



State of Utah

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Department of Human Services

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Division of Substance Abuse and Mental Health
DOUG THOMAS
Director

July 29, 2021

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

Dear Mr. Bullough:

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

The center has many strengths; however, this report by its nature focuses on the exceptions and areas in need of improvement. The Division has approved all corrective action plans submitted by the Center/County in response to each reported finding, which have been included in the final report. If you have any questions, please contact Kelly Ovard at 385-310-5118.

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

Sincerely,

A handwritten signature in blue ink that reads "DP Thomas".

Doug Thomas
Division Director

Enclosure

cc: Aaron Newman, Director of Behavioral Health, Summit County Health Department
Cindy Keyes, Business Manager, Summit County Health Department
Nelson Clayton Behavioral Health Programs Manager, Healthy U Behavioral



Site Monitoring Report of

Summit County

Local Authority Contracts #152260 and #152261

Review Date: March 9, 2021

Draft 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 the Local Authority, Summit County, (also referred to in this report as the County). The official date of the review was March 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.

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 4 5	9-11 11-13
<i>Combined Mental Health Programs</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 2 3	16-17 17-19
<i>Child, Youth & Family Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 1 None	21
<i>Adult Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i>Substance Abuse Prevention</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None 1	26
<i>Substance Abuse Treatment</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 11 None	30-34

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review of Summit County, the Local Authority. The Governance and Fiscal Oversight section of the review was conducted remotely due to the Covid 19 pandemic on March 9, 2021 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. Client fees were reviewed for consistency and adherence to approved fee schedules. Executive travel reimbursements were reviewed to ensure they were appropriate and that no personal benefit has been gained. Meeting minutes were reviewed and discussions were conducted to determine if an appropriate level of involvement and financial oversight was provided by the governing board and County. The structure of Summit County's Mental Health and SUD provider changed during this fiscal year. Healthy U provides the services to the county under the umbrella of HMHI or the Huntsman Mental Health Institute. UUHP or University of Utah Health Plans provides the billing services for Healthy U and the County (LA).

As part of the site visit, Summit provided a partial backup to support their costs and billed amounts, using rates taken from their Medicaid Cost Report for 2019. This report is a cost study conducted by the Local Authority and then reviewed/approved by the Department of Health (DOH), Medicaid Division. This report establishes the center's cost allocation plan as it pertains to overhead/administrative costs and spreads these costs across the Current Procedural Terminology (CPT) billing codes used by the Center that year. This allows the Division to fairly incorporate these overhead/administrative costs into the payments sent for services that qualify for funding found on the Center's contract allocation letter. Random samples were taken from the backup provided to verify that the listed services qualified for each different service category.

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

As required by the Local Authority, Summit County received a single audit for the year ending December 31, 2019. The firm Squire and Company, PC completed the audit and issued a report dated December 16, 2020. The STR Opioid Grant and the Mental Health Block Grant were not selected for specific testing as major programs. The auditors issued an unmodified opinion on the financial statements. No findings or deficiencies were reported in the audit.

Findings for Fiscal Year 2020 Audit:

FY20 Major Non-compliance Issues:

None

FY20 Significant Non-compliance Issues:

None

FY20 Minor Non-compliance Issues:

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

This issue has been resolved.

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

This issue has been partially resolved. See Deficiency #4.

FY20 Deficiencies:

None

FY20 Recommendations:

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

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

FY20 Division Comments:

None

Findings for Fiscal Year 2021 Audit:

FY21 Major Non-compliance Issues:

None

FY21 Significant Non-compliance Issues:

None

FY21 Minor Non-compliance Issues:

- 1) Summit County *could not provide payment backup and justification* for the following clients. The spreadsheets provided to DSAMH for the audit should have the clients in the proper categories for payment. For example: WTD must be a woman with dependent children and can not be a man or a woman with no dependents. Both clients sampled for WTD did not meet the criteria. There were issues with the client validations, with this being the year that the provider changed in Summit County, and some clients were closed and some balances written off in the changeover. ***Summit County will need to verify that their services for these service codes did not include funding to inappropriate clients. For clients that received inappropriate funding, repayment of those funds to DSAMH is required.*** This will rise to a significant non-compliance issue next year if Summit County can not provide spreadsheets that accurately show which clients were billed for each code and that those clients meet the criteria for that code. These spreadsheets need to be provided 2 weeks prior to the opening meeting and the audit will be conducted off the original spreadsheet.
 - 10044790 - Billed to MH/JRI and the client did not have any criminal involvement.
 - 0864895 - Billed to MH/JRI and the client did not have any criminal involvement.
 - 05285911 - Billed to WTD (Women with dependent children). Client is a 70+ year old woman with no dependent children.
 - 05487194 - Billed to WTD (Women with dependent children). Client is a male in Drug Court.
 - 12649844 - Billed to WTA (State Women). The client is a male.
 - 03809597 - Billed to the State General SUD (STL). Summit/Healthy U could not find an SUD diagnosis.
 - 07997109 - Billed to the State General SUD (STL). Summit/Healthy U could not find an SUD diagnosis.

County's Response and Corrective Action Plan:

Action Plan:

These incorrect attributions were from our initial operations and clients were incorrectly placed in funding categories at times. To wrap up FY21 submissions UUHP (University of Utah Health Plans) finance and the UUHP compliance team will meet to audit the FY21 submissions as well to ensure correct continued attribution of services to funding streams. UUHP has also discussed having follow-up meetings in the fall to review claims with DSAMH.

