



State of Utah

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Department of Human Services

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Executive Director

Division of Substance Abuse and Mental Health

DOUG THOMAS
Director

July 16, 2020

Mr. Richard Bullough
Health Director, Summit County
650 Round Valley Dr. #100
Park City, Utah 84060

Dear Mr. Bullough:

In accordance with Utah Code Annotated 62A-15-103, the Division of Substance Abuse and Mental Health has completed its annual review of the contracted Local Authority, Summit County, its contracted service provider during the review period of FY20, Valley Behavioral Health and its new service provider, Healthy U Behavioral; the final report is enclosed. The scope of the review included fiscal management, children, youth, family and adult mental health services, substance abuse treatment and prevention services, and general operations.

The center has many strengths; however, this report by its nature focuses on the exceptions and areas in need of improvement. The Division has approved all corrective action plans submitted by the Center/County in response to each reported finding, which have been included in the final report. If you have any questions, please contact Chad Carter (801)538-4072

We appreciate the cooperation and assistance of the staff and look forward to a continued professional relationship.

Sincerely,


Doug Thomas (Jul 27, 2020 19:07 MDT)

Doug Thomas
Division Director

Enclosure

cc: Gary Larcenaire, Director, Valley Behavioral Health

Aaron Newman, Director of Behavioral Health, Summit County Health Department
Cindy Keyes, Business Manager, Summit County Health Department
Tracy Altman, Government Programs Manager, Healthy U Behavioral



Site Monitoring Report of

Summit County
Valley Behavioral Health
Healthy U Behavioral

Local Authority Contracts #152260 and #152261

Review Date: April 7th, 2020

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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 the Local Authority, Summit County, (also referred to in this report as the County) including its old contracted service provider Valley Behavioral Health, ending services in September of 2019, (also referred to in this report as Summit-VBH or the Center) and its new contracted service provider, Healthy U Behavioral (also referred to in this report as Summit-HUB). The official date of the review was April 7th, 2020. 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; Division Directives; 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 2 None	7-8
<i>Child, Youth & Family Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None 1	12-13
<i>Adult Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i>Substance Abuse Prevention</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None 2	17-18
<i>Substance Abuse Treatment</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 6 None	21-23

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review of Summit County – Valley Behavioral Health (Summit-VBH). The Governance and Fiscal Oversight section of the review was conducted on March 10th, 2020 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. Meeting minutes were reviewed and discussions were conducted to determine if an appropriate level of involvement and financial oversight was provided by the governing board and County.

As part of the site visit, Summit-VBH provided backup to support their costs and billed amounts, using rates taken from their Medicaid Cost Report. 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. Random samples were taken from the backup provided to verify that the listed services qualified for each different service category.

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

As required by the Local Authority, Summit County received a single audit for the year ending December 31st, 2018. The firm Ulrich & Associates, PC completed the audit and issued a report dated August 30th, 2019. The STR Opioid Grant and the Mental Health Block Grant were selected for specific testing as major programs. The auditors issued an unmodified opinion on the financial statements. No findings or deficiencies were reported in the audit.

The CPA firm Tanner LLC completed a single audit of Valley Behavioral Health for the year ending December 2018. The auditors issued an unmodified opinion on the financial statements in the Independent Auditor’s Report dated May 29th, 2019. The SAPT Block Grant was selected as a major program for specific testing. No findings or deficiencies were reported in the audit.

Follow-up from Fiscal Year 2019 Audit:

FY19 Minor Non-compliance Issues:

- 1) *Oversight of Contracted Services:* As the Local Authority and recipient of State and Federal funds, Summit County is responsible for the quality of services provided by their contracted service provider. DSAMH provides annual monitoring that includes a direct review of

services, but the County is also contractually required to provide monitoring and oversight of services provided under the DHS Local Authority Contract. Section E. 1. c.(1) of the contract states, “*LMHA/LSAA Responsibilities Regarding Subcontracts. When the LMHA/LSAA subcontracts, the LMHA/LSAA shall at a minimum: (1) Conduct at least one annual monitoring review. The LMHA/LSAA shall specify in its Area Plan how it will monitor their subcontracts.*”

This issue has been resolved. Summit County has a new contracted service provider and has submitted a plan detailing how they are going to monitor mental health and substance use disorder services. Some additional steps will be required to meet monitoring standards, please see Recommendation #1 for more information.

- 2) *Staff Turnover:* During 2018, Summit-VBH has had an average count of 24 employees. During this period, they have had 16 employee separations and 13 new hires. There were eight separations in the first half of the year and eight in the second half. Summit-VBH experienced a 67% turnover rate for 2018. Comparing the 67% turnover rate for Summit-VBH to the United States Department of Labor - Bureau of Labor Statistics, the average separations rate in the United States for Health Care and Social Assistance in 2017 was 33.2%. Turnover appears to be a significant and concerning issue for Summit-VBH since at least 2017 and is having a negative impact on services. It is recommended that Summit County and Summit-VBH make the issue of turnover a high priority and develop a plan to address factors that may be contributing to Summit-VBH’s high turnover rate.

