



State of Utah

GARY R. HERBERT
Governor

SPENCER J. COX
Lieutenant Governor

Department of Human Services

ANN SILVERBERG WILLIAMSON
Executive Director

Division of Substance Abuse and Mental Health

DOUG THOMAS
Director

March 23, 2020

Commissioner Nathan Ivie
100 East Center #2300
Provo, UT 84606

Dear Commissioner Ivie:

In accordance with Utah Code Annotated 62A-15-103, the Division of Substance Abuse and Mental Health has completed its annual review of Utah County's Department of Drug and Alcohol Prevention and Treatment and the final report is enclosed. The scope of the review included fiscal management, 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
Doug Thomas (Mar 23, 2020)

Doug Thomas
Division Director

Enclosure

cc: Tanner Ainge, Utah County Commissioner
William C. Lee, Utah County Commissioner
Richard Nance, Director, Utah County Substance Abuse Services



Site Monitoring Report of

Utah County's Department of Drug and Alcohol Prevention and
Treatment

Local Authority Contract #160080

Review Date: January 14th, 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 Utah County's Department of Drug and Alcohol Prevention and Treatment (also referred to in this report as UCaDDAPT or the County) on January 14th, 2020. The focus of the review was on governance and oversight, fiscal management, 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 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.

The Center is required to respond in writing within 15 business days of this draft report with a plan of action addressing each non-compliance issue and the Center employee responsible to ensure its completion.

Summary of Findings

Programs Reviewed	Level of Non-Compliance Issues	Number of Findings	Page(s)
<i>Governance and Oversight</i>	Major Non-Compliance	None	
	Significant Non-Compliance	None	
	Minor Non-Compliance	1	7
	Deficiency	1	7
<i>Substance Abuse Prevention</i>	Major Non-Compliance	None	
	Significant Non-Compliance	None	
	Minor Non-Compliance	None	
	Deficiency	1	9
<i>Substance Abuse Treatment</i>	Major Non-Compliance	None	
	Significant Non-Compliance	None	
	Minor Non-Compliance	1	12
	Deficiency	2	12-13

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review at Utah County's Department of Drug and Alcohol Prevention and Treatment (UCaDDAPT). The Governance and Fiscal Oversight section of the review was conducted on January 14th, 2019 by Chad Carter, Auditor IV.

The site visit was conducted at UCaDDAPT as the contracted Local Authority for Utah County. 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. 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.

As part of the site visit, UCaDDAPT 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.

As the Local Authority, UCaDDAPT received a single audit as required. The CPA firm Gilbert & Stewart completed the audit for the year ending December 31, 2018. The auditors issued an unqualified opinion in their report dated June 28, 2019. There were no findings or deficiencies reported. The State Targeted Response to the Opioid Crisis grant was selected for specific testing as a major program.

Follow-up from Fiscal Year 2019 Audit:

FY19 Minor Non-compliance Issues:

- 1) Personnel files were reviewed for compliance with State, County and contractual requirements. Two employee files were found with a Code of Conduct that was last signed in 2015. Utah County's policy requires each employee to sign a Code of Conduct agreement once every two years.

This issue has been resolved. All personnel files that were selected for review were found to be current and contained all required documentation.

- 2) Two subcontractor files were found with expired insurance certificates. Local Authorities must ensure their subcontractors are maintaining appropriate and current liability insurance.

This issue has been resolved. All subcontractor files reviewed had current liability insurance certificates.

Findings for Fiscal Year 2020 Audit:

FY20 Major Non-compliance Issues:

None

FY20 Significant Non-compliance Issues:

None

FY20 Minor Non-compliance Issues:

- 1) The OMB Uniform Guidance under 2 CFR 200 requires non-Federal entities to have a written policy surrounding the management of their Federal award funds. Utah County and UCaDDAPT do not currently have an approved Federal awards policy in place.

County's Response and Corrective Action Plan:

Action Plan: We will be working with Wasatch Mental Health in either developing or following their policy for the management of their Federal award funds. I'll be emailing a draft policy to Chad Carter on 3/6 for review and comment.

Timeline for compliance: July 1, 2020

Person responsible for action plan: Pat Bird/Robert Johnson

FY20 Deficiencies:

- 1) *Timely Billings* - UCaDDAPT has had an issue with submitting billings timely as required by contract. Local Authorities are required to submit each billing within 30 days, UCaDDAPT has submitted them at an average of 56 days throughout FY19. The billing process should be reviewed to identify areas of improvement to be brought into compliance.