Timeline for compliance: October 2021

Person responsible for action plan: Nelson Clayton

DSAMH tracking by: Kelly Ovard

- 2) *Internal Monitoring of Contracted Providers.* It is vital that Summit County monitor their contracted provider. In doing so Summit also needs to monitor the contracted provider's monitoring of its 90+ subcontractors: *DHS Contract Part I, Section B, 2., Section C and the Division Directives I.A.viii.* Summit County did not have a planned onboarding process or any monitoring reports for over 90 providers. (*see FY21 Division Directives I.A.viii.*)

County's Response and Corrective Action Plan:

Action Plan:

At this time, County staff is composed of one employee and is unable to meet the request of DSAMH to provide complete monitoring of the 90+ clinician HUB (Healthy U Behavioral) network. Therefore, per the terms of its contract with HUB as the Medicaid and DSAMH funded provider, Summit County relies on their internal process to ensure appropriate monitoring is taking place. For the future, Summit County will work with HUB to develop a rotating schedule of site visits of HUB Network providers each year to ensure improved compliance with DSAMH regulations.

HUB currently monitors the network for licensure and any debarments or disciplinary actions. HUB will work with the County and DSAMH to establish a plan for monitoring.

Timeline for compliance: December 2021

Person responsible for action plan: Aaron Newman

DSAMH tracking by: Kelly Ovard

- 3) *Timely Billings.* The contracted time for billing is 30 days per Utah Code 62A-15-110-(1)(e) Division Directives I.A.xiii. For the audit year Summit County averaged 37 days.

County's Response and Corrective Action Plan:

Action Plan:

In order to improve the timely billing standard UUHP and Summit County have worked to streamline the process for approval of submissions to the KissFlow system. We are planning to continue to refine our process so that our billing time is reduced. We would request a follow up in the fall to discuss progress made and TA for strategies for improvement.

Timeline for compliance: October 2021

Person responsible for action plan: Nelson Clayton

DSAMH tracking by: Kelly Ovard, Resolved as of 7/19/2021

- 4) *Medicaid Cost Report.* Healthy U/UUHP reported “When we contacted Medicaid we were not required to create a cost report for FY20 per our discussion so we may need to set up a meeting to discuss what is needed”. It is a requirement of the Local Authority (Summit County) as part of the annual DSAMH audit that it “Applies rates from the most recent audited Medicaid Cost Report to services reported in the Local Authority’s electronic health record to ensure they are consistent with reported amounts. It is the responsibility of the Local Authority (Summit County) to monitor the rates their subcontractors are charging”. (see FY21 Division Directives I.A.x.). Medicaid rates were provided by Valley Behavioral Health for 2019 but **Summit County did not provide Medicaid rates for September 2019 - June 2020.**

County’s Response and Corrective Action Plan:

Action Plan:

Given the transition and different model, UUHP received clearance from Medicaid to not produce the Medicaid Cost Report; however since it is a DSAMH requirement we do plan on creating the report going forward.

Timeline for compliance: Time of Next Audit

Person responsible for action plan: Nelson Clayton

DSAMH tracking by: Kelly Ovard

FY21 Deficiencies:

- 1) Division Directives A.xiv. states “LAs shall develop a disaster preparedness and recovery plan for programs that provide prevention, treatment and recovery support for mental illness and substance use programs in accordance with provided templates and resources. The LA shall provide at least annual training for its staff on its plan. **The LA shall provide DSAMH with a copy of its plan and evidence of staff training.** The LA shall evaluate its plan at least annually.” Summit County has not provided an emergency/disaster plan for mental health (MH), and substance use disorder (SUD) prevention, treatment and recovery support

services for the county for at least 3 years. *We understand there is an old comprehensive county plan; a specific and updated plan related to MH and SUD services will need to be provided.*

County’s Response and Corrective Action Plan:

Action Plan:
A request has been submitted to the Summit County Emergency Manager, Chris Crowley, for a review and update of the Emergency Response Risk & Crisis Plan for FY22, who is responsible for County Emergency responses.

Timeline for compliance: FY22
Person responsible for action plan: Chris Crowley & Aaron Newman
DSAMH tracking by: Kelly Ovard

- 2) *Dual Employment.* Summit County did not require that Healthy U employees or contractors disclose if they were dually employed. It is a requirement that all employees sign a disclosure statement annually or when the employment situation changes. (see FY21 Division Directives I.A.viii. b.)

County’s Response and Corrective Action Plan:

Action Plan:
Summit County will work with HUB to develop a plan to administer an annual employment statement to be completed at the same time each year.

UUHP does require disclosure of any conflicts of interest as does HMHI. All potential conflicts of interest are required to be disclosed to management.

Timeline for compliance: December 2021
Person responsible for action plan: Nelson Clayton & Aaron Newman
DSAMH tracking by: Kelly Ovard

- 3) *Conflict of Interest.* Summit County did not have Healthy U employees sign or complete the conflict of interest training. There also needs to be a conflict of interest form signed between Healthy U and Summit County which is the LA. (see FY21 Division Directives I.A.viii. b.)

County’s Response and Corrective Action Plan:

Action Plan:
Summit County will work with HUB to develop a plan to administer an annual employment statement to be completed at the same time each year.

UUHP does require disclosure of any conflicts of interest as does HMHI. All potential conflicts of interest are required to be disclosed to management.

Timeline for compliance: December 2021

Person responsible for action plan: Nelson Clayton & Aaron Newman

DSAMH tracking by: Kelly Ovard

- 4) *I9 Signature Dates.* Employers must complete and sign Section 2 of Employment Eligibility Verification, within 3 business days from the hire date. Of the employees checked, 8/11 had their I9 signed by Summit County's providers representative at least 14 days after the stated hire date.

County's Response and Corrective Action Plan:

Action Plan:

Summit County will work with HUB to administer the I-9 form in accordance with University and County HR rules which should meet all federal regulations.

Timeline for compliance: December 2021

Person responsible for action plan: Nelson Clayton & Aaron Newman

DSAMH tracking by: Kelly Ovard

- 5) *Employee Travel.* There was one trip for an employee of Summit County's Provider. While receipts were provided there was no approval documentation dated and signed for the trip. Summit/Healthy U needs to provide an authorization/approval process and receipts for executive travel for both entities that are provided at the beginning of the audit.

