



Site Monitoring Report of

Utah County Mental Health Services  
Wasatch Mental Health

Local Authority Contract #160049

Review Date: January 9<sup>th</sup>, 2018

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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 Utah County Mental Health Services – Wasatch Mental Health (also referred to in this report as WMH or the Center) on January 9<sup>th</sup>, 2018. 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 Deficiency	None None None None	
<i>Child, Youth &amp; Family Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i>Adult Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None 1	11 - 12

## **Governance and Fiscal Oversight**

The Division of Substance Abuse and Mental Health (DSAMH) 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 on January 9<sup>th</sup>, 2018 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 has been gained. Board minutes were reviewed and discussions were conducted to determine if an appropriate level of involvement and financial oversight was provided by the governing board.

As part of the site visit, the most recent version of the Medicaid Cost Report was reviewed. This report is a cost study conducted by the Local Authority and then reviewed/approved by the Department of Health (DOH), Medicaid Division. This report establishes the center's cost allocation plan as it pertains to overhead/administrative costs and spreads these costs across the Current Procedural Terminology (CPT) billing codes used by the Center that year. This allows the Division to fairly incorporate these overhead/administrative costs into the payments sent for services that qualify for funding found on the Center's contract allocation letter. During the site visit review, a sample of billings submitted by the Center were pulled and verified that the costs charged were consistent with the Medicaid Cost Report and also met the requirements established for the funding source.

There is a current and valid contract in place between the Division and the Local Authority. WMH met its obligation of matching a required percentage of State funding.

The CPA firm Litz & Company completed an independent financial statement audit of Wasatch Mental Health Special Service District for the year ending June 30<sup>th</sup>, 2017 and issued a report dated October 27<sup>th</sup>, 2017. The auditors’ opinion was unqualified stating that the financial statements present fairly, in all material aspects, the financial position of WMH. In accordance with Government Auditing Standards and the OMB Compliance Supplement, the auditors also issued reports on internal control over financial reporting and compliance for each major Federal program. The Mental Health Block Grant was identified as a major Federal program and was selected for specific testing in the audit. The Division also sent a request for the auditors to test specifically for cost allowability, policies and executive compensation. The auditors did not report any deficiencies or findings.

### **Follow-up from Fiscal Year 2017 Audit:**

No findings were issued in FY17.

### **Findings for Fiscal Year 2018 Audit:**

**FY18 Major Non-compliance Issues:**

None

**FY18 Significant Non-compliance Issues:**

None

**FY18 Minor Non-compliance Issues:**

None

**FY18 Deficiencies:**

None

**FY18 Recommendations:**

- 1) There were some significant differences between the client counts listed on year-end reports and Substance Abuse Mental Health Information System (SAMHIS) data. It is recommended that WMH compares the data reported in SAMHIS regularly to identify differences and to ensure the client numbers reported at year-end are correct.

**FY18 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 Wasatch Mental Health on January 9<sup>th</sup> & 10<sup>th</sup>, 2018. The monitoring team consisted of Eric Tadehara, Program Administrator; Codie Thurgood, Program Manager; Mindy Leonard, Program Manager and Brenda Chabot from the Utah Family Coalition (Allies with Families). The review included the following areas: record reviews, discussions with clinical supervisors and management, case staffing, program visits, and feedback from families through questionnaires and a focus group. During the visit, the monitoring team reviewed the FY17 audit; statistics, including the Mental Health Scorecard; Area Plans; Youth Outcome Questionnaires; family involvement; Family Resource Facilitation (Peer Support); High Fidelity Wraparound; 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 2017 Audit**

No findings were issued in FY17.

### **Findings for Fiscal Year 2018 Audit**

#### **FY18 Major Non-compliance Issues:**

None

#### **FY18 Significant Non-compliance Issues:**

None

#### **FY18 Minor Non-compliance Issues:**

None

#### **FY18 Deficiencies:**

None

#### **FY18 Recommendations:**

- 1) *Treatment Plan Objectives:* A review of WMH recovery plans noted a lack of measurable and time specific treatment objectives in 6 of the 15 charts reviewed. Examples include: "He will learn to express his feelings in therapy and at home, as evidenced by therapist and parent report" and "Client would like to learn positive coping skills to help with his adjustment with transitioning and coping with high school." The current Utah Preferred Practice Guidelines state "objectives are measurable, achievable, and within a timeframe." While the objectives state a clear vision of the desired outcome, they do not provide the specific skills, steps, or timeframe needed to know if the objective has been realized. It is recommended WMH work towards creating treatment objectives that are measurable, achievable, and within a timeframe.