Center's Response and Corrective Action Plan:

Action Plan: Robert will bill each month by the last day of the following month. From July 1 - December 31, 2019, our average days to submit was 31.

Timeline for compliance: All of SFY 2020 will be compliant

Person responsible for action plan: Robert Johnson

FY20 Recommendations:

- 1) Utah County has a general emergency/disaster plan, however, it does not address UCaDDAPT specifically. DSAMH is working with the Office of Licensing to ensure all Local Authorities have a plan in place specific to the clients being served in the event of an

emergency or a disaster. A blank checklist being used by the Division to review emergency plans is included at the end of this report as Attachment A. Please refer to this as you develop your emergency plan.

FY20 Division Comments:

None

Substance Use Disorders Prevention

Becky King, Program Administrator, conducted the annual prevention review for Utah County Department of Drug and Alcohol Prevention and Treatment on January 14th, 2020. The review 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 2019 Audit

No findings were issued in FY19.

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) The Eliminating Alcohol Sales to Youth (EASY) Compliance Checks decreased from 515 to 340 from FY18 to FY19 respectively, which does not meet Division Directives. LSAA's are required to increase their EASY Compliance Checks by one check each year.

Center's Response and Corrective Action Plan:

Action Plan: The employee responsible for the EASY checks has been given a written reprimand for failure to meet yearly performance measures. He is to complete all compliance checks each quarter, reaching an overall total of 520 checks by July 1, 2020. He is required to meet monthly with supervisor to communicate progress and address any issues that could potentially lead to a reduced number of completed checks. If he does not meet the minimum amount, further employee discipline will take place. Cross training of other team members will also happen in the event of staffing or role changes.

Timeline for compliance: Immediate response with reprimand and instruction to complete compliance checks.

Person responsible for action plan: Heather Lewis and Brian Alba

FY20 Recommendations:

- 1) *Drug Use Trends:* The 2019 Student Health and Risk Survey (SHARP) Report for UcADDAPT showed that there was a slight rise in marijuana in 2017, which came down in 2019, except for 12th graders using marijuana in the last 30 days. The perception of risk of harm for marijuana use has gone down as well. Even though there has been a slight increase in marijuana use, there is greater concern with the legalization of medical marijuana in Utah and recreational use in surrounding states could impact the use rates in Utah County. It is recommended that UcADDAPT continue to work on methods of reducing marijuana use in their community.

FY20 Division Comments:

- 1) *Evidence-Based Programs:* UcADDAPT provides a variety of evidence-based prevention programs and practices. Two programs that stood out this past year were the Mindfulness Program at Alpine School District and Guiding Good Choices. The Mindfulness Program has been offered to several kids who enjoyed this program along with the teachers. UcADDAPT also reported good outcomes with Guiding Good Choices, which they are considering implementing at Vantage Mental Health.
- 2) *Communities That Care (CTC) Coalitions:* UcADDAPT now has six CTC Coalitions: (1) Utah Valley Drug Prevention Coalition, which covers all of Utah County (2) Communities Acting Against Substance Abuse, which covers Payson, Santaquin, Goshen and Genola (3) Eagle Mountain / Saratoga Springs (4) Provo CTC (5) American Fork CTC, which recently started after the Prevention Coordinator met with the Mayor and (6) Pleasant Grove CTC who are in the process of hiring the Coordinator. UcADDAPT provides ongoing coaching and training for the CTC Coalitions to ensure fidelity to these models and is actively involved community efforts.
- 3) *Opioid Awareness and Overdose Prevention:* UCADDAPT has been the recipient of several grants to focus on opioid awareness and overdose prevention by offering prescriber training, media campaigns, drug take back events, increasing awareness of proper disposal techniques, and naloxone training and kits to anyone in need. This past year they were to increase the opportunity to educate people regarding this issue by including older adults, which is a population not previously targeted. Their department also had the opportunity to supervise a BYU student intern whose class created social media messages intended to target particular audiences about the dangers of opioid misuse. The objective of her internship was to disseminate these articles and images over the duration of the semester. Upon completion she discovered the impact and reach social media can have compared to educational methods usually used. The reach of boosted posts, which required a very small fee, reached more than twice the amount of people compared to handing out materials and even unboosted social media posts.