County's Response and Corrective Action Plan:

Action Plan:

Summit County has a policy in place requiring prior approval from the corresponding supervisor as outlined in Section 10 of the Employee Manual. For the time of this Audit, there was a hold on all travel due to the COVID Pandemic and as such, no travel was conducted.

The requirement for supervisor approval regarding HUB was not understood as the travel happened early in the change of vendor. It was asked if the supervisor that approved the travel could send an email to document the travel had been approved. Going forward, the University has a new travel tracking system that should be able to track all requested elements.

Timeline for compliance: Completed

Person responsible for action plan: Nelson Clayton and Aaron Newman

FY21 Recommendations:

- 1) The JRI/JRC numbers were accurate in what was reported by Summit County as far as totals, but they could not come up with the correct JRI breakdown for SUD and MH. It is important to account for services accurately within each service code.
- 2) It is a reminder to the Local Authority (Summit County), that they are to monitor how the subcontractor (Healthy U) is doing throughout the year. They should have a monitoring tool in place to check that DSAMH Division Directives and contract requirements are being followed, not just the numbers served and community satisfaction. These findings are upon the Local Authority to resolve with their subcontractor.

FY21 Division Comments:

- 1) This was the first audit for Summit County with its new provider Healthy U. Comments were made by the County that the service level has greatly improved with the new provider and that community partners have been happy with the changes.
- (2) It was reported that there has been no turnover within Healthy U since they took over the contract from Valley Behavioral Health in September 2019. This is a great improvement for Summit County and its ability to provide services to its residents.

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, Mental Health Team conducted its annual monitoring review at Summit County on March 9 and 10, 2021. Chart review was completed on May 12, 2021. Due to COVID-19, the annual monitoring review was held virtually. Duplicate findings for Child, Youth and Family and Adult Mental Health have been combined below to provide clarity and avoid redundancy.

Combined Adult and Child, Youth and Family Mental Health

FY21 Minor Non-compliance Issues:

- 1) *Internal monitoring of contracted providers:* It is critical that Summit County develop a formal subcontracting process that includes onboarding, ongoing training of required service components, and an internal monitoring process for contracted providers, to ensure that clients are receiving quality services which meet Division Directive requirements.

County's Response and Corrective Action Plan:

Action Plan:

At this time, County staff is composed of one employee and is unable to meet the request of DSAMH to provide complete monitoring of the 90+ clinician HUB network. Therefore, per the terms of its contract with HUB as the Medicaid and DSAMH funded provider, Summit County relies on their internal process to ensure appropriate monitoring is taking place. Current HUB internal provider enrollment and credentialing process includes verification of provider certification or license, checking provider information against databases that contain sanction or debarment history, and current eligibility to practice contracted services in the state of Utah. For the future, Summit County will work with HUB to develop a rotating schedule of site visits of HUB Network providers each year to ensure improved compliance with DSAMH regulations.

HUB currently monitors the network for licensure and any debarments or disciplinary actions. HUB will work with the County and DSAMH to establish a plan for monitoring.

Timeline for compliance: December 2021

Person responsible for action plan: Aaron Newman & Nelson Clayton

DSAMH tracking by: Leah Colburn/Pam Bennett

- 2) *OQ/YOQ Administration and Use as an Intervention:* Fifteen of the fifteen charts reviewed (all Adult and Child/Youth/Family charts reviewed) showed no indications of the Outcome Questionnaire/Youth Outcome Questionnaire (OQ/YOQ) being completed. Summit County does not administer the OQ/YOQ at least once every 30 days. There was no evidence of the OQ/YOQ being used as an intervention. Additionally, there was insufficient data submitted

for OQ/YOQ reporting to meet the 90% match rate to SAMHIS (Substance Abuse Mental Health Information System) to meet the division directives.

The Division Directives state “DSAMH will require that an Outcome Questionnaire be given to patients and consumers at intake, every thirty days or every visit (whichever is less frequent), and at discharge/discontinuation (inpatient stays for community mental health are exempt).” The Directives also state “DSAMH requires a 50% utilization rate for the LMHA for clients served in publicly funded programs who experience serious mental illness or serious emotional disturbance.” Regarding the match rate, the Directives read, “Client match rates for clients with serious mental illness and serious emotional disturbance must exceed 90% for the provider to be included in the outcome results.” It is recognized that movement to telehealth has impacted administration of the OQ/YOQ.

County’s Response and Corrective Action Plan:

Action Plan:

Currently the Clinic is administering the OQ/YOQ to each new client. When treatment went largely to telehealth, the OQ/YOQ administration was disrupted; however in-person administration should currently be at the required standard for DSAMH funded services. The school program for the 2021-2022 school year will also administer the YOQ upon admission and each month or each service, whichever is less frequent. The OQ/YOQ administration will also be part of the network provider process mentioned above, where the provider will be required to submit OQ/YOQ data with claims.

Timeline for compliance: December 2021

Person responsible for action plan: Nelson Clayton

DSAMH tracking by: Leah Colburn/Pam Bennett

FY21 Deficiencies:

- 1) *Technical Assistance:* Summit County is structured as a network provider model with many contracted providers and agencies to support a service continuum in their catchment area. The FY20 report included recommendations from both Child, Youth and Family, and Adult teams encouraging Summit County to access technical assistance for quality improvement and monitoring of their contracted providers. DSAMH is willing to provide training and assistance as needed to ensure Division Directives are followed by Summit County and within their network. It is strongly encouraged that Summit County work with the DSAMH data team to resolve ongoing data reporting concerns.

County’s Response and Corrective Action Plan:

Action Plan:

Many improvements have been made and are being made to improve data collection for

DSAMH requirements. We would suggest meeting to review standards in the fall and possibly in the winter in advance of the 2022 audit to ensure continued improvements.

