Mr. Dustin Grabau  
Wasatch County Manager  
25 North Main  
Heber City, UT 84032

Dear Mr. Grabau:

In accordance with Utah Code Annotated 62A-15-103, the Division of Substance Abuse and Mental Health has completed its annual review of Local Authority, Wasatch County and its contracted service provider, Wasatch Mental Health; 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 Kelly Ovard @ 385-310-5118.

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

Sincerely,

Brent Kelsey  
Division Director

Enclosure

cc: Juergen Korbanka, Director, Wasatch Mental Health
Site Monitoring Report of

Wasatch County/
Wasatch County Family Clinic

Local Authority Contract #A03086

Review Date: February 8, 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 Wasatch County (also referred to in this report as Wasatch County Family Clinic, WCFC or the County) on February 9, 2021. 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.

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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<th>Level of Non-Compliance Issues</th>
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Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review of Wasatch County/Wasatch County Family Clinic (WCFC) and their contracted service provider, Wasatch Mental Health (WMH). Due to current DSAMH policy, the Governance and Fiscal Oversight section of the review was conducted remotely on February 8, 2022 by Kelly Ovard, Financial Services 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. 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, Wasatch Mental Health sent several files pertaining to Wasatch County to demonstrate Wasatch County’s allocation plan and to justify their billed amounts. The allocation plan is clearly defined and shows how administrative and operational costs are equitably distributed across all cost centers and that the billing costs for services are consistently used throughout the system.

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

As required by the Local Authority, Wasatch County received a single audit for the year ending December 31, 2020. The firm Larson & Company, PC completed the audit and issued a report dated June 30, 2021. The auditors’ opinion was unqualified stating that the financial statements present fairly, in all material aspects, the financial position of Wasatch County. In accordance with Government Auditing Standards and the OMB Compliance Supplement, the auditors also issued reports on internal control over financial reporting and compliance for each major Federal program. The CARES Act was tested as a major program. There was one State Compliance finding, regarding Budget Compliance SC 2020.1, which was continued from the audit ending December 31, 2019.

As Wasatch County’s contracted service provider, Wasatch Mental Health also received a single audit. The CPA firm Litz and Company completed the audit for the year ending June 30th, 2021. The auditors issued an unmodified opinion in their report dated November 29th, 2021. 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:
1) SC 2020.1 Budget Compliance: Finding: It was noted that the expenditures in the following departments/fields exceeded the budgeted amounts - general government and information services. This has been a multiple year finding.

County’s Response and Corrective Action Plan:

Action Plan: Budget Amendment requests and authorization are subject to additional reviews by the County Clerk-Auditor and County Manager to ensure future compliance with all budgeting regulations.

Timeline for compliance: 2021 Audit currently underway

Person responsible for action plan: Dustin Grabau County Manager/Barry Hallows Deputy Auditor

Tracked at DSAMH by: Kelly Ovard

FY22 Minor Non-compliance Issues:
None

FY22 Deficiencies:
None

FY22 Recommendations:
1) The Wasatch County 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 Wasatch County review these suggestions and update its emergency plan accordingly by 06/30/22.**
2) One employee I9 had a hire date that was missing. It is recommended that the I9’s be reviewed to make sure that critical information is filled out.

FY22 Division Comments:
1) The Division is grateful for the timely uploads of documents and access to clinical information 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 the 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 County Family Clinic (WCFC) on February 8, 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 Comments:

1) **Community Growth:** WCFC continues to seek opportunities to meet the needs of their community, through programmatic changes and seeking to hire culturally responsive staff. According to 2020 Census data and Kem Gardner Institute, Wasatch County is the fastest-growing county at 47.9%, growing from 23,530 to 34,788 over the past 10 years. DSAMH encourages the agency to develop planning for long term community approaches to addressing mental health needs in the community.