This issue has not been resolved, but will not be continued in the FY20 report. The issue of turnover was analyzed only as part of the Special Audit conducted for Summit-VBH in the previous year, it is not part of the standard monitoring process and will not continue to be addressed as a finding. Valley Behavioral Health is strongly urged to continue looking at the issue of turnover because of its negative impact on service quality.

Findings for Fiscal Year 2020 Audit:

FY20 Major Non-compliance Issues:

None

FY20 Significant Non-compliance Issues:

None

FY20 Minor Non-compliance Issues:

- 1) *Background Checks:* During the review of personnel documentation, it was found that two of the selected files contained outdated and expired BCI background checks. Valley Behavioral Health has started a new process for completing these checks and ensuring they get approved, it appears that some may have fallen through the cracks with the new process.

County’s Response and Corrective Action Plan:

Action Plan: Effective September of 2019, Valley Behavioral Health’s contract with Summit County was terminated and awarded to the University of Utah Health Plans. By doing so this Minor Non-Compliance Issues is no longer applicable.

Timeline for compliance: Completed

Person responsible for action plan: Summit County Council

- 2) *Executive Travel:* Some issues were found during the review of executive travel packets: (one receipt used for a reimbursement was not itemized, one packet was missing an approval signature and one packet included expenses for two employees, but only included an approval sheet for one). Similar issues have been found in previous years during executive travel reviews. Valley Behavioral Health is considering switching to a per diem system, which the Division strongly recommends. This would simplify the process, set expected limits and help to avoid administrative errors like these.

County’s Response and Corrective Action Plan:

Action Plan: Effective September of 2019, Valley Behavioral Health’s contract with Summit County was terminated and awarded to the University of Utah Health Plans. By doing so this Minor Non-Compliance Issues is no longer applicable.

Timeline for compliance: Completed

Person responsible for action plan: Summit County Council

FY20 Deficiencies:

None

FY20 Recommendations:

- 1) As part of the site visit, the issue of contractor monitoring was discussed with Summit County. Utah Code, the DHS contract and Division Directives require that the County, as the Local Authority, is involved with monitoring their contracted service provider and that a written monitoring report is completed annually. Summit County has contracted with a new service provider and is in the process of determining their status as a subrecipient or a contractor. The type of monitoring needed will change depending on this determination. It is recommended that Summit County work with the Division to ensure their monitoring meets these requirements. Please contact Chad Carter at chadcarter@utah.gov for technical assistance.
- 2) The Summit-VBH emergency plan was reviewed by Robert Snarr, Program Administrator and Geri Jardine, Program Support Specialist, as part of monitoring. A checklist based on SAMHSA recommendations was completed and is included at the end of this report as Attachment A. It is recommended that Valley Behavioral Health review these suggestions and update their emergency plan accordingly. Summit County has contracted with a new

service provider, it is also recommended that they review these suggestions and use them in the development of their new emergency plan.

FY20 Division Comments:

None

Mental Health Mandated Services

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

Inpatient Care

Residential Care

Outpatient Care

24-hour Emergency Services

Psychotropic Medication Management

Psychosocial Rehabilitation (including vocational training and skills development)

Case Management

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

Consultation and Education Services

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

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

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

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

Child, Youth and Family Mental Health

The Division of Substance Abuse and Mental Health Children, Youth, & Families team conducted its annual monitoring review at Summit County on May 7th, 2020. Due to the COVID-19 pandemic, the monitoring team was unable to complete an in person monitoring visit. A modified virtual monitoring visit was completed by Mindy Leonard, Program Manager and Leah Colburn, Program Administrator. The review included the following areas: record reviews, and discussions with clinical supervisors and management. During the visit, the monitoring team reviewed Fiscal Year 2019 audit findings and County responses; statistics, including the Mental Health Scorecard; Area Plans; Youth Outcome Questionnaires; family involvement; school-based behavioral health; Mental Health Early Intervention funding; civil commitment; compliance with Division Directives; and the Center's provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 2019 Audit

FY19 Significant Non-compliance Issues:

- 1) *Continuity of Care:* Summit-VBH continues to have excessive staff turnover with a 67% turnover rate for 2018. Staff turnover contributes to long wait times between appointments, continued therapist changes for children and their families, and inconsistent care for clients. The high caseload size for each therapist leads to concerns about the level of care each client is receiving, and an inability to provide a full continuum of care to each individual in need. Summit-VBH has been without a clinical director on site for several months. The staff state "The acting director does not come to the center." Access to care for an initial appointment requires a wait of over three weeks, evidenced through a cold call to the center.