Timeline for compliance: October 2021

Person responsible for action plan: Nelson Clayton

DSAMH tracking by: Leah Colburn/Pam Bennett

- 2) *Nicotine treatment:* Although many of the charts indicated that the client was using nicotine, there were no indications that any adult (eight of eight charts) and youth (two of seven charts) using nicotine were offered nicotine cessation services. DSAMH Division Directives require that nicotine cessation services and resources (including medication) are provided to clients who are using nicotine. This includes both adult and youth populations. Nicotine cessation services or referrals should be offered to clients and then documented in the chart.

County's Response and Corrective Action Plan:

Action Plan:

UUHP and HMHI utilize the National Jewish Health Quitline for Tobacco Cessation. The Quitline offers tobacco cessation counseling as well as nicotine replacement therapy. UUHP will work with network providers to ensure that referrals are documented in a consistent way so that the referrals can be identified.

Timeline for compliance: October 2021

Person responsible for action plan: Nelson Clayton

DSAMH tracking by: Pam Bennett

- 3) *Serious Mental Illness (SMI)/Severe Emotional Disturbance (SED):* All Adult and Child, Youth, and Family charts (fifteen of fifteen charts reviewed) were missing an assessment of serious mental illness or severe emotional disturbance. The mental health scorecard indicates a drop in SMI and SED designation from FY19 to FY20 (SMI:105/49) (SED:85/67). Per the 1915(b)3 waiver for the PHMPs, clients who receive services designated under this waiver are required to have SMI/SED designation. Collection of this information is required as a component of the State plan under Federal Title 42, 300x-1. Summit Co is required to submit this data into the SAMHIS system and is encouraged to work with DSAMH to ensure data is submitted correctly. Information on the designation of SMI/SED can be located on the DSAMH website.

County's Response and Corrective Action Plan:

Action Plan:

Currently the SED assessment has been done for students under 18 receiving counseling in the

school program. The clinic also assesses those age-appropriate clients for SMI and all information is submitted through the Mental Health Event data spec. SMI evaluations are done for individuals over 18 years old.

Timeline for compliance: Completed

Person responsible for action plan: Nelson Clayton

DSAMH tracking by: Pam Bennett/Leah Colburn

FY21 Recommendations:

- 1) *Coordination of Administrative Responsibilities:* It is recommended that Summit County coordinate administrative responsibilities to ensure Division Directives are followed and requirements are met (e.g., tracking of civil commitment and Assisted Outpatient Treatment court-ordered clients, monitoring processes).
- 2) *Youth-in-Transition (YIT):* It is recommended that Summit County identify providers and programs that address the distinctive challenges faced by youth-in-transition. This could include the development of a referral system to ensure YIT are served by providers that are skilled with individuals at this stage of development and/or procedures to address barriers unique to this population.

FY21 Comments:

- 1) *Access to care:* Summit County reports they have increased access throughout the catchment area. They have brought 90 providers into their network over the past monitoring period. As a result, clinical wait times for residents have decreased, with mental health service wait times reduced from 90 days to 48 hours and medication management from 120 days to 72 hours. It is to be noted that the data for the FY20 scorecard does not showcase the increase of clients that are able to access services in the county. It is critical that Summit County work with the DSAMH data team to remedy data reporting inconsistencies.

Child, Youth and Family Mental Health

The Division of Substance Abuse and Mental Health Children, Youth, & Families team conducted its annual monitoring review of Summit County on March 9 and 10, 2021. The chart review was completed on May 12, 2021. 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 FY20 audit, statistics, including the Mental Health Scorecard, Area Plans, Youth Outcome Questionnaires, Family Resource Facilitation (Peer Support), High Fidelity Wraparound, 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.

Findings for Fiscal Year 2020 Audit

FY20 Major Non-compliance Issues:

None

FY20 Significant Non-compliance Issues:

None

FY20 Minor Non-compliance Issues:

None

FY20 Deficiencies:

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

FY20 Recommendations:

- 1) *Youth Outcome Questionnaires*: It is recommended that Summit County ensures that providers are trained on the YOQ and that it is implemented to the standards described in the Division Directives. The Directives state "DSAMH will require that the OQ/YOQ be given to patients and consumers at intake, every thirty days or every visit (whichever is less frequent), and at discharge/discontinuation (inpatient stays for community mental health are exempt)." The Division Directives also state "Data from the OQ or YOQ shall be shared with the client and incorporated into the clinical process, as evidenced in the chart."

FY20 Comments:

- 1) *Technical Assistance*: Summit County changed their contracted provider for FY20 to Healthy U. Healthy U is committed to quality care and services for the community they serve. Healthy U is structured as a network provider model with many contracted providers

and agencies to support a service continuum in their catchment area. It is recommended that they seek technical assistance for quality improvement and monitoring of their contracted providers. DSAMH is willing to provide training and assistance as requested to ensure Division Directives are followed in their network.

Findings for Fiscal Year 2021 Audit

FY21 Major Non-compliance Issues:

None

FY21 Significant Non-compliance Issues:

None

FY21 Minor Non-compliance Issues:

- 1) *Respite Services:* Summit County provided no respite services in FY20. Respite is one of the ten mandated services as required by Utah Code 17-43-301. In FY19, Summit County provided no respite services. Summit County reports that this service is provided through one of their subcontractors, however no data is currently being captured to support this. Summit County should ensure respite services are being provided for children and youth and that the data is captured.

County's Response and Corrective Action Plan:

Action Plan:

Respite services are provided in Summit County, however, they are provided by a local non-profit and as such, do not require funding from DSAMH nor Medicaid. Recipients of respite care are covered via a community fund supported by donations. Respite services are available to all in Summit County along with specific support groups for providers.

Timeline for compliance: Completed

Person responsible for action plan: Aaron Newman

DSAMH tracking by: Leah Colburn

FY21 Deficiencies:

- 1) See Combined Mental Health Programs deficiencies on page 15-16.