2) **Team-Based Approach to Staffing:** WCFC was remarkable in their team-based approach during clinical staffing. Each individual involved in care was asked to provide feedback to suggestions and changes. Approaches that had been used in the past were reviewed for both positive and negative impacts on client engagement. All providers appeared open to feedback without defensiveness.
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 County Family Clinic (WCFC) on February 8, 2022. Due to COVID-19, 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, Family Resource Facilitation (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:
1) *Family Peer Support Services (FPSS)*: WCFC leadership has expressed a strong understanding of the value in the role of FPSS to support youth and families in finding success. While this service and its importance are valued, the agency currently does not have any FPSS on staff. The FY21 scorecard has zero FPSS services provided. It is recommended that WCFC explore ways to hire and retain FPSS to support access for families in their community who would benefit from this service. DSAMH notes that the closure of a family peer support serving agency has had a great impact on access to family peer support services statewide. DSAMH is available for technical assistance and DSAMH will work with WCFC to explore ways to recruit a FPSS for their agency.
County’s Response and Corrective Action Plan:

Action Plan: There is a high need for Spanish Speaking Family peer support in Wasatch County. We will therefore post a position to acquire a bilingual Spanish and English speaking peer support specialist. In light of recent hiring difficulties across the nation, the timeline in which we find a suitable candidate is undetermined. However we are committed to post the position.

Timeline for compliance: 1 month

Person responsible for action plan: Chad Shubin

Tracked at DSAMH by: Mindy Leonard

FY22 Recommendations:
None

FY22 Division Comments:
1) **Access to Care:** In response to community needs and changes in the partnership with the school district, WCFC has started after school programming for youth. This programming is designed to meet the social, emotional and behavioral skill development needs in the community. WCFC has also developed programming specific for the adolescent population and are focused on expanding this programming as part of their continuum of care. DSAMH appreciates WCFC’s thoughtfulness on expanding youth programming to address needs in the community.

2) **Case Management:** DSAMH would like to highlight that in FY20 monitoring, WCFC provided this service at a lower rate than the rural average. The FY21 scorecard indicates that WCFC had a 114% increase in this service provision from the prior year and is closer in line with the rural average for this service (WCFC/21.6% / Rural 27.5%). Targeted case management is an important service that can improve the quality of the lives of the youth and families WCFC works with.
Adult Mental Health

The Division of Substance Abuse and Mental Health Adult Mental Health team conducted its annual monitoring review at Wasatch County Family Clinic (WCFC), February 8, 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 staff meeting. During the discussion, the team reviewed the FY20 audit statistics, including the 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

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:

1) **Mobile Crisis Outreach Team (MCOT) Data:** The FY21 Adult Mental Health scorecard indicates that 0 individuals were served by MCOT during FY21. While the MCOT has not yet expanded to providing 24/7 crisis service, WCFC coordinates with Summit County and does respond to an average of 23 calls per month. DSAMH encourages WCFC to work with the DSAMH data team so that the scorecard reflects the efforts made by MCOT to provide care.
2) **Peer Support Services (PSS):** The FY20 and FY21 Adult Mental Health scorecards indicate that WCFC has not provided adult mental health PSS. The agency has hired an excellent certified peer support specialist to provide peer services on the MCOT, with expansion to outpatient clientele as time allows. WCFC is encouraged to continue to expand opportunities for clients to receive PSS.

**FY22 Division Comments:**

1) **Community partnerships:** WCFC is demonstrating strong relationships with police and corrections personnel. Clinical services are now provided in the jail by WCFC. MCOT works with local police, and the crisis intervention team (CIT) program continues to move forward.

2) **Workforce Shortage:** WCFC is addressing workforce shortage by recruiting telehealth therapists from different states. The agency has been able to find two therapists to provide virtual treatment, including one that is Spanish speaking. WCFC also uses the Therapy Connect platform established by Wasatch Behavioral Health.

3) **Social Determinants of Health (SDoH):** Clinical staffing of clients was notable for addressing mental health and treatment progress, while also reviewing multiple SDoH for each client. WCFC reviewed housing, employment, social support systems, and the impact of early life experiences on current presentation.

4) **Community Crisis Response:** Heather Rydalch, Peer Support Program Manager, met with the MCOT Certified Peer Support Specialist (CPSS). The CPSS has been providing follow up after an initial call to the crisis line or the MCOT team, and has found families open to the outreach. She mentioned that one of the benefits of peer support when out on a call is “not being in uniform and being able to be just a person...We have a great relationship with the officers and with Wasatch High School. In the last 2-3 weeks, [WCFC MCOT] has had at least 2 referrals from the high school.”
Substance Use Disorders Prevention

Becky King, LCSW, Program Administrator, conducted the annual prevention review of Wasatch County Family Clinic on February 8, 2022. 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 2021 Audit

FY21 Deficiencies:

1) The number of EASY Compliance Checks remained the same from FY19 to FY20 (11 checks), which does not meet Division Directives. The number of EASY Compliance Checks should increase by a minimum of one check each year.