This issue has been resolved. Summit County has contracted with a new provider Healthy U Behavioral (HUB). HUB is actively working to ensure county residents have access to care and there are no current reports of long wait times for access to care.

FY19 Minor Non-compliance Issues:

- 1) *Community Engagement and Outreach:* Community partners have voiced concerns about Summit-VBH's ability to participate in community mental health activities and to serve on community boards. In order to provide the level of oversight and coordination as required by Utah Code 62A-15-608 and DSAMH Division Directives, it is critical that Summit-VBH continue to cultivate their community engagement and outreach. Summit-VBH has not had a clinical director on site to help with community engagement and involvement. The additional duties that the therapists and other line staff have, along with large caseloads do not allow for them to have time to foster community relations.

This issue has been resolved. Summit County has contracted with a new provider Healthy U Behavioral (HUB). HUB is actively working to re-establish community relationships.

- 2) *Youth Outcome Questionnaires*: Summit-VBH is not administering the Youth Outcome Questionnaire (YOQ) at the frequency required by DSAMH. Through records reviews, YOQ were not administered at the required frequency of at least once every 30 days in four of the ten charts reviewed. “DSAMH will require that the OQ/YOQ be given to patients and consumers at intake, every thirty days or every visit (whichever is less frequent), and at discharge/discontinuation (inpatient stays for community mental health are exempt). Three of the ten charts reviewed did not indicate that the YOQ is being used in treatment. Division Directives state “Data from the OQ or YOQ shall be shared with the client and incorporated into the clinical process, as evidenced in the chart.”

This item will no longer remain a Minor Non-compliance Issue in FY20. The chart review process focused on charts from Valley Behavioral Health and the YOQ system was no longer linked to the EHR. This item will remain as a recommendation; See Recommendation #1.

Findings for Fiscal Year 2020 Audit

FY20 Major Non-compliance Issues:

None

FY20 Significant Non-compliance Issues:

None

FY20 Minor Non-compliance Issues:

None

FY20 Deficiencies:

- 1) *Respite Services*: Summit-VBH provided no respite services in FY19. In FY18, respite services were provided to 9 clients. Respite is one of the ten mandated services as required by Utah Code 17-43-301. Summit County should ensure HUB is contracting and providing respite services for children and youth.

County’s Response and Corrective Action Plan:

Action Plan: Effective September of 2019, Valley Behavioral Health’s contract with Summit County was terminated and awarded to the University of Utah Health Plans. By doing so this Deficiency is no longer applicable.

Currently, respite services are provided through the greater Summit County Behavioral Health Network by Jewish Family Services (JFS) on a no-cost or sliding scale compensation plan outside of the HUB contract. HUB is currently in talks with JFS to bring them into their system to allow access to Medicaid and State Unfunded dollars. .

Timeline for compliance: Fall 2020

FY20 Recommendations:

- 1) *Youth Outcome Questionnaires:* It is recommended that Summit County ensures that providers are trained on the YOQ and that it is implemented to the standards described in the Division Directives. The Directives state “DSAMH will require that the OQ/YOQ be given to patients and consumers at intake, every thirty days or every visit (whichever is less frequent), and at discharge/discontinuation (inpatient stays for community mental health are exempt).” The Division Directives also state “Data from the OQ or YOQ shall be shared with the client and incorporated into the clinical process, as evidenced in the chart.”
- 2) *Technical Assistance:* Summit County changed their contracted provider for FY20 to Healthy U Behavioral (HUB). HUB is committed to quality care and services for the community they serve. HUB is structured as a network provider model with many contracted providers and agencies to support a service continuum in their catchment area. It is recommended that they seek technical assistance for quality improvement and monitoring of their contracted providers. DSAMH is willing to provide training and assistance as requested to ensure Division Directives are followed in their network.

FY20 Division Comments:

- 1) *School-Based Behavioral Health:* HUB/UNI Park City has worked to rebuild relationships within the Summit County school districts and charter schools to ensure that youth and families have access to school-based services. They have engaged a model for school-based services which encourages providers to engage in the school environment which has allowed providers to build relationships beyond the clients they serve.
- 2) *Community Relationships:* HUB/UNI Park City has actively worked to rebuild relationships and establish a provider presence in the community. They have dedicated time and resources to community events and media interviews/education opportunities on behavioral health. They participate in community coalitions including Communities that Care, Summit County CONNECT, Latinx Affairs, Mental Wellness Alliance Committee, Jewish Family Services, and the Christian Center. They are also actively engaged with the Children's Justice Center of Summit County.