FY21 Recommendations:

- 1) *Infant/Early Childhood Mental Health:* Summit County has not been able to identify an infant/early childhood specialist in their provider network and has expressed concern with expectations related to service provision within this age group. It is recommended that Summit County seek technical assistance through DSAMH to help develop a more clear

understanding of statewide initiatives and resources related to infant/early childhood mental health work.

FY21 Division Comments:

- 1) *School-Based Behavioral Health:* Summit County's provider, Healthy U, has continued to work to build relationships within the Summit County school districts and charter schools to ensure that youth and families have access to school-based services. They have reported increased access to youth in the county over FY20. They have continued to engage a school-based services model which encourages providers to engage relationships within the school environment. During the past year, due to COVID-19, services were able to shift to telehealth to support continued access for youth in schools.
- 2) *Workforce Shortage:* Summit County's provider, Healthy U, reports they are experiencing a workforce shortage in their HMHI clinic and school-based program. They have been working to explore creative solutions to recruit clinicians, including conversation with the University of Utah School of Social Work and promoting loan forgiveness programs. They have been actively working to recruit Spanish speaking clinicians.

Adult Mental Health

The Division of Substance Abuse and Mental Health Adult Mental Health team conducted its annual monitoring review of Summit County on March 9 and 10, 2021. Chart review was completed on May 12, 2021. Due to COVID-19, 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 FY20 audit and 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.

Findings for Fiscal Year 2020 Audit

None

Findings for Fiscal Year 2021 Audit

FY21 Major Non-compliance Issues:

None

FY21 Significant Non-compliance Issues:

None

FY21 Minor Non-compliance Issues:

See Minor Non-compliance Issues in the Combined Mental Health Programs on pages 14-15.

FY21 Deficiencies:

See Deficiencies in the Combined Mental Health Programs on pages 15-16.

FY21 Recommendations:

None

FY21 Division Comments:

- 1) *Integration:* Summit County appears to offer integrated services between Level 2 and Level 3 of the six levels of SAMHSA's Standard Framework for Levels of Integrated Healthcare. This is supported by the focus on behavioral health only at the Healthy U clinic, periodic communication regarding shared patients, communication driven by specific patient issues, and separate responsibilities for patient care. With that said, Summit County has a great opportunity and potential to provide high-level integrated care. This is highlighted by the use of shared electronic health records, which will allow for a high level of coordination and information sharing between physical and behavioral health providers. Additionally, the success of integrated services within the University of Utah system can be seen as a tremendous advantage and something that can be used as a resource moving forward.

- 2) *Summit County Clubhouse*: The citizens of Summit County have made a strong commitment to the development of the Summit County Clubhouse. This has included the provision of a van for transportation, and an exceptional property for the Clubhouse within a neighborhood. There is a regular attendance of about 15 members. Sixty-five percent of the membership is employed and none of the members lost employment during the pandemic. The Clubhouse is well on its way to achieving formal accreditation.
- 3) *Peer Support Services (PSS)*: Heather Rydalch, Peer Support Program Manager, was able to meet with Summit County and UUHP leadership, the Family Peer Support Specialist and the Certified Peer Support Specialist. PSS services are provided three days a week in Summit County Jail and to Drug Court clients. A Peer Support Specialist has been hired for the Mobile Crisis Outreach Team. Family Peer Support is offered to the Spanish population. Leadership expressed interest in expanding PSS, but had some concerns about the compensation level for PSS.
- 4) *Cultural Responsivity*: Summit County has developed a cultural responsivity plan that includes program awareness, service delivery and community events. In addition to culture as related to race and language, the plan also addresses spirituality, traditions, pronoun use, gender identity, and obtaining client feedback. The Latinx Behavioral Affairs Committee has been established to ensure issues of service and stigma are addressed, and Summit County is working with Latino Behavioral Health Services and recruiting Spanish-speaking staff.
- 5) *Services to Incarcerated Persons*: Summit County is commended for increasing services at the Summit County Jail from crisis response to an array of services including clinical care, case management and Peer Support. Law enforcement has provided feedback on the effectiveness of Peer Support, and has indicated that they would like to develop a program and gather data on the benefits of Peer Support.

Substance Use Disorders Prevention

Becky King, Program Administrator, conducted the annual prevention review of Summit County Health Department (SCHD) on March 9th, 2021. 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.

Findings for Fiscal Year 2020 Audit

FY20 Major Non-compliance Issues:

None

FY20 Significant Non-compliance Issues:

None

FY20 Minor Non-compliance Issues:

None

FY20 Deficiencies:

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

Summit County had a compliance rate of 100% for SYNAR checks in FY20, which meets Division Directives.

This issue has been resolved.

- 2) The Eliminating Alcohol Sales to Youth (EASY) checks decreased from 80 to 70 checks from FY18 to FY19 respectively, which does not meet Division Directives. The number of EASY Compliance Checks should increase by a minimum of at least one check each year.

The EASY checks decreased from 70 to 20 checks from FY19 to FY20 respectively, which does not meet Division Directives. The number of EASY Compliance Checks should increase by a minimum of at least one check each year.

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

Findings for Fiscal Year 2021 Audit:

FY21 Major Non-compliance Issues:

None

FY21 Significant Non-compliance Issues:

None

FY21 Minor Non-compliance Issues:

None

FY21 Deficiencies:

- 1) The EASY checks decreased from 70 to 20 checks from FY19 to FY20 respectively, which does not meet Division Directives. The number of EASY Compliance Checks should increase by a minimum of at least one check each year.

County's Response and Corrective Action Plan:

Action Plan:

We will meet with the Summit County Sheriff's Department and the Park City Police Department to discuss how to increase the number of EASY checks for next fiscal year. We already talked to the Summit County Attorney Margaret Olsen and she will help us with the increase of EASY checks.

Timeline for compliance: December 2021

Person responsible for action plan: Pamella Bello

DSAMH tracking by: Rebecca King

FY21 Recommendations:

- 1) *Summit County* did not complete a community readiness assessment for their local area last year. It is recommended that Summit County work with their Prevention Regional Director to complete a community readiness assessment this year.

