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 Behavioral Health Services – Wasatch Behavioral 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 Kelly Ovard at 385-310-5118.

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

Sincerely,

Brent Kelsey
Interim Division Director

Enclosure

cc: Amelia Powers Gardner, Utah County Commissioner
    Nathan Ivie, Utah County Commissioner
    Juergen Korbanka, Director, Wasatch Mental Health
Site Monitoring Report of

Utah County Behavioral Health Services
Wasatch Behavioral Health

Local Authority Contract #A03080

Review Date: January 11, 2022

Final Report
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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 Behavioral Health Services and their contracted service provider, Wasatch Behavioral Health (also referred to in this report as WBH or the Center) on January 11, 2022. 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; 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.

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

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Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review of the Local Authority, Wasatch Behavioral Health (WBH). The Governance and Fiscal Oversight section of the review was conducted on January 11, 2022 by Kelly Ovard DSAMH Financial Services Auditor IV.

A site visit was conducted remotely with WBH as the Local Behavioral Health Authority for Utah County due to current DSAMH policies. Utah County also provided documentation for their annual review of WBH. 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 was 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, WBH 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, WBH received a single audit as required. The CPA firm Litz & Company completed the audit for the year ending June 30, 2021. The auditors issued an unmodified opinion in their report dated November 29, 2021. The Substance Abuse Block Grant and Coronavirus Relief Fund were selected for testing as major programs. There were no findings or deficiencies reported.
Follow-up from Fiscal Year 2021 Audit:
No findings were issued in FY21.

Findings for Fiscal Year 2022 Audit:

FY22 Major Non-compliance Issues:
None

FY22 Significant Non-compliance Issues:
None

FY22 Minor Non-compliance Issues:
None

FY22 Deficiencies:
1) Billing Times: The required billing time is 30 days for services. The average billing time for the time period July 1, 2020 to June 30, 2021 was 43 days.

County’s Response and Corrective Action Plan:

Action Plan: Billing delays occurred during the year as WBH completed a system conversion to bring the former aDDAPT clients from the Credible EHR platform to the Junction EHR used by WBH. As part of the conversion process we suspended billing for about 90 days in order to move and verify the data.

Timeline for compliance: Completed

Person responsible for action plan: Todd Phillips

DSAMH tracking by: Kelly Ovard

FY22 Recommendations:
1) I9: One I9 was missing its hire date and a signature date by the HR representative. It would be recommended to review the I9 files for completeness and accuracy.
2) The WBH emergency plan was reviewed by Nichole Cunha, Program Administrator II 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 WBH review these suggestions and update their emergency plan accordingly.

FY22 Division Comments:
1) Thanks to the WBH staff for timely documentation uploads for the audit.
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.
Combined Mental Health Programs

The Division of Substance Abuse and Mental Health (DSAMH) Mental Health Team conducted its annual monitoring review at Wasatch Behavioral Health (WBH) on January 11-13, 2022. Due to the current DSAMH policy, the annual monitoring review was held virtually. Duplicate recommendations and comments for Child, Youth and Family and Adult Mental Health have been combined below to provide clarity and avoid redundancy.

FY22 Division Recommendations:

1) **Documentation of the Columbia Suicide Safety Rating Scale (C-SSRS) and Safety Plans:** WBH has relied on the administration of the OQ/YOQ to alert the clinical staff of the need to complete a C-SSRS. Through the chart review process, inconsistencies were noted regarding the administration of the YOQ/YOQ to their clients every 30 days. It is recommended that WBH review agency processes and documentation practices to ensure that clinical practices and documentation supports the need or use of suicide screening within clinical care, if the YOQ/OQ does not alert the need for a full C-SSRS screening.

FY22 Division Comments:

1) **Cultural Responsiveness:** During the recent state-wide DSAMH needs assessment, WBH stood out with respect to the inclusivity of the WBH public-facing documents. Specifically, across the state, these documents were the most LGBTQ+ friendly and tied for best representation of the Black, Indigenous, and People of Color populations. DSAMH commends WBH for these efforts.

2) **Access to Care:** DSAMH commends WBH for its commitment to diversion and crisis support for both youth and adults. WBH has expanded the Recovery Outreach Center to a Receiving Center (RC) facility. The new RC is able to accommodate 16 patients for up to a 23 hour stay to help stabilize and evaluate patients’ behavioral health needs. Facility and program designs are in place to prevent adult and youth populations from mixing. WBH will also be opening “Vantage Point North” in the coming months. This additional crisis respite center is an effort to address the growing needs of the community.
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 Behavioral Health (WBH) on January 11, 2022. Due to current DSAMH policy, the annual monitoring review was held virtually. The monitoring team consisted of Leah Colburn, Program Administrator; Mindy Leonard, Program Manager; Tracy Johnson, Wraparound and Family Peer Support Program Administrator; and Heather Rydalch, Peer Support Program Manager. The review included the following areas: discussions with clinical supervisors and management, record reviews, program visits, and allied agency visits. During the discussion the team reviewed the FY21 audit, statistics, including the Mental Health Scorecard, Area Plans, Youth Outcome Questionnaires (YOQ), Family Peer Support, school based behavioral health and 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 2021 Audit
   No findings were issued in FY21.