Adult Mental Health

The Adult Mental Health team conducted its annual monitoring review of Summit County-VBH and Summit-HUB on May 7th, 2020. The team included Mindy Leonard, Mental Health Program Manager. No on-site review was held due the impact of COVID 19. The review included the following areas: Discussions with the clinical supervisor, management teams and staff for HUB, record reviews, and a discussion about the Summit County Jail. During the discussions, the team reviewed the FY19 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 2019 Audit

FY19 Significant Non-compliance Issues:

- 1) *Continuity of Care*: DSAMH continues to be concerned about the significant staff turnover at Summit-VBH. The high caseload size per therapist leads to concerns about the level of care each client is receiving, which also shows an inability to provide appropriate indicated crisis care which needs to be addressed. The Summit County Jail was interviewed and they stated that "it can take weeks for someone to show up". They stated it is usually a case manager and not a therapist, and that they have no one to conduct assessments at the jail. They have transported clients to Salt Lake to get assessments completed. The jail reports that they are not comfortable contacting Summit-VBH for services, due to lack of trust and commitment from Summit-VBH. Summit-VBH will need to dedicate extra effort to ensure that the clients in the jail are getting their needs met.

This issue has been resolved. Summit-HUB has hired a new provider who has been able to impact the system and provide more consistent services.

FY19 Minor Non-compliance Issues:

- 1) *Administration of Outcome Questionnaires(OQ) and use of the OQ as a Clinical Tool*: Summit-VBH is not administering the Outcome Questionnaire (OQ) at the frequency required by DSAMH. Although the FY18 Adult Mental Health scorecard indicates that the OQ has been administered to 88.1% of clients, the chart review demonstrated that the OQ was not administered at least once every 30 days in four of ten charts. Three of the ten charts reviewed also lacked evidence of the OQ being used in the clinical process. Division Directives require that data from the OQ be shared with the client and incorporated into the clinical process, as evidenced in the chart. Administration of the OQ and use of the OQ as a clinical tool has been a finding in the FY17 and FY18 Monitoring Reports. DSAMH encourages Summit-VBH to train staff on the appropriate administration and use of the OQ.

This item will no longer remain a Minor Non-compliance Issue in FY20. The chart review process focused on charts from Valley Behavioral Health and the OQ system was no longer linked to the EHR. This item will remain as a recommendation; See Recommendation #1.

- 2) *Community Engagement and Outreach*: In order to provide the level of oversight and coordination as required by Utah Code 62A-15-608 and DSAMH Division Directives, it is critical that Summit-VBH continue to cultivate their community engagement and outreach. Summit-VBH has been without a clinical director for a long period of time and staff report that “the acting director does not come to the center”. The current therapists have large caseloads and are doing additional duties. Several of the current therapists have caseloads of over 60 and also provide support for drug court. There is no staff available to work with the community and outreach coalitions.

This issue has been resolved. Summit-HUB has hired a new provider that is dedicated to participating in community outreach and engagement.

FY19 Deficiencies:

- 1) *Measurable Goals/Objectives*: During the chart review, objectives in four of ten of the charts were vague and not measurable. Some examples include “A decrease in OQ score” and “will manage stress and not feel overwhelmed. Division Directives require that objectives be “measurable, achievable, and within a timeframe.” SMART goals should be a part of training that therapists receive when they are employed by the LMHA. Summit-VBH is encouraged to review the use of the audit tool, to ensure that those who are doing reviews understand that measurability should reflect a method to identify treatment progress.

This issue has been resolved. Only one of the charts reviewed lacked measurable goals.

Findings for Fiscal Year 2020 Audit

FY20 Major Non-compliance Issues:

None

FY20 Significant Non-compliance Issues:

None

FY20 Minor Non-compliance Issues:

None

FY20 Deficiencies:

None

FY20 Recommendations:

- 1) *Administration of Outcome Questionnaires(OQ) and use of the OQ as a Clinical Tool*: It is recommended that Summit ensure that providers are trained on the OQ and that it is implemented to the standards described in the Division Directives. The Directives state “DSAMH will require that the OQ/YOQ be given to patients and consumers at intake, every thirty days or every visit (whichever is less frequent), and at discharge/discontinuation

(inpatient stays for community mental health are exempt).” The Division Directives also state “Data from the OQ or YOQ shall be shared with the client and incorporated into the clinical process, as evidenced in the chart.”

- 2) *Technical Assistance:* Summit County changed their contracted provider for FY20 to Healthy U Behavioral. Summit-HUB is committed to quality care and services for the community they serve. Summit-HUB is structured as a network provider model with many contracted providers and agencies to support a service continuum in their catchment area. It is recommended that they seek technical assistance for quality improvement and monitoring of their contracted providers. DSAMH is willing to provide training and assistance as requested to ensure Division Directives are followed in their network.
- 3) *Nursing Home Services:* There are currently no nursing home services provided through Summit-HUB in Summit County. It is recommended that Summit-HUB reach out to collaborate and provide assistance to the elderly population in Summit County.

