to make great strides in improving documentation with progress notes, goals and objectives in their electronic health records. They have an efficient system and it appears all staff have been trained well (*Chart #'s: 1031130, 1031146, 1029679 and 1035262*).
- 2) *Quality Program Services:* WCFC provides gender specific groups, family therapy, and are culturally aware and trauma informed.
- 3) *Communication and Respect:* Clients reported feeling very well informed on their progress in treatment, feel genuine respect both for and from all staff, and believe that the staff are well trained and knowledgeable in the field of substance use disorders. Clients reported that they were always learning new things from staff and that treatment groups weren't redundant.
- 4) *Tobacco Cessation:* WCFC has made good progress with tobacco cessation efforts through screening, assessment, education and providing Recovery Plus Resources to clients. This has been evident in data outcomes measures, which has resulted in a decrease in tobacco use over the past year.
- 5) *Direct Access:* WCFC screens new clients for mental health and substance use disorders through the use of the SASSI and other screening instruments. They also determine whether the client has been referred by the court or are voluntarily seeking services. If the client is court ordered, the front desk staff calls the court to obtain the court referral paperwork. Court ordered clients are expected to pay \$108.00 up front, which was applied to treatment costs. It takes approximately a week and a half to obtain an assessment. If a person is in crisis or pregnant, they are seen immediately.

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 Wasatch County Family Clinic 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

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