- 2) *Supported Employment in First Episode Psychosis (FEP) Program:* Supported employment and education are essential for young people’s recovery. Successful participation in supportive employment and education are associated with better management of symptoms, fewer hospitalizations, and less substance abuse (Bertolote & McGorry, 2005). Research shows that early intervention programs, along with supportive employment increased employment rates as compared to treatment as usual, 41% intervention group vs 17% control group employed (Bond, Drake, & Luciano, 2014). DSAMH commends WMH’s efforts in providing a First Episode Psychosis Program in their community. DSAMH recommends that supported employment take a more prominent role within the FEP team. During the FY18 site visit, a supported employment and education specialist (SEES) was not identified as a primary role on the team. Also in reviewing charts, one individual had difficulty getting a job because he became extremely nervous during the interview. A SEES role is to help individuals develop the skills they need to achieve school and work goals. In addition, the SEES specialist is a bridge between the clients and employers. Research from RAISE (Recovery After an Initial Schizophrenia Episode) showed that SEES services improved engagement of young people in treatment because it directly addressed their personal goals.

**FY18 Division Comments:**

- 1) *Community Collaboration:* WMH has taken a key role in collaborating with community partners through the local Community Anti-Drug Coalitions of America (CADCA) coalition. In addition to the community prevention work being done, WMH has also partnered with Downeast Home & Clothing as a recipient of Downeast’s Buy a Mattress, Give a Mattress program that provides high quality portable mattresses to individuals in need. WMH continues to connect with community partners to meet the needs of their clients.
- 2) *Interagency Partnership and Collaboration:* WMH has recently completed their new Payson office building. Not only is the building going to increase WMH’s ability to better serve their clients, WMH also sought out partnerships with Utah County Division of Substance Abuse and the Utah County Health Department. WMH has been innovative in bringing key partners together in one building to make needed services more accessible to children and families who reside in the south end of Utah County.
- 3) *Wraparound, Family Resource Facilitation, and Family Feedback:* WMH provides High Fidelity Wraparound as defined by the Utah Family Coalition (UFC). WMH continues to support Family Resource Facilitators (FRF) and the services they provide. At WMH, the FRFs are an integral part of the service delivery system, and the services they provide are valued by families and WMH. Many families reported the FRF’s and WMH staff provide support and “listen and actually care.” Parents/guardians report they feel that they are included in the treatment planning process for their child and “feels like I am being heard.”
- 4) Family feedback was collected from 34 total families, with 28 completing UFC surveys, and 6 attending the family focus group. Parents reported that WMH listens to the children, youth, and families, they have a friendly staff, and they “really care.” Based on family feedback, it is recommended WMH help parents/guardians “have a better understanding of the progress being made or not made” in treatment.

## **Adult Mental Health**

The Adult Mental Health team conducted its annual monitoring review of Wasatch Mental Health on January 9<sup>th</sup>, 2018. The team included LeAnne Huff, Adult Mental Health Program Manager, Cami Roundy, Recovery and Resiliency Peer Program Manager and Pete Caldwell Assertive Outpatient Team Program Manager. The review included the following areas: Discussions with clinical supervisors and management teams, record reviews, site visits to administrative offices, Prevention and Recovery from First Episode Psychosis (PREP) team meeting, Wasatch House, and community partner sites. During the discussions, the team reviewed the FY17 audit; statistics, including the Mental Health Scorecard; area plans; Outcome Questionnaires and the center's provision of the ten mandated services as required by Utah Code 17-43-301.

### **Follow-up from Fiscal Year 2017 Audit**

No findings were issued in FY17.

### **Findings for Fiscal Year 2018 Audit**

#### **FY18 Major Non-compliance Issues:**

None

#### **FY18 Significant Non-compliance Issues:**

None

#### **FY18 Minor Non-compliance Issues:**

None

#### **FY18 Deficiencies:**

- 1) *Documentation:* During the chart review process, six out of nine charts reviewed lacked measurable goals and objectives. This deficiency was also reflected in many of the WMH peer chart reviews. Recent peer chart reviews do demonstrate follow-up with the therapist to improve and strengthen goals. Measurable goals create structure and track-ability into an individual treatment plans goals and objectives. Division Directives state that the objectives should be "behavioral changes that are measurable, short term, and tied to the goals." One method for creating measurable goals is the S.M.A.R.T method, Specific, Measurable, Attainable, Relevant and Timely. The DSAMH recommend ongoing education and support to service providers with an emphasis on creating measurable and attainable goals. When goals are clear and measurable, it is easier for the client and therapist to evaluate progress toward recovery. This issue was addressed in the prior year as a recommendation under Adult Mental Health.