FY20 Division Comments:

- 1) *Jail Services:* Summit-HUB has improved their collaboration and increased services at the Summit County Jail. Summit-HUB has made access to jail services much easier by contracting several individuals to work at the jail each week, these include a psychiatrist three hours per week, a licensed clinical social worker six hours per week, and a caseworker 13 hours per week.
- 2) *Summit House:* DSAMH commends Summit County for developing the Clubhouse model, and recognizing the critical supportive role that the Clubhouse holds in the recovery of adults with serious mental illness.

Substance Use Disorders Prevention

Becky King, Program Administrator, conducted the annual prevention review of Summit County - Valley Behavioral Health on April 7th, 2019. The review focused on the requirements found in State and Federal law, Division Directives, and contracts. In addition, the review evaluated the services described in the annual prevention area plan and the data used to establish prevention priorities

Follow-up from Fiscal Year 2019 Audit

FY19 Deficiencies:

- 1) Summit-VBH did not reach the target of 90% of retail establishments that refused to sell tobacco to a minor during compliance checks (SYNAR). Summit County's rate of compliance was 82%.

This issue has not been resolved and will be continued for FY20; see Deficiency #1.

Findings for Fiscal Year 2020 Audit

FY20 Major Non-compliance Issues:

None

FY20 Significant Non-compliance Issues:

None

FY20 Minor Non-compliance Issues:

None

FY20 Deficiencies:

- 1) Summit County had a compliance rate of 89% for SYNAR checks in FY19, which does not meet the target of 90%.

County's Response and Corrective Action Plan:

Action Plan: The Summit County Behavioral Health Prevention Team will meet with the Office of \Health Promotions at the Health Department to strategize a plan to increase the SYNAR compliance rate. This will be accomplished by September 2020. Pamella Bello is responsible for this action plan.

Timeline for compliance: Fall 2020 *(Please note, the Health Promotions team has been reassigned to contract tracing for the foreseeable future as a result of the current public health emergency. This will impact the number of checks conducted this coming year.)*

Person responsible for action plan: Pamella Bello

- 2) Summit County completed 80 Eliminating Alcohol Sales to Youth (EASY) Compliance checks in FY18 and 77 in FY19, which does not meet Division Directives. Local Authorities are required to complete at least one additional EASY Compliance Check each year.

County's Response and Corrective Action Plan:

Action Plan: The Summit County Behavioral Health Prevention Team will meet with the Summit County Sheriff Office and the Park City Police Department to strategize a plan to increase the number of EASY Compliance Checks. This will be accomplished by November 2020. Pamella Bello is responsible for this action plan.

Timeline for compliance: Fall 2020

Person responsible for action plan: Pamella Bello

FY20 Recommendations:

- 1) *Coalitions:* Summit County continues to work with distinct communities within Summit County to establish community coalitions. Summit County continues to provide education and uses events, such as the State Fair, to promote coalition development. It is recommended that Summit County continue to work with the Regional Director on working with North and South Summit to start coalitions in these areas.

FY20 Division Comments:

- 1) *Increased Capacity:* Summit County contracted with Healthy U Behavioral this past year, which has allowed them to increase the size of their prevention team and provide more services in their local area. They have been working with health promotions on several projects, the Communities that Care (CTC) Coalitions and counselors in the schools. They have a positive relationship with their community and were recently able to start the Early Childhood Care Coalition.
- 2) *Increased Service Delivery:* Summit County has partnered with Summit Pediatrics and the Christian Center to offer parent seminars for their community. Due to Coronavirus pandemic, they have developed on-line classes through ZOOM for the community, which has been going well for them. They reported that Latino community struggles with on-line classes due to stress with technology and lack of access to the internet, so Summit County is planning to increase access to on-line classes for the Latino Community.
- 3) *Risk and Protective Factors:* Summit County is working with their coalitions and communities to reduce alcohol use. Past Sharp Surveys identified higher than average parental acceptance of underage drinking if drinking occurred at home. However in recent years, there has been a considerable amount of conversation in the community and media campaigns related to risks of alcohol use and its impact on the brain, which has helped change parental attitudes toward alcohol use. Summit County stated that parents are now seeing alcohol use as a risk factor and working on ways to help prevent underage alcohol use.