FY21 Division Comments:

- 1) *Prosocial Involvement* - Summit County has developed several after school programs for a diverse group of families in their community. Scholarships have also been available for these programs. Summit County has also developed a Youth Sports Alliance, which offers non-competitive outlets for kids. The Sheriff's Department has focused on latino youth to provide after school support and will be adding a four hour Prime for Life program - "Explore Academy," for adolescents and youth-in-transition ages 14 - 20.

- 2) *Community Partnerships* - When Summit County prevention relocated to the Summit County Health Department, they strengthened their relationship with the health educators by collaborating on several projects together, including the “Eat Dinner With Your Family” event. They collaborated with Holy Cross Ministries by providing family care packages for Latino clients. Summit County partnered with Summit Pediatrics to provide parenting classes in Spanish and English for the children's parents in all three school districts. Summit County also placed a medication drop box at the pharmacy in Kamas. There were also many other partnerships Summit County nurtured throughout the year.

- 3) *Marketing of Prevention Programs*: Summit County uses radio, newspaper, social media, flyers, posters, eblast from schools and asks their community partners to help them market their services. The Parents Empowered campaign is the focus of many of Summit County’s prevention efforts and seeks opportunities to share the message of this campaign. Summit County runs radio commercials in the local radio station, has a billboard, commercials in the local film series and does various events which are based on the Parents Empowered message.

Substance Use Disorders Treatment

Becky King, Administrator, conducted the review of Summit County - Huntsman Mental Health Institute (HMHI) Park City on March 10th, 2021, which focused on Substance Abuse Treatment (SAPT) Block Grant Compliance; Drug Court; clinical practice and compliance with contract requirements. Drug Court was evaluated through staff discussion, clinical records, and the Drug Court Scorecard. Clinical practices and documentation were evaluated by reviewing client charts and discussing current practices. Adherence to SAPT Block Grant requirements and contract requirements were evaluated by a review of policies and procedures by interviews with Summit County staff. Treatment schedules, policies, and other documentation were viewed. The Utah Substance Abuse Treatment Outcomes Measures Scorecard results were reviewed with Summit County staff. Client satisfaction was measured by reviewing records and Consumer Satisfaction Survey data. Finally, additional data was reviewed for opiate use rates in Summit County.

Findings for Fiscal Year 2020 Audit:

FY20 Major Non-compliance Issues:

None

FY20 Significant Non-compliance Issues:

None

FY20 Minor Non-compliance Issues:

The Treatment Outcomes Measures Scorecard shows:

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

The percent of clients employed from admission to discharge decreased from 5.0% to 0.0% from FY19 to FY20 respectively, which does not meet Division Directives.

This issue is not resolved, which will be addressed in Minor Non-Compliance Finding #1 below.

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

The percent of clients involved in the criminal justice system moved from 0.0% to -33% from FY19 to FY20 respectively, which does not meet Division Directives.

This issue has not been resolved, which will be addressed in Minor Non-Compliance Finding #2 below.

The Consumer Satisfaction Surveys Shows:

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

0.4% of Youth (Family) Satisfaction Surveys were collected, which does not meet the required rate of 10% in Division Directives.

This issue has not been resolved, which will be addressed in Minor Non-Compliance Finding #5 below.

The Treatment Episode Data Set (TEDS) shows:

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

Summit County has 43% of old open admissions in their chart system, which is above the standard of 4%, which does not meet Division Directives.

This issue has not been resolved, which will be addressed in Minor Non-Compliance Finding #8 below.

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

TEDS Data showed that Summit County had 12 admissions and 7 served in FY20, which meets Division Directives.

This issue has been resolved.

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

10.7% of Criminogenic Risk Data was not collected for justice involved clients, which does not meet Division Directives.

This issue has not been resolved, which will be addressed in Minor Non-Compliance Finding #9 below.

FY20 Deficiencies:

None

Findings for Fiscal Year 2021 Audit:

FY21 Major Non-compliance Issues:

None

FY21 Significant Non-compliance Issues:

None

FY21 Minor Non-compliance Issues:

The Treatment Outcomes Measures Scorecard shows:

- 1) The percentage of clients employed from admission to discharge decreased from 5.0% to 0.0% from FY19 to FY20 respectively, which does not meet Division Directives.

County’s Response and Corrective Action Plan:

Action Plan:
 The deficiency was a result of the data systems not being correctly integrated. The County and UUHP will continue to work together to identify data and treatment issues and report to DSAMH the corrective actions taken in the Fall of 2021.

Timeline for compliance: October 2021
Person responsible for action plan: Nelson Clayton
DSAMH tracking by: Rebecca King

- 2) The percent of clients involved in the criminal justice system move from 0.0% to -33% from FY19 to FY20 respectively, which does not meet Division Directives.

County’s Response and Corrective Action Plan:

Action Plan:
The deficiency was a result of the data systems not being correctly integrated. The County and UUHP will continue to work together to identify data and treatment issues and report to DSAMH the corrective actions taken in the Fall of 2021. HUB Response: The deficiency was a result of the data systems not being correctly integrated. The County and UUHP will continue to work together to identify data and treatment issues and report to DSAMH the corrective actions taken in the Fall of 2021.

Summit County remains invested in improving early identification and diversion of individuals with a behavioral health concern away from involvement with the justice system wherever possible. It is a County goal to reduce justice engagement by 50% by 2024.

Timeline for compliance: Completed FY21
Person responsible for action plan: Aaron Newman, Nelson Clayton, & Cristie Frey

DSAMH tracking by: Rebecca King

- 3) The percent of clients using tobacco from admission to discharge moved from -3.2% to 0.0%, which does not meet Division Directives.