Substance Use Disorders Treatment

Becky King, Program Administrator, conducted the review of Utah County Department of Drug and Alcohol Prevention and Treatment (UCaDDAPT) on January 14th, 2020. The site visit focused on compliance with Division Directives, clinical practices, consumer satisfaction, and performance on outcome measures. Block Grant and Division Directives compliance were evaluated through a review of program policies and guidelines; and discussions with staff members. Consumer satisfaction was evaluated through Consumer Satisfaction Survey results and Outcome measures were evaluated by reviewing DSAMH Scorecards. Clinical practices were evaluated by reviewing client charts.

Follow-up from Fiscal Year 2019 Audit

FY19 Minor Non-compliance issues:

- 1) The Treatment Outcomes Scorecard shows that the percent increase of clients that were abstinent from alcohol, measured admission to discharge, decreased from 5.8% to 1.1.% from FY17 to 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.

FY19 Deficiencies:

- 1) **Youth Services:** UCaDDAPT has served a low number of youth in their program over previous years due to low referral rates and issues with retention. Many of the youth in the criminal justice system have been referred to treatment services offered through Juvenile Justice Services(JJS). UCaDDAPT has made several efforts to increase youth referrals to their program, including partnering with JJS to provide services in their residential program and Wasatch Mental Health Vantage Point to increase services for youth in Utah County. Due to these efforts, UCaDDAPT increased the number of youth served from 66 to 107 from FY17 to FY18 respectively. DSAMH recommends that UcaDDAPT continue to seek methods of increasing services for youth in Utah County.

This issue has not been resolved and will be continued in 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:

- 1) The Treatment Outcomes Scorecard shows that the percent increase of clients that were abstinent from alcohol from admission to discharge decreased from 1.1% to 4.6% from FY18 and FY19 respectively, which does not meet Division Directives.

Center’s Response and Corrective Action Plan:

Action Plan:

DDAPT had multiple staff vacancies (on average we had approx. 9 vacant positions from 6/2018-6/2019) and difficulty recruiting qualified employees. We suspect this is a reporting error and will increase the focus of staff training in how to report this field will new and existing employees.

Timeline for compliance: Immediately

Person responsible for action plan: Cindy Simon, Tom Maggio

FY20 Deficiencies:

- 1) *Youth Services:* UcADDAPT has been working on increasing youth referrals to their program, but continues to experience difficulty finding youth for their program. The number of youth served at UcADDAPT decreased from 107 to 93 from FY18 to FY19 respectively. Over the past year, UcaDDAPT met with partners, visited schools and physicians offices, worked with the Social Research Institute through the the Utah State Youth Treatment Implementation Grant Project and convened a statewide committee to address this issue. UcADDAPT has provided Vantage Point their screening tool and their staff are doing the screening if the admission is SUD related; however, this has resulted in very few referrals to their program. UcADDAPT is planning to provide a presentation at Mountainlands regarding their youth program and continue working on increasing youth referrals to their program.

Center’s Response and Corrective Action Plan:

Action Plan:

DDAPT is working with the Social Research Institute to address outcomes and increase referrals. Additionally, it is anticipated that when WMH and DDAPT merge – referrals will increase due to increased access points and knowledge of our services.

Timeline for compliance: December 2020

Person responsible for action plan: Cindy Simon, Wasatch Mental Health Mgt Team

- 2) The FY19 Treatment Episode Data Set (TEDS) showed that 43.3% of criminogenic data was not collected for justice involved clients, which does not meet Division Directives.

Center’s Response and Corrective Action Plan:

Action Plan:

DDAPT now collects a RANT on every client vs just those compelled. Additionally, we have increased staff training on reporting criminogenic risk.

Timeline for compliance: Immediately, we started this in July 2019

Person responsible for action plan:

FY20 Recommendations:

- 1) *ASAM:* UcADDAPT made improvements in their charts this past year by ensuring their objectives are measurable and time limited. One area of improvement for UcADDAPT over the next year, is to focus on including the ASAM Goals in the 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) Writing the objectives that moves the individual towards resolving these issues or conditions (*Chart #'s: 92773, 95239, 85343, 60284, 91352, 84320, 92556, 46749, 95950, 61148, 87317, 85969*).