Substance Use Disorders Treatment

Becky King, Administrator, conducted the review of Summit County - Valley Behavioral Health Substance Use Disorders Treatment Program on April 7th, 2019, which focused on Substance Abuse Treatment (SAPT) Block Grant Compliance; Drug Court; clinical practice and compliance with contract requirements. Drug Court was evaluated through staff discussion, clinical records, and the Drug Court Scorecard. Clinical practices and documentation were evaluated by reviewing client charts and discussing current practices. Adherence to SAPT Block Grant requirements and contract requirements were evaluated by a review of policies and procedures by interviews with Summit County staff. Treatment schedules, policies, and other documentation were viewed. The Utah Substance Abuse Treatment Outcomes Measures Scorecard results were reviewed with Summit County staff. Client satisfaction was measured by reviewing records and Consumer Satisfaction Survey data. Finally, additional data was reviewed for opiate use rates in Summit County.

Follow-up from Fiscal Year 2019 Audit

FY19 Minor Non-compliance Issues:

1) The FY18 Substance Use Disorders Outcomes Scorecard Shows:

- a) The percent of clients employed from admission to discharge decreased from -7.2% in the FY17 to -1.1% in the FY18 respectively, which does not meet Division Directives.

This issue has not been resolved and will be continued in FY20; see Minor Non-Compliance Issue #1.

- b) The percent of clients involved in the criminal justice system from admission to discharge went from 14.6% in the FY17 to 6.0% in the FY18 respectively, which does not meet Division Directives.

This issue has not been resolved and will be continued in FY20; see Minor Non-Compliance Issue #2.

- 2) *Continuity of Care:* Summit-VBH continues to experience excessive staff turnover; however, current staff have been providing crisis and treatment services to the best of their ability. Since February 2, 2019, the following staff have left Valley-VBH: Drug Court Case Manager, two mental health staff and the laboratory technician. However, they also hired one therapist and are planning to hire another one soon. They also hired a Spanish Speaking Prevention Specialist and will be hiring one support staff for the front desk. Summit County is in the process of contracting with a new company who will be taking over services September 1, 2019. They have also formed a committee consisting of community members to assist Valley-VBH with the transition process to ensure that services are being provided. Staff turnover continues to be an issue which affects continuity of care.

This issue has been resolved. Summit County contracted with the Healthy U Behavioral which expanded access to services through their network system. They have been able to maintain and hire more staff, which has expanded treatment services for their clients and families.

3) The FY18 Substance Use Disorder Consumer Satisfaction Survey shows:

- a) Youth satisfaction was 70%, which is below the national average of 75%. This does not meet Division Directive requirements.

This issue has been resolved. Youth satisfaction was 88% in the FY19, which is over the national average of 75%. This meets Division Directives.

- b) The percent of Youth (Family) Surveys that were collected was 5.7%, which is below the required 10% in Division Directives.

This issue has not been resolved and will be continued in FY20; see Minor Non-Compliance Issue #3.

4) *Old Open Admissions:* Summit-VBH had 10.4% of old open admissions in their chart system, which is above the standard of 4% in Division Directives.

This issue has not been resolved and will be continued in FY20; see Minor Non-Compliance Issue #4.

5) *Medication Assisted Treatment:* The Treatment Episode Data Set (TEDS) showed that Summit-VBH did not admit or serve individuals on Medication Assisted Treatment (MAT) in the FY18; however, Summit-VBH stated that they provided MAT to clients over the past year. It is recommended that Summit-VBH receive technical assistance from the DSAMH Data Team regarding MAT TEDS specifications and data entry requirements.

This issue has not been resolved and will be continued in FY20; see Minor Non-Compliance Issue #5.

6) *Priority Admission Policies for Pregnant Women and People Who Use Substances Intravenously.* Providers of treatment services must establish policies to offer admission preference to individuals who are pregnant and/or who inject drugs intravenously. In this regard, providers must apply the following priority admission policy: (1) Pregnant Women Who Inject Substances, (2) Pregnant Women With Substance Use Disorders, (3) Individuals Who Inject Substances, (4) All Others.

Summit-VBH has not been asking women who call for services if they are pregnant nor have they been asking men or women about Intravenous (I.V.) drug use. It is recommended that

Summit-VBH front desk support staff ask women if they are pregnant and men and women regarding I.V. drug use when they call for services. Once this information has been gathered, Summit-VBH needs to ensure that pregnant women and individuals with I.V. drug use are given priority access to treatment and that pregnant women (with or without I.V. drug use) enter services within 48 hours.

This issue has been resolved. Summit-VBH has provided training for support staff on priority admission requirements.

- 7) *Community Engagement and Outreach:* Community partners spoke highly of Summit-VBH but expressed concerns regarding Summit-VBH's ability to continue to nurture necessary partnerships because of recent policy changes and time requirements for staff. Community partners expressed the importance of Summit-VBH having a strong presence in the community as well as the vital role Summit-VBH plays in the community as the County SUD treatment provider.