Findings for Fiscal Year 2022 Audit

FY22 Major Non-compliance Issues:
   None

FY22 Significant Non-compliance Issues:
   None

FY22 Minor Non-compliance Issues:
   None

FY22 Deficiencies:
   None

FY22 Recommendations:
   See Combined Mental Health Section #1
FY22 Division Comments:

1) Early Childhood Mental Health: DSAMH commends WBH for its implementation and coordination around infant and early childhood mental health. WBH continues to build early childhood partnerships across their community and statewide to help advance expanding access to quality services for this age group. WBH has trained their children and adult mental health providers in the Ages and Stages Questionnaire (ASQ) and are proactively looking at how to incorporate ASQ screening into their workflow and electronic health records. WBH has also been a great partner with the Safe Babies Court pilot site currently happening in the 4th District Court and the prevention efforts to keep children with their biological families.

2) Family Peer Support Services (FPSS): WBH leadership has a strong understanding of the value and role of FPSS to support youth and families in finding success. The FY21 scorecard notes a significant increase in FPSS services provided from 45 in FY20 to 66 in FY21. With the closure of a statewide peer support agency, DSAMH was impressed to learn that WBH is committed to hiring certified family peer support staff in their agency. They are also continuing to explore avenues to expand access to FPSS services and increase the number of certified FPSS employed at their agency.
Adult Mental Health

The Division of Substance Abuse and Mental Health Adult Mental Health team conducted its annual monitoring review at Wasatch Behavioral Health (WBH) on January 11-13, 2022. Due to current DSAMH policy, the annual monitoring review was held virtually. The monitoring team consisted of Mindy Leonard, Program Manager; Leah Colburn, Program Administrator; Pam Bennett, Program Administrator; and Heather Rydalch, Peer Support Program Manager. The review included the following areas: discussions with clinical supervisors and management, record reviews and a community meeting. During the discussion the team reviewed the FY21 audit, statistics, including the Adult Mental Health Scorecard, Area Plans, Outcome Questionnaires, 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 2021 Audit

FY21 Deficiencies:
1) **Review of Documentation:** Internal chart reviewers should be trained to document a complete audit of the chart, in order to provide meaningful feedback. Twenty-four of 51 charts had at least one item that was either blank or had a question mark. Ten of the 51 charts had four or more items that were blank or had question marks. Issues with incomplete internal chart reviews were also noted in the FY19 Site Visit Report.

   FY21 internal chart reviews for adult clients were complete and without questions related to terminology. This Deficiency has been resolved.

Findings for Fiscal Year 2022 Audit

FY22 Significant Non-compliance Issues:
None

FY22 Major Non-compliance Issues:
None

FY22 Minor Non-compliance Issues:
None

FY22 Deficiencies:
None

FY22 Recommendations:
See Combined Mental Health Section #1
1) **Nicotine Cessation:** A review of 8 adult mental health charts by DSAMH demonstrated that 3 of 8 individuals endorsed using nicotine and none of those charts documented tobacco cessation being offered. Similarly, 8 of 51 WBH internal chart reviews indicated that the client used nicotine without a discussion regarding cessation. This is in contrast to the nicotine cessation opportunities that WBH offers across multiple programs. DSAMH recommends that WBH review procedures related to offering nicotine cessation and then documenting the client response.

**FY22 Division Comments:**

See Combined Mental Health Section #1

1) **Full Crisis Continuum:** WBH has increased service availability for clients who are struggling. This includes on-demand therapy (Therapy Connect) both in-person and via telehealth, ongoing mobile crisis outreach team (MCOT) services, and expansion of the receiving center. These changes, in combination with programs such as the Crisis Stabilization Unit and Intensive Residential Treatment, have resulted in the ability to decrease both USH admissions and community inpatient admissions, as evidenced by the FY21 Adult Mental Health scorecard.