FY20 Division Comments:

- 1) *Quality Treatment Services:* UcADDAPT is dedicated to providing quality services for their community through the use of evidence-based programs and practices. They also offer a full continuum of services and have long standing community partnerships which offers their community with several options for treatment. UcADDAPT has been using data to measure and drive treatment, which has helped with quality improvement. They also have dedicated, qualified staff that ensure that the clients needs are being met.
- 2) *Medication Assisted Treatment (MAT):* UcADDAPT has improved access to MAT through extending these services through Foothill Residential, their main office and American Fork. They also provide MAT through their contract with Project Reality. UcADDAPT's new physician has been using the Suboxone injection which lasts over 30 days, which has produced good results.
- 3) *Utah County Alternative Probation (UCAP):* The Utah County Alternative Probation has been in place for three years which is serving 40+ clients. UCAP is designed for low risk, low need clients, which has served unmet need in their area. UcADDAPT reports that there have been excellent results in this program, which has shown a high completion rate, low arrest rate and remarkable cost savings.

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.

Corrective Action Requirements: It is the responsibility of the Local Authority to develop a corrective action plan sufficient to resolve each of the noncompliance issues identified. These corrective action plans are due within 15 working days of the receipt of this report. The Division of Substance Abuse and Mental Health may be relied upon for technical assistance and training and the Local Authority is encouraged to utilize Division resources. Each corrective action plan must be approved by Division staff and should include a date by which the Local Authority will return to compliance. This completion date and the steps by which the corrective action plan will return the Local Authority to contract compliance must be specific and measurable.

Please submit the corrective action plan in a word processing format. This will enable the Division staff to insert your plan into this document prior to issuing the final report.

Steps of a Formal Corrective Action Plan: These steps include a formal Action Plan to be developed, signed and dated by the contractor; acceptance of the Action Plan by the Division as evidenced by their signature and date; follow-up and verification actions by the Division and formal written notification of the compliance or non-compliance to the contractor.

Timeline for the Submission of the Action Plan: This report will be issued in DRAFT form by the Division of Substance Abuse and Mental Health. Upon receipt, the Center will have five business days to examine the report for inaccuracies. During this time frame, the Division requests that Center management review the report and respond to Chad Carter if any statement or finding included in the report has been inaccurately represented. Upon receipt of any challenges to the accuracy of the report, the Division will evaluate the finding and issue a revision if warranted.

At the conclusion of this five day time frame, the Center will have 10 additional business days to formulate and submit its corrective action plan(s). These two time deadlines will run consecutively (meaning that within 15 working days of the receipt of this draft report, a corrective action plan is due to the Division of Substance Abuse and Mental Health).

The Center's corrective action plan will be incorporated into the body of the report when issued.

Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Utah County's Department of Drug and Alcohol Prevention and Treatment 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 03/23/2020
Chad Carter (Mar 23, 2020)
Auditor IV

Approved by:

Kyle Larson  Date 03/23/2020
Kyle Larson (Mar 23, 2020)
Administrative Services Director

Brent Kelsey  Date 03/23/2020
Brent Kelsey (Mar 23, 2020)
Assistant Director Substance Abuse

Doug Thomas  Date 03/23/2020
Doug Thomas (Mar 23, 2020)
Division Director

UTAH DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Emergency Plan Monitoring Tool

Name of Agency:

Date:

<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)				
Signature page (with placeholders to record management and, if applicable, board of directors' approval of the plan and confirmation of its official status)				
Title page (with placeholders to record the dates that reviews/revisions are scheduled/have been made)				
Record of changes (indicating when changes have been made and to which components of the plan)				
Record of distribution (individual internal and external recipients identified by organization and title)				
Table of contents				
Statement of purpose and objectives				
Summary information				
Planning assumptions				
Conditions under which the plan will be activated				
Procedures for activating the plan				
Methods and schedules for updating the plan, communicating changes to staff, and training staff on the plan				
Functional Annex: The Continuity of Operations (COOP) Plan				
Essential functions and essential staff positions				
Continuity of leadership and orders of succession				
Leadership for incident response				
Alternative facilities (including the address of and directions/mileage to each)				
Planning Step				

<p>Disaster planning team has been selected, to include all departments (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.)</p>				
<p>The planning team has identified requirements for disaster planning for Residential/Housing services including:</p> <ul style="list-style-type: none"> ● Engineering maintenance ● Housekeeping services ● Food services ● Pharmacy services ● Transportation services ● Medical records 				
<p>The team has coordinated with others in the State and community.</p>				