This issue has been resolved. Summit County contracted with Healthy U Behavioral and have increased community engagement and outreach through their network system. As a result, they have been able to continue to nurture their partnerships with the community.

Findings for Fiscal Year 2020 Audit:

FY20 Major Non-compliance Issues:

None

FY20 Significant Non-compliance Issues:

None

FY20 Minor Non-compliance Issues:

The Treatment Outcomes Measures Scorecard shows:

- 1) The percent of clients employed from admission to discharge moved from -1.1% in FY18 to 5.0% in FY19, which does not meet Division Directives.

County's Response and Corrective Action Plan:

Action Plan: Effective September of 2019, Valley Behavioral Health's contract with Summit County was terminated and awarded to the University of Utah Health Plans. By doing so this Minor Non-Compliance Issues is no longer applicable. HUB has provided a greater number of case-managers in comparison to the past allowing for improved partnerships with DWS and Vocational Rehab services, including the Summit County Club House and increased usage of the DLA20 .

Timeline for compliance: Completed

Person responsible for action plan: Aaron Newman

- 2) The percent of clients involved in the criminal justice system moved from 6.0% in FY18 to 0.0% in FY19, which does not meet Division Directives

County's Response and Corrective Action Plan:

Action Plan: Effective September of 2019, Valley Behavioral Health's contract with Summit County was terminated and awarded to the University of Utah Health Plans. By doing so this Minor Non-Compliance Issues is no longer applicable and the reporting error is now corrected. Please note, clients involved within the criminal justice system were seen in FY19, but at a reduced level due to low staffing by VBH.

Timeline for compliance: Completed

Person responsible for action plan: Aaron Newman

The Consumer Satisfaction Surveys Shows:

- 3) 5.7% of Youth (Family) Satisfaction Surveys were collected, which does not meet the required rate of 10% in Division Directives.

County's Response and Corrective Action Plan:

Action Plan: With the transition to a network model, school-based services have moved to a contractor program from staffed model. To address this issue, HUB is providing iPads to providers to allow clients to complete the Youth (Family) Satisfaction Surveys directly at the conclusion of the session and not rely on the previous paper format used by VBH.

Timeline for compliance: Fall 2020

Person responsible for action plan: Nelson Clayton

The Treatment Episode Data Set (TEDS) shows:

- 4) Summit County has 23.7% of old open admissions in their chart system, which is above the standard of 4% in Division Directives.

County's Response and Corrective Action Plan:

Action Plan: HUB utilizes EPIC as the DMR system. Unlike SmartCare, EPIC closes episodes and not charts. This is due to the joint behavioral and physical healthcare integration EPIC provides. Summit County, HUB, and DSAMH will have to develop a new means of evaluating this Division Directive due to the fluid nature of this system for both behavioral and physical health of the client.

Timeline for compliance: Spring 2021

Person responsible for action plan: Aaron Newman, Tracy Altman, Cristie Frey, DSAMH

- 5) TEDS Data showed that Summit County did not admit or serve individuals on MAT, which does not meet Division Directive requirements.

County's Response and Corrective Action Plan:

Action Plan: Effective September of 2019, Valley Behavioral Health's contract with Summit County was terminated and awarded to the University of Utah Health Plans. By doing so this Minor Non-Compliance Issues is no longer applicable. Currently, 20 clients are receiving MAT through UNI-PC.

Timeline for compliance: Completed

Person responsible for action plan: Aaron Newman

- 6) 71.4% of Criminogenic Risk Data was not collected for justice involved clients, which does not meet Division Directives.

County's Response and Corrective Action Plan:

Action Plan: Effective September of 2019, Valley Behavioral Health's contract with Summit County was terminated and awarded to the University of Utah Health Plans. By doing so this Minor Non-Compliance Issues is no longer applicable. Currently, RANT is performed as part of intake as ordered by the presiding District and Justice Court Judges. Additional risk assessment is conducted utilizing the ASAM to ensure mixing of high and low risk clients is prevented.

Timeline for compliance: Completed

Person responsible for action plan: Aaron Newman & Cristie Frey

FY20 Deficiencies:

None

FY20 Recommendations:

- 1) *American Society of Addiction Medicine (ASAM):* It is recommended that Summit County include ASAM goals in recovery plan and reviews. This should include: (1) identifying the ASAM Dimension that is the issue, (2) identifying the condition or issue that creates a high use/relapse potential, (3) and writing the objectives that move the individual towards resolving these issues or conditions.

FY20 Division Comments:

- 1) *Full Continuum of Services:* Healthy U Behavioral is built on a network model and has been administering Medicaid benefits to Medicaid members for over 20 years. Healthy U Behavioral is part of the University of Utah Health Plans and University of Utah, and has the resources available to create a new behavioral health clinic in Summit County. Healthy U Behavioral staff have experience in starting new government programs.