2) **Certified Peer Support Services (CPSS):** Heather Rydalch, Peer Support Program Manager, and Tracy Johnson, Wraparound and Family Peer Support Program Administrator, reviewed peer support charts for adults and youth virtually, with assistance from WBH. Heather Rydalch met with several CPSS supervisors, six CPSS and one FPSS, who are working across a wide array of programs. For example, one CPSS is providing peer services for the 4th District Mental Health Court. Another mentioned that they are teaching interaction skills at the Receiving Center for clients who are in crisis, and a CPSS will be running a Dual Diagnosis group to assist clients with communication. A CPSS that works on the Mobile Crisis Outreach Team said she sees the benefit of peer support because “they are able to make a connection with those in need”. One CPSS was described as their “Swiss Army Knife, he really does everything”. DBH is expanding peer services and actively working to hire more Peer support specialists.

3) **Participant Feedback:** Heather Rydalch, Peer Support Program Manager, met with the Wasatch House Director and five members. All of the members shared goals that they are working on. Many of the goals have been achieved and they are looking forward to making new goals. One member said that he has been coming to Wasatch House for a long time and he “absolutely loves it here and making new friends. Life before Clubhouse - I would be bored at home, and now I have a job at Smith’s bagging groceries and am making new friends.” Another member said, “I feel more stable coming to Clubhouse.” Most of the members talked about the duties that they enjoy at Clubhouse. One member said “I do reception work at Clubhouse and learned how to word processing and type up notes, it keeps my mind active”.

Utah Department of Human Services, Division of Substance Abuse and Mental Health
Utah County Behavioral Health Services – Wasatch Behavioral Health
FY2022 Monitoring Report
Substance Use Disorders Treatment

Becky King, Program Administrator, conducted the review of the Wasatch Behavioral Health (WBH) Substance Use Disorder (SUD) Treatment Program on January 12, 2022. 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 2021 Audit:

FY21 Minor Non-compliance issues:

1) The Treatment Outcomes Scorecard shows:

   a) The percent of clients using social recovery support from admission to discharge decreased from 5.9% to 4.0% from FY19 to FY20 respectively, which does not meet Division Directives.

      i) The percent of clients using social recovery support from admission to discharge decreased from 4.0% to -4.2% from FY20 to FY21 respectively, which does not meet Division Directives.

      This issue has not been resolved, which will be addressed in Recommendation #1 below.

   b) The percent decrease in the number of clients reporting tobacco use from admission to discharge moved from 6.1% to -0.6% from the FY20 to FY20 respectively, which does not meet Division Directives.

      i) The percent decrease in the number of clients reporting tobacco use from admission to discharge moved from -0.6% to 12.1% from FY20 to FY21 respectively, which meets Division Directives.

      This issue has been resolved.

   c) The Youth Consumer Satisfaction Family Survey shows that the percentage of clients sampled was 7.4%, which does not meet Division Directives.

      i) The Youth Consumer Satisfaction Family Survey shows that the percentage of clients sampled was 13.4%, which meets Division Directives.
This issue has been resolved.

Findings for Fiscal Year 2022 Audit

FY22 Significant Non-compliance Issues:
   None

FY22 Major Non-compliance Issues:
   None

FY22 Minor Non-compliance Issues:
   None

FY22 Deficiencies:

1) **Old Open Admissions:** There are 7.8% of old charts that need to be closed, which does not meet Division Directives. Only 4% of old charts should be open at any given time.

County’s Response and Corrective Action Plan:

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<th>Action Plan:</th>
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<td>Continue to improve our EMR as we transitioned from Credible to Junction during this review period. We actually believe we have had fewer discharges in FY2021 as a result of our transition from using the Credible Electronic Medical Record (EMR) platform to Junction. In the Credible system, each time an individual was transferred from one level of care to another, then they ended up with a discharge record. For example, if a client started in Foothill then stepped down to IOP, GOP and then discharged services, Credible would have counted 3 total episodes of care and discharges over the course of that client’s treatment. With junction, the three services all count as one episode of care and 1 discharge when completed.</td>
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Timeline for compliance: Now

Person responsible for action plan: Randy Huntington, Division Director

DSAMH tracking by: Rebecca King

2) **Criminogenic Risk Data:** 65.4% of criminogenic risk data was not entered, which does not meet Division Directives.

County’s Response and Corrective Action Plan:
Action Plan:
In our transition from our EMR from Credible to Junction and during the merge of SUD services into Wasatch Behavioral Health, our system was not tracking the number of risk assessments completed by those who have criminal charges. We use the RANT, ORAS, and the LSI-SV to assess criminogenic risk that is outside of our EMR. We are in the process of fixing this issue so that we can have accurate data for Criminogenic Risk Assessment.

Timeline for compliance: Next 3 months

Person responsible for action plan: Randy Huntington, Division Director working with our IT department.