County's Response and Corrective Action Plan:

Action Plan:

The deficiency was a result of the data systems not being correctly integrated. The County and UUHP will continue to work together to identify data and treatment issues and report to DSAMH the corrective actions taken in the Fall of 2021. HUB Response: The deficiency was a result of the data systems not being correctly integrated. The County and UUHP will continue to work together to identify data and treatment issues and report to DSAMH the corrective actions taken in the Fall of 2021.

Timeline for compliance: October 2021

Person responsible for action plan: Nelson Clayton

DSAMH tracking by: Rebecca King

- 4) The percent of clients that were abstinent from drug use from admission to discharge decreased from 27.7% to -12.4% from FY19 to FY20 respectively, which does not meet Division Directives.

County's Response and Corrective Action Plan:

Action Plan:

The deficiency was a result of the data systems not being correctly integrated. The County and UUHP will continue to work together to identify data and treatment issues and report to DSAMH the corrective actions taken in the Fall of 2021. HUB Response: The deficiency was a result of the data systems not being correctly integrated. The County and UUHP will continue to work together to identify data and treatment issues and report to DSAMH the corrective actions taken in the Fall of 2021.

Timeline for compliance: October 2021

Person responsible for action plan: Nelson Clayton

DSAMH tracking by: Rebecca King

The Consumer Satisfaction Surveys Shows:

- 5) 0.4% of Youth (Family) Satisfaction Surveys were collected, which does not meet the required rate of 10% in Division Directives.

County's Response and Corrective Action Plan:

Action Plan:

During 2021 improvements were made in the MHSIP/YSS-F/YSS survey collection. In 2021 the YSS-F collection rate was 6.43% and HUB expects to exceed the 10% goal set out by the division by starting to do the MHSIP/YSS-F/YSS surveys on January 1st, using the entire open period, and using more in person surveys.

Timeline for compliance: April 2022

Person responsible for action plan: Nelson Clayton

DSAMH tracking by: Rebecca King

- 6) 0.0% of Adult Consumer Satisfaction Surveys were collected, which does not meet the required rate of 10% in Division Directives.

County's Response and Corrective Action Plan:

Action Plan:

During 2021 improvements were made in MHSIP/YSS-F/YSS survey collection. In 2021 the Adult collection rate was 6.61% and HUB expects to exceed the 10% goal set out by the division by starting to do the MHSIP/YSS-F/YSS surveys on January 1st, using the entire open period, and using more in-person surveys.

Timeline for compliance: April 2022

Person responsible for action plan: Nelson Clayton

DSAMH tracking by: Rebecca King

- 7) 0.0% of Youth Satisfaction Surveys were collected, which does not meet the required rate of 10% in Division Directives.

County's Response and Corrective Action Plan:

Action Plan:

During 2021 improvements were made in MHSIP/YSS-F/YSS survey collection. In 2021 the YSS collection rate was 27.55% and HUB expects to continue to exceed the 10% goal set out by the division by starting to do the MHSIP/YSS-F/YSS surveys on January 1st, using the entire open period, and using more in person surveys. The YSS was collected at a higher rate

because school services were delivered in person and it is easier to get the surveys completed when the client is in person.

Timeline for compliance: Completed

Person responsible for action plan: Nelson Clayton

DSAMH tracking by: Rebecca King

The Treatment Episode Data Set (TEDS) shows:

- 8) Summit County has 43% of old open admissions in their chart system, which is above the standard of 4%, which does not meet Division Directives.

County's Response and Corrective Action Plan:

Action Plan:

This issue was resolved as the old cases from before the transition were left open. The division helped close the cases so it should be more accurate now.

Timeline for compliance: Completed

Person responsible for action plan: Nelson Clayton

DSAMH tracking by: Rebecca King

- 9) 10.7% of Criminogenic Risk Data was not collected for justice involved clients, which does not meet Division Directives.

County's Response and Corrective Action Plan:

Action Plan:

Criminogenic Risk Data is collected for all individuals involved at the District Court level and is currently being implemented at the Justice Court level.

Timeline for compliance: *October 2021*

Person responsible for action plan: Nelson Clayton, Cristie Frey, & Aaron Newman

DSAMH tracking by: Rebecca King

Clinical Charts

- 10) *American Society of Addiction Medicine (ASAM)* - The clinical charts showed a brief overview of ASAM and the recommendation for the care in the initial assessment. There is

also an ASAM flow chart which has some information on ASAM. However, the ASAM flow chart is missing the justification for the dimensions and justification for the level of care. There are also no ASAM reviews. It is recommended that the justification for the dimensions and justification for the level of care be included with ASAM, including ongoing reviews as needed. The ASAM goals should also be included with the Recovery Plan and Goals (Chart #'s 14385611, 12416566).

County's Response and Corrective Action Plan:

Action Plan:

HUB uses the EPIC EHR which has a brief format for the ASAM evaluation. In order to have all the associated information associated with the EPIC ASAM, it would require a rebuild. UUHP will evaluate the feasibility of including ASAM evals as attachments in the client chart which would be less costly than building a new ASAM template. UUHP and HMHI will review how to incorporate all ASAM information in an easy way to view.

Timeline for compliance: October 2021

Person responsible for action plan: Nelson Clayton

DSAMH tracking by: Rebecca King

- 11) *Assessment* - The clinical charts showed that the assessment is only completed once at intake and is not updated. It is recommended that the assessment is updated as needed (Chart #'s 14385611, 12416566).

County's Response and Corrective Action Plan:

Action Plan:

HUB will work to review and update the assessment schedule with network providers. HUB and the County will work with the division to define "as needed."

Timeline for compliance: October 2021

Person responsible for action plan: Nelson Clayton

DSAMH tracking by: Rebecca King

FY21 Deficiencies:

None

FY21 Recommendations:

- 1) *Government Performance and Results Act (GPRA) Data* - HMHI Park City has not been entering GPRA data for the State Opioid Response Grant (SOR) and State Stimulant Opioid Response (SSOR) Grants. HMHI Park City reports that there have been data entry issues

between the Huntsman Mental Health Institute (HMHI) and University of Utah Health Plans (UUHP) systems when entering GPRA Data for SOR and SSOR. It is recommended that Healthy U follow up with DSAMH on receiving guidance on SOR / SSOR Grant and GPRA data entry requirements.