The number of EASY Compliance Checks increased from 10 to 12 checks from FY20 to FY21, which meets Division Directives.

This issue has been resolved.

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:

1) **DUGS Data:** WCFC’s compliance rate for entering data in the DUGS system decreased from 70% to 25% from FY20 to FY21 respectively, which does not meet Division Directives. It is recommended that WCFC continue to work with DSAMH and their Regional Director on receiving technical assistance on submitting DUGS data.
FY22 Division Comments:

1) **Evidence-Based Prevention:** WCFC has developed research-based prevention by using the Risk and Protective Factor model, community assessment process and evaluation to implement effective and sustainable prevention programs. WCFC Prevention Services strives to provide evidence-based practices (EBP’s) by choosing prevention programs that address the needs of families, their community and school district.

2) **Program Sustainability:** WCFC is using EBP that fits with their community needs and can be implemented year after year. They are also building strong partnerships with community agencies, through coalitions and prevention services to increase implementation and sustainability. For example, they are implementing programs that are self-sustaining, such as Family Dinner in the Park.

3) **Family Dinner in the Park:** WCFC has been hosting the Family Dinner in the Park over the years which has been a successful event for their community. They decided to do the family dinner as a drive through again this year rather than go to the park due to the COVID pandemic. They had great participation in this event with several meals that were distributed at this event. WCFC is considering keeping this as a drive through event in future years; however, there are some mixed feelings from coalition groups on this. WCFC noticed that with the drive through, there are more people, including a variety that attend this event. The Family Dinner in the Park focuses on the message of families eating together. Families get 12-13 messages regarding the benefit of meal time on the food packages they receive at this event. Everyone in the community gets involved in this event, including the Heber City and Midway County Mayors, including the City Council.
Substance Use Disorders Treatment

Becky King, LCSW, Program Administrator, conducted the review of Wasatch County Family Clinic on February 9, 2022, 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 and clinical records. 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 Wasatch County staff. Treatment schedules, policies, and other documentation were viewed. The Utah Substance Abuse Treatment Outcomes Measures Scorecard results were reviewed with Wasatch County staff. Client satisfaction was measured by reviewing records, Consumer Satisfaction Survey data and results from client interviews. Finally, additional data was reviewed for Opiate Use and treatment access in Wasatch County.

Follow-up from Fiscal Year 2021 Audit

FY21 Minor Non-compliance Issues:

1) The Treatment Episode Data Set (TEDS) Data shows the following issue which does not meet Division Directives:
   a) Tobacco use from admission to discharge moved from 4.2% to -9.4% from FY19 to FY20 respectively.

Tobacco use from admission to discharge moved from -9.4% to 1.4% from the FY20 to FY21 respectively, which does not meet Division Directives, which will be addressed in Recommendation #1 below.

This issue has not been resolved.

2) The Youth Consumer Satisfaction Survey shows the following issue which does not meet Division Directives:
   a) There was a 56% satisfaction rate for youth participation in treatment planning, which is below 75% of the national and statewide averages.

There was a 76% satisfaction rate for youth participation in treatment planning, which meets Division Directives.

This issue has been resolved.

3) The TEDS Data shows that the number of old charts that are still open is 9.7%, which does not meet Division Directives. The number of old charts that can be open at any given time should be less than 4%.
The TEDS Data shows that the number of old charts that are still open is 3.8%, which meets Division Directives. 

This issue has been resolved.

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) The Adult Consumer Satisfaction Survey shows that 9.5% of the surveys were collected, which does not meet Division Directives.

County’s Response and Corrective Action Plan:

Action Plan: We are monitoring satisfaction surveys closely. Based on FY21 counts for unduplicated clients we are nearing 10% in all categories with one category exceeding the 10% mark.

Timeline for compliance: 1 month

Person responsible for action plan: Chad Shubin

Tracked at DSAMH by: Becky King

2) TEDS Data shows that there was 33.3% of Criminogenic Risk Data, which was not collected, which does not meet Division Directives.

County’s Response and Corrective Action Plan:

Action Plan: Our system has not been tracking the number of risk assessments completed by those who have criminal charges. We are in the process of fixing this issue so that we can have accurate data for Criminogenic Risk Assessment.

Timeline for compliance: 3 Months
FY22 Recommendations:

1) **TEDS Data** results show that **tobacco use from admission to discharge** moved from -9.4% to 1.4%, from FY20 to FY21 respectively, which does not meet Division Directives. It is recommended that WCFC look at the data for accuracy or determine whether efforts need to be made to improve tobacco cessation efforts.