#### **Center's Response and Corrective Action Plan:**

In order to address the above deficiency, Wasatch Mental Health (WMH) will:

1. Develop standardized training modules (case examples, PowerPoints and handouts) for training staff to specific, measurable, short-term goals that indicate behavioral changes that are tied to treatment plan goals. (Projected completion: May 2018).
2. These materials will be reviewed and approved by our clinical directors committee consisting of the CEO, the COO and Corporate Compliance Officer, and both Division Directors)
3. Train staff using the above developed instruments in staff meetings, specific training meetings, our agency wide conference and other occasions. (Ongoing).
4. Review notes and charts in department meetings to review progress and review the quality of the documentation. (ongoing)
5. Develop an auditing mechanism (e.g. chart audits) at random from staff to review the quality of the written documentation. Select charts will be audited on a monthly basis and the results will be integrated into WMH's monthly reporting structure.(ongoing)
6. Quality of documentation will be emphasized during our existing peer review committee and process utilizing our existing administrative infrastructure to support the training and follow up.

#### **FY18 Recommendations:**

- 1) *Supported Employment in First Episode Psychosis Program (FEP)*: Successful participation in supported employment and education are associated with better management of symptoms, fewer hospitalizations, and less substance abuse (Bertolote & McGorry, 2005). Research shows that early intervention programs along with supported employment increased employment rates as compared to treatment as usual, 41% intervention group vs 17% control group employed (Bond, Drake, & Luciano, 2015). DSAMH commends WMH's efforts to provide a First Episode Psychosis Program in their community. During the FY18 site visit, a supported employment and education specialist (SEES) was not identified as a primary role on the team. One chart documented an individual who had difficulty getting a job because he became extremely nervous during the interview. An SEES would help individuals develop the skills they need to achieve school and work goals. In addition, the SES is a bridge between the clients and employers. Research from RAISE (Recovery After an Initial Schizophrenia Episode) indicates that SEES services improve engagement of young people in treatment because it directly addressed their personal goals. DSAMH recommends that supported employment have a more prominent role within the FEP program.

#### **FY18 Division Comments:**

- 1) *Justice Reinvestment Initiative (JRI)*: Two years ago, WMH created a transition program to reduce recidivism to Utah County Jail, in partnership with Utah County Jail and the Food and Care Coalition. This program identifies individuals with mental health issues, provides treatment, and connects them to outpatient services upon release. Staff wrap services around individuals to promote stability in the community. This program has employed a full-time therapist and supervisor within the jail setting, and four case managers outside of the jail who are able to visit with inmates to assess their needs. Once released, individuals are connected to the Food and Care Coalition and other needed resources. WMH reports this program has

resulted in an 80-90% reduction in recidivism.

- 2) *Crisis Intervention Team (CIT)*: DSAMH recognizes and appreciates WMH community partnerships with the Provo and Orem police departments to provide three Crisis Intervention Team (CIT) academies annually in Utah County and Wasatch County. CIT has trained approximately 700 officers in the last 15 years. In addition to CIT, WMH participates in weekly meetings with the Provo and Orem police departments to collaborate and connect high utilizers to resources and help them remain stable and out of crisis. WMH has a continued dedication to improving coordination with their local police departments in an effort to provide the highest quality services to their community and community partners.
- 3) *Homeless Services*: WMH participated in the Cooperative Agreement to Benefit Homeless Individuals Program (CABHI). This program is designed to reduce the number of people experiencing chronic homelessness by providing wrap around services, including, case management, assistance in enrolling in mainstream benefits, addressing physical health, employment, and substance abuse and mental health treatment. WMH reports that after one year of receiving services through the CABHI grant, 70% of individuals served are still housed.
- 4) *Participant Feedback*: DSAMH Peer Support Program Manager Cami Roundy met with a group of ten participants in the Wasatch House program. Participants report that they have worked with staff to create their treatment goals, and that Wasatch House gives them a way to keep from isolating, make friends, and have a sense of purpose. Two of the members said that their employment needs were being met and five members receive help with housing. Wellness includes a daily walking group and the ability to work out in the weight room. Some quotes from participants include: “We are all family here, we love each other.” “Being here has helped me come out of my shell.” “We all support and help each other here.” “When I first came here I wouldn’t talk to anyone. Now you can’t shut me up.”
- 5) *Peer Support Services (PSS)*: DSAMH Peer Support Program Manager Cami Roundy met with three PSS and their Supervisors. WMH is applauded for expanding Peer services to include working with individuals involved with housing/homeless services, crisis, and therapy/medication management. In addition, WMH has developed an excellent supervision model for PSS, and Peers report that they feel supported in their growing responsibilities.
- 6) *Bridge Team*: DSAMH commends the Bridge team at WMH for their excellence in service provision, community partnerships, and team cohesion. The Bridge Team uses the ACT model to provide intensive services to individuals in Utah County who have serious mental illness, Medicaid funding, and in many cases are civilly committed.

## **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 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 March 6, 2018  
Auditor IV

Approved by:

Kyle Larson  Date March 6, 2018  
Administrative Services Director

Ruth Wilson  Date March 6, 2018  
Assistant Director Children's Behavioral Health

Jeremy Christensen  Date March 6, 2018  
Assistant Director Mental Health

Doug Thomas  Date March 6, 2018  
Division Director