FY21 Division Comments:

- 1) *Agency Goals:* Summit has a goal to complete their five year Behavioral Health Community Assessment and utilize results in the development of an updated Summit County Behavioral Health Strategic Plan. They will also be focusing on the following goals as well:
 - Develop and implement day programming through the Huntsman Mental Health Institute in Summit County.
 - Expand outreach and services to isolated community members located in Eastern Summit County.
 - Continue to provide in-person and telehealth options for individuals seeking Substance Use Disorder (SUD) and behavioral health services depending on client preference and Health Department recommendations.
 - Transition the school-based services program to the Huntsman Mental Health Institute.

- 2) *Jail Services* - In the past, services were not available in the jail in Summit County. However, there are now services being provided. They have also been allowing Drug Court participants to continue with Medication Assisted Treatment (MAT) while in jail as long as they have a preexisting prescription. The following services are currently being provided in the jail: crisis intervention, assessments and the following groups: Women's Life Skills, Men's Domestic Violence (DV)- Moral Reconciliation Therapy (MRT), Women's MRT and DV-MRT, Workers Recovery, Men's Intro to Treatment, Men's MRT, MCOT.

- 3) *Services for Pregnant and Parenting Women:* Pregnant women are a priority for HMHI Park City. Pregnant and parenting women receive gender responsive services, including a women's Dialectical Behavioral Therapy (DBT) group, case management and are referred to medical services when necessary. HMHI Park City also refers women to the Maternal Mental Health program at the HMHI downtown outpatient clinic as needed. Summit County also provides an Early Intervention Program to educate parents on parenting issues. This is done through in-home care pre-and-post pregnancy, up to 3 years of age.

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

plan is required without a formal timeline. However, the monitoring team may request action to fix the problem by a given date.

A **recommendation** occurs when the contractor is in compliance. The Division is simply making a best practice or technical suggestion. The contractor is encouraged to implement the suggestion but not required.

In rare instances, a non-compliance issue from a previous year may continue unresolved at the time of the monitoring site visit. A recurring non-compliance issue will be prominently displayed in the current monitoring report and will require special attention by the Local Authority to ensure its immediate resolution.

Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Summit County – Valley Behavioral Health and for the professional manner in which they participated in this review.


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


The Division of Substance Abuse and Mental Health


Prepared by:

Kelly Ovard  Date 07/29/2021
Administrative Services Auditor IV


Approved by:

Kyle Larson  Date 07/29/2021
Administrative Services Director

Eric Tadehara  Date 07/29/2021
Assistant Director Children's Behavioral Health

Kimberly Myers  Date 07/29/2021
Assistant Director Mental Health

Brent Kelsey 
Brent Kelsey (Jul 29, 2021 11:08 MDT) Date 07/29/2021
Assistant Director Substance Abuse

Doug Thomas 
Doug Thomas (Jul 29, 2021 10:40 MDT) Date 07/29/2021
Division Director

UTAH DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Emergency Plan Monitoring Tool FY21

Name of Local Authority: Summit County/**Healthy U**

Date: March 15, 2021

Reviewed by: Robert H. Snarr, MPA, LCMHC
Geri Jardine

<i>Compliance Ratings</i>				
<p>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.</p>				
Monitoring Activity	Compliance			Comments
	Y	P	N	
Preface				
Cover page (title, date, and facility covered by the plan)	X			
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 or indication plan has been approved and its official status
Title page (with placeholders to record the dates that reviews/revisions are scheduled/have been made)	X			
Record of changes (indicating when changes have been made and to which components of the plan)	X			
Record of distribution (individual internal and external recipients identified by organization and title)			X	Identify the method of distribution to appropriate parties. For example: the plan will be sent by email to employees and Board members.
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 method(s) and schedule(s) for updating the plan, communicating changes and training staff

Functional Annex: The Continuity of Operations (COOP) Plan to continue to operate during short-term or long-term emergencies, periods of declared pandemic, or other disruptions of normal business.				
List of essential functions and essential staff positions	X			
Identify continuity of leadership and orders of succession		X		Need order of succession in 6.1 of plan (i.e., an organizational chart)
Identify leadership for incident response	X			
List alternative facilities (including the address of and directions/mileage to each)			X	Need to identify alternative facilities to be used, if needed.
Communication procedures with staff, clients' families, the State and community	X			
Procedures that ensure the timely discharge of financial obligations, including payroll.	X			
Planning Step				
Disaster planning team has been selected, to include all areas (i.e., safe/security, clinical services, medication management, counseling/case management, public relations, staff training/orientation, compliance, operations management, engineering, housekeeping, food services, pharmacy services, transportation, purchasing/contracts, medical records, computer hardware/software, human resources, billing, corporate compliance, etc.)	X			

<p>The planning team has identified requirements for disaster planning for Residential/Housing services including:</p> <ul style="list-style-type: none"> ● Engineering maintenance <ul style="list-style-type: none"> ● 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 			X	<p>Please identify how residential/housing services will be supported in the event of a disaster.</p>
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DSAMH is happy to provide technical assistance.











DSAMH Summit FY21 Audit Final Report - Google Docs

Final Audit Report

2021-07-29


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2021-07-29 - 2:10:43 PM GMT- IP address: 168.178.209.16

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Signature Date: 2021-07-29 - 2:31:39 PM GMT - Time Source: server- IP address: 168.178.209.16

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Signature Date: 2021-07-29 - 3:15:22 PM GMT - Time Source: server- IP address: 168.178.209.234

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2021-07-29 - 4:39:23 PM GMT- IP address: 74.125.209.74

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Signature Date: 2021-07-29 - 4:40:08 PM GMT - Time Source: server- IP address: 206.174.164.253

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