DSAMH tracking by: Rebecca King

FY22 Division Comments:

1) Medication Assisted Treatment (MAT): Individuals at WBH are evaluated for opioid and alcohol use at both screening and assessment. Clients are also educated about MAT and referred to WBH’s Addictionologist. WBH is planning to take over the Opioid Treatment Provider Clinic (Project Reality) in the next calendar year, where they will be able to provide the full spectrum of MAT services, including methadone treatment. WBH also sends referrals to the Mountainlains Community Health Center (FQHC) for some MAT cases. WBH’s doctor provides Sublocate injections which has produced good results. They are also coordinating with the Utah County jail providing Vivitrol to clients when they are released and are required to follow-up with WBH’s doctor.

2) Recovery Residence: Recovery Residence services are used to provide a safe place to live and continue in recovery. Wasatch Behavioral Health clients who are currently in Drug Court, the OUT (On-Unit Treatment in the Utah County Jail), and UCAP (Utah County Alternative Probation) programs, as well as clients being released from the Utah County Jail or Foothill Residential Treatment are eligible for this program. Wasatch Behavioral Health negotiated contracts with 5 agencies. WBH was able to start housing clients in Recovery Residences in October 2020 and has been at 90% capacity for most of FY21. WBH was able to establish contracts with 3 male facilities, as well as 2 female facilities. 61 clients have received recovery residence assistance this fiscal year.

3) Culturally Diverse Services: WBH has ensured that they are providing culturally diverse services. They are posting jobs in both English and Spanish where possible. They also actively recruit for multiple positions. WBH provides instructions on their
website how to use Google translate and are working on a plan with DSAMH to have their website available in Spanish. WBH has an active list of employees who speak a second language that they can call on for better coordination of care. They are actively working on a plan with DSAMH to translate materials in other languages and now have the OQ translated in Spanish. WBH has a committee to work specifically on translating information and services into languages other than English.
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 are 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 to be 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 to be 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.
We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Utah County Behavioral Health Services – Wasatch Behavioral Health and for the professional manner in which they participated in this review. 

If there are any questions regarding this report please contact Kelly Ovard at 385-310-5118.

The Division of Substance Abuse and Mental Health

Prepared by:
Kelly Ovard __________________________
Administrative Services Auditor IV

Date 03/01/2022

Approved by:
Kyle Larson __________________________
Administrative Services Director

Date 03/01/2022

Leah Colburn __________________________
Children’s Behavioral Health

Date 03/01/2022

Kimberly Myers ________________________
Assistant Director Mental Health

Date 03/01/2022

Brent Kelsey __________________________
Interim Division Director

Date 03/01/2022
Name of Local Authority: Wasatch Behavioral Health

Date: 01/18/22

Reviewed by: Nichole Cunha, LCSW, Program Administrator
            Geri Jardine, Program Manager

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<tr>
<td>Cover page (title, date, and facility covered by the plan)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Confirmation of the plan’s official status (i.e., signature page, date approved)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Record of changes (indicating dates that reviews/revisions are scheduled/have been made and to which components of the plan)</td>
<td>X</td>
<td>Need a record to highlight changes made in plan with date revision took place</td>
</tr>
<tr>
<td>Method of distribution to appropriate parties (i.e. employees, members of the board, etc.)</td>
<td>X</td>
<td>Please identify to whom and/or how the plan is distributed</td>
</tr>
<tr>
<td>Table of contents</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Basic Plan</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statement of purpose and objectives</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Summary information</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Planning assumptions</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Conditions under which the plan will be activated</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Procedures for activating the plan</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Methods and schedules for updating the plan, communicating changes to staff, and training staff on the plan</td>
<td>X</td>
<td>The plan identifies a date for the upcoming review. However, the plan does not identify staff training or how changes are communicated.</td>
</tr>
<tr>
<td><strong>Functional Annex: The Continuity of Operations (COOP) Plan</strong> to continue to operate during short-term or long-term emergencies, periods of declared pandemic, or other disruptions of normal business.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>List of essential functions and essential staff positions</td>
<td>X</td>
<td>Staff names should be updated, or excluded.</td>
</tr>
<tr>
<td>Identify continuity of leadership and orders of succession</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Planning Step</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------</td>
<td>-------------------</td>
<td></td>
</tr>
<tr>
<td>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.)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>The planning team has identified requirements for disaster planning for Residential/Housing services including: • Engineering maintenance • Housekeeping services • Food services • Pharmacy services • Transportation services • Medical records (recovery and maintenance) • Evacuation procedures • Isolation/Quarantine procedures • Maintenance of required staffing ratios • Address both leave for and the recall of employees unable to work for extended periods due to illness during periods of declared pandemic</td>
<td>Need to address plans for recovery/maintenance of client records and required staffing ratios as well as pharmacy services.</td>
<td>X</td>
</tr>
</tbody>
</table>

DSAMH is happy to provide technical assistance.
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