- 2) *Cost Utilization:* Healthy U Behavioral has a dashboard which captures utilization and costs for various programs. This dashboard identifies year-to-date information regarding Drug Court services, drug tests, jail services, ambulatory services, school-based services, and other miscellaneous information. This dashboard is reviewed monthly.

- 3) *Drug Court:* Summit County has a fully functioning Drug Court in this current Coronavirus Pandemic. They are currently operating all services virtually for Drug Court, including court proceedings, team meetings and groups. The Summit County Drug Court Team is a dedicated and dynamic group of team members from multiple disciplines. They have made a commitment to individual treatment planning and developing a plan for long term success for their clients. Summit County is the last area in Utah that is still doing drug testing during the Coronavirus Pandemic. They are currently looking into enhancing recovery support services after clients have graduated from Drug Court and received \$40,000.00 from the County to make this happen.

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 be categorized as a non-compliance issue. A written corrective action

plan is required without a formal timeline. 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 Summit County – Valley Behavioral 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 07/16/2020
Chad Carter (Jul 16, 2020 10:02 MDT)
Auditor IV

Approved by:

Kyle Larson  Date 07/16/2020
Kyle Larson (Jul 16, 2020 10:17 MDT)
Administrative Services Director

Eric Tadehara  Date 07/16/2020
Eric Tadehara (Jul 16, 2020 10:39 MDT)
Assistant Director Children's Behavioral Health

Kimberly Myers  Date 07/16/2020
Kim Myers (Jul 16, 2020 10:40 MDT)
Assistant Director Mental Health

Brent Kelsey  Date 07/27/2020
Brent Kelsey (Jul 27, 2020 16:35 MDT)
Assistant Director Substance Abuse

Doug Thomas  Date 07/28/2020
Doug Thomas (Jul 27, 2020 19:07 MDT)
Division Director

UTAH DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Emergency Plan Monitoring Tool

Name of Agency: Summit County

Date: April 30, 2020

<i>Compliance Ratings</i>				
Y = Yes, the Contractor is in compliance with the requirements. P = Partial, the Contractor is in partial compliance with requirements; comments provided as suggestion to bring into compliance. N = No, the Contractor is not in compliance with the requirements.				
Monitoring Activity	Compliance			Comments
	Y	P	N	
Preface				
Cover page (title, date, and facility covered by the plan)		X		BCP is in compliance; EAP indicates a draft plan which needs to be finalized
Signature page (with placeholders to record management and, if applicable, board of directors' approval of the plan and confirmation of its official status)			X	Need signature page, approval of plan and confirmation of its official status (on both EAP & BCP)
Title page (with placeholders to record the dates that reviews/revisions are scheduled/have been made)		X		Need to identify scheduled reviews for plan (on both EAP & BCP)
Record of changes (indicating when changes have been made and to which components of the plan)			X	Need place to identify changes to the plan, made by whom, and date of change (on both EAP & BCP)
Record of distribution (individual internal and external recipients identified by organization and title)			X	Need distribution record (on both EAP & BCP)
Table of contents	X			
Basic Plan				
Statement of purpose and objectives	X			
Summary information	X			
Planning assumptions	X			
Conditions under which the plan will be activated	X			
Procedures for activating the plan	X			
Methods and schedules for updating the plan, communicating changes to staff, and training staff on the plan		X		1) Need to identify the methods for communicating changes and how staff are trained on BCP 2) Need to identify methods and schedules for updating the plan, communicating changes to staff, and training staff on the plan on EAP
Functional Annex: The Continuity of Operations (COOP) Plan				
Essential functions and essential staff positions	X			

Continuity of leadership and orders of succession			X	Need order of succession (i.e., an organizational chart)
Leadership for incident response	X			
Alternative facilities (including the address of and directions/mileage to each)			X	Need to identify alternative facilities to be used, if needed.
Planning Step				
Disaster planning team has been selected, to include all areas (i.e., safe/security, clinical services, medication management, counseling/case management, public relations, staff training/orientation, compliance, operations management, engineering, housekeeping, food services, pharmacy services, transportation, purchasing/contracts, medical records, computer hardware/software, human resources, billing, corporate compliance, etc.)			X	Planning team on BCP (1.3) needs to be updated to reflect active employees.
The planning team has identified requirements for disaster planning for Residential/Housing services including: <ul style="list-style-type: none"> ● Engineering maintenance ● Housekeeping services ● Food services ● Pharmacy services ● Transportation services ● Medical records 	X			
The team has coordinated with others in the State and community.	X			

DSAMH is happy to provide technical assistance.











DSAMH FY20 Monitoring Report - Summit County


Final Audit Report

2020-07-28

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