



State of Utah

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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 4, 2020

Commissioner William C. Lee
100 East Center #2300
Provo, UT 84606


Dear Commissioner Lee:

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 Mental Health Services – Wasatch Mental Health and the final report is enclosed. The scope of the review included fiscal management, children, youth, family and adult mental health 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 (Mar 10, 2020)

Doug Thomas
Division Director

Enclosure

cc: Tanner Ainge, Utah County Commissioner
Nathan Ivie, Utah County Commissioner
Juergen Korbanka, Director, Wasatch Mental Health



Site Monitoring Report of

Utah County Mental Health Services
Wasatch Mental Health

Local Authority Contract #160049

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 Mental Health Services – Wasatch Mental Health (also referred to in this report as WMH or the Center) on January 14th, 2019. 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 & 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 None | |

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review of the Local Authority, Wasatch Mental Health (WMH). The Governance and Fiscal Oversight section of the review was conducted on January 23rd, 2020 by Chad Carter, Auditor IV.

The site visit was conducted at WMH as the Local Mental Health Authority for Utah County. Overall cost per client data was analyzed and compared to the nationwide 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, WMH 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, WMH received a single audit as required. The CPA firm Litz & Company completed the audit for the year ending June 30th, 2019. The auditors issued an unmodified opinion in their report dated November 15th, 2019. The Mental Health Block Grant was selected for testing as a major program. There were no findings or deficiencies reported.

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:

None

FY20 Recommendations:

- 1) The WMH 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 WMH review these suggestions and update their emergency plan accordingly.

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 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 14th, 2020. The monitoring team consisted of Mindy Leonard, Program Manager; Leah Colburn, Program Administrator; Tracy Johnson, Wraparound and Family Peer Support Program Administrator; and Heather Rydalch, Peer Support Program Manager. The review included the following areas: record reviews, discussions with clinical supervisors and management, case staffing, and program visits. During the visit, the monitoring team reviewed the FY19 audit; statistics, including the Mental Health Scorecard; Area Plans; Family Resource Facilitation (Peer Support); High Fidelity Wraparound; Multi-Agency Coordinating Committee; school-based behavioral health; Mental Health Early Intervention funding; 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

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:

None

FY20 Recommendations:

- 1) *Family Resource Facilitation and Family Peer Support:* WMH continues to support the Family Resource Facilitation (FRF) model. FRFs continue to be an integral part of the continuum of care through WMH. It is recommended that WMH examine methods to train staff on the FRF services available to increase appropriate referrals. It is also recommended that WMH capture work done by the FRFs in the electronic health record and increase training to the FRFs and supervisors on family peer support notes.

FY20 Division Comments:

- 1) *Quality Improvement:* In response to prior Division monitoring, WMH has implemented an internal process to increase Youth Outcome Questionnaires and Outcome Questionnaires (YOQ/OQ) utilization in treatment. WMH has hired staff to support and sustain this internal monitoring process. WMH has increased training and developed metrics to track the YOQ being completed, documented, and discussed in treatment. They have a monthly process in which performance updates/recommendations for departments are sent, which includes recognizing employees with strong YOQ utilization. Preliminary data indicates increased use in clinical practice and client engagement.
- 2) *School Based-Behavioral Health:* The Division commends the efforts of WMH in providing school based services. WMH has been able to provide quality school services in Alpine School District, while expanding services in Nebo and Provo school districts and charter schools. Even with expanded growth WMH is committed to providing, improving, and expanding school services in their continuum of care.
- 3) *Maternal Mental Health:* WMH provides treatment and transportation for perinatal mental and physical healthcare. With the use of integrated care, clients are able to have their appointments in one location. WMH offers drop in respite services for children, to ensure that mothers are able to attend their appointments. WMH screens for depression and provides treatment for those with severely psychotic symptoms. WMH partners with Intermountain Healthcare for postpartum services and community linkages for women.
- 4) *Workforce:* WMH reports they have not experienced the workforce concerns other areas have. They indicated that due to employment longevity they have been able to maintain a clinically strong and trauma informed staff. WMH has developed a strong internship program for all clinical positions, which has helped with continued recruitment and retention. WMH is nationally accredited to provide loan forgiveness for their employees. They highlighted that they have increased starting pay by 7% and maintained a strong benefits package.