2) **Treatment Charts** - WCFC has been using the Columbia-Suicide Severity Rating Scale (C-SSRS) when the client indicates that they have thoughts of suicide. DSAMH is recommending that WCFC use the C-SSRS as a universal screening tool according to the requirements in the Division Directives.

FY22 Division Comments:

1) **Medication Assisted Treatment (MAT):** WCFC recently hired a prescriber who has been prescribing medications for opioid use, alcohol use and nicotine dependence. Their agency supports MAT and therapists are familiar with some of the options associated with MAT for opioid treatment, which they educate their clients on. Their registered Nurse provides Naloxone training as needed to clients and their family members. Upon completion of the training, the nurse distributes Naloxone kits to clients and their families.

2) **Wellness in Person-Centered Recovery Plans:** The WCFC staff work to provide individualized person-centered recovery and engage clients in identifying meaningful goals and objectives for themselves. When appropriate, a variety of wellness focused goals may be included in a client’s treatment plan. Such goals and objectives could include anything from taking time to get out and walk regularly to finding time for peaceful meditation.

3) **Community Partnerships / Crisis Management:** WCFC has worked closely with the county sheriff who is supportive of their program. The sheriff awarded $6,000.00 to WCFC in addition to Justice Reinvestment (JRI) funds to provide services in the jail. He also attended the Crisis Intervention Team (CIT) conference with WCFC staff as well. WCFC has also created a combined Mobile Crisis Outreach Team (MCOT) that serves both Summit and Wasatch County. WCFC has been averaging around 23 calls a month.
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.
We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Wasatch County Family Clinic and for the professional manner in which they participated in this review.

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

The Division of Substance Abuse and Mental Health

Prepared by:

Kelly Ovard
Administrative Services Auditor IV

Date 03/31/2022

Approved by:

Kyle Larson
Administrative Services Director

Date 03/31/2022

Eric Tadahera
Assistant Director

Date 04/05/2022

Brent Kelsey
Division Director

Date 03/31/2022

Attachment A
# Emergency Plan Monitoring Tool FY22

**Name of Local Authority:** Wasatch County  
**Date:** 2/8/2022  
**Reviewed by:** Nichole Cunha LCSW, Geri Ryan

## Compliance Ratings

- **Y** = Yes, the Contractor is in compliance with the requirements.  
- **P** = Partial, the Contractor is in partial compliance with requirements; comments provided as a suggestion to bring into compliance.  
- **N** = No, the Contractor is not in compliance with the requirements.

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<tr>
<th>Monitoring Activity</th>
<th>Compliance</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preface</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cover page (title, date, and facility covered by the plan)</td>
<td>X</td>
<td>Plan is quite outdated</td>
</tr>
<tr>
<td>Confirmation of the plan’s official status (i.e., signature page, date approved)</td>
<td>X</td>
<td>Plan has a signature page, but it is not signed.</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></td>
</tr>
<tr>
<td>Method of distribution to appropriate parties (i.e. employees, members of the board, etc.)</td>
<td>x</td>
<td>Distribution list is included but is not completed.</td>
</tr>
<tr>
<td>Table of contents</td>
<td></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></td>
</tr>
<tr>
<td><strong>Functional Annex: The Continuity of Operations (COOP) Plan</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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></td>
</tr>
<tr>
<td>Identify continuity of leadership and orders of succession</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Identify leadership for incident response</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>List alternative facilities (including the address of and directions/mileage to each)</td>
<td>X</td>
<td>Seems to defer to public health and medical services, but the plan is not defined nor are elements accessible</td>
</tr>
<tr>
<td>Communication procedures with staff, clients’ families, the State and community</td>
<td>X</td>
<td>Seems to defer to public health and medical services, but the plan is not defined nor are elements accessible</td>
</tr>
<tr>
<td>Procedures that ensure the timely discharge of financial obligations, including payroll.</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
## Planning Step

<table>
<thead>
<tr>
<th>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.)</th>
<th>Seems to defer to public health and medical services, but the plan is not defined nor are elements accessible</th>
</tr>
</thead>
</table>

| 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 | Seems to defer to public health and medical services, but the plan is not defined nor are elements accessible |
| --- | --- |

DSAMH is happy to provide technical assistance.
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