Adult Mental Health

The Adult Mental Health team conducted its annual monitoring review of Wasatch Mental Health on January 14th, 2020. The team included Mindy Leonard, Program Manager, Heather Rydalch and Tracy Johnson peer support specialists. The review included the following areas: Discussions with clinical supervisors and management teams, record reviews, site visits to administrative offices, Prevention and Recovery from and a luncheon with many community partners. 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

No findings were issued in FY19.

Findings for Fiscal Year 2020 Audit

FY20 Significant Non-compliance Issues:

None

FY20 Major Non-compliance Issues:

None

FY20 Minor Non-compliance Issues:

None

FY20 Deficiencies:

None

FY20 Recommendations:

- 1) *Documentation:* WMH has provided an internal audit for review, using multiple audit forms including one comprised of check boxes. DSAMH recommends that WMH use one form and that the form includes space to write specific comments. Some peer audits were not completely filled out, providing only marginal assessment of the chart quality. It is important to note that the charts reviewed by the site visit team demonstrated excellent overall documentation. In addition, WMH has a system in place to ensure that findings in the peer review are corrected.

FY20 Division Comments:

- 1) *Integrated Health:* WMH recently integrated their mental health practice with Mountainland Clinic. All services are provided in-house resulting in a practice that includes mental and physical health. A door separating the two agencies has been removed, so that they can converse and present as one agency to their clients. They also have a case manager that

bridges the gap between mental health and physical health

- 2) *Jail Services:* WMH has provided two therapists to the jail, as well as a medical provider. Supervised interns assist with discharge plans; discharge and transition out of incarceration may include coordination for Medicaid, food, housing and behavioral health services.
- 3) *Community Partners:* WMH has excellent collaborative relationships with community partners; this relationship is key to the agency providing the best care for their clients. Agencies endorsing a strong, positive working relationship with WMH included schools, universities, law enforcement, State and County agencies, and service providers.
- 4) *Suicide Prevention:* WMH sent two people to the Survivors of Suicide Attempts facilitator training with Didi Hirsch Mental Health Services in California and provides support groups. WMH participates in community groups, including the Utah County HOPE Taskforce and the American Foundation for Suicide Prevention. WMH does postvention with the community. WMH also provides a death by suicide victims group, and crisis debriefings for schools, families and staff.
- 5) *Housing Supports:* DSAMH commends WMH for the multitude of efforts made to support individuals with serious mental illness in housing, despite the challenges of affordable housing within a community with a high proportion of students. Housing supports include a range of services from daily visits with wrap-around services to monthly case management.

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

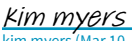
Prepared by:


Chad Carter  Date 03/04/2020
Chad Carter (Mar 4, 2020)
Auditor IV

Approved by:

Kyle Larson  Date 03/04/2020
Kyle Larson (Mar 4, 2020)
Administrative Services Director

Eric Tadehara  Date 03/05/2020
Eric Tadehara (Mar 5, 2020)
Assistant Director Children's Behavioral Health

Kimberly Myers  Date 03/10/2020
kim myers (Mar 10, 2020)
Assistant Director Mental Health

Doug Thomas  Date 03/10/2020
Doug Thomas (Mar 10, 2020)
Division Director

UTAH DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Emergency Plan Monitoring Tool

Name of Agency: Wasatch Mental Health

Date: January 22, 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 | | | Need date |
| 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 signatures on plan |
| Title page (with placeholders to record the dates that reviews/revisions are scheduled/have been made) | | | X | No date for when review/revision is scheduled |
| 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 |
| Record of distribution (individual internal and external recipients identified by organization and title) | | | X | Need distribution record |
| 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 | Need to identify schedule for updating plan, communicating changes and training staff on the plan. |
| Functional Annex: The Continuity of Operations (COOP) Plan | | | | |
| Essential functions and essential staff positions | X | | | |
| Continuity of leadership and orders of succession | X | | | |
| Leadership for incident response | X | | | |
| Alternative facilities (including the address of and directions/mileage to each) | X | | | |
| 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> | X | | | |
| <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 | X | | | |
| <p>The team has coordinated with others in the State and community.</p> | X | | | |