



State of Utah

SPENCER J. COX
Governor

DEIDRE M.
HENDERSON

Department of Human Services

TRACY S. GRUBER
Executive Director

Division of Substance Abuse and Mental
Health
DOUG THOMAS
Director

March 1, 2021
Commissioner William Lee
100 East Center #2300
Provo, UT 84606

Dear Commissioner Lee:

In accordance with Utah Code Annotated 62A-15-103, the Division of Substance Abuse and Mental Health has completed its annual review of Utah County's Department of Drug and Alcohol Prevention and Treatment and the final report is enclosed. The scope of the review included fiscal management, substance abuse treatment and prevention services, and general operations.

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

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

Sincerely,


Doug Thomas (Mar 1, 2021 12:08 MST)

Doug Thomas
Division Director

Enclosure

cc: Tanner Ainge, Utah County Commissioner
Nathan Ivie, Utah County Commissioner
Juergen Korbanka, Wasatch Behavioral Health
Heather Lewis, Utah County Prevention Coordinator



Site Monitoring Report of

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

Local Authority Contract #160080

Review Date: January 12th, 2021

Final Report

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Section One: Site Monitoring Report

Executive Summary

In accordance with Utah Code Section 62A-15-103, the Division of Substance Abuse and Mental Health (also referred to in this report as DSAMH or the Division) conducted a review of Utah County's Department of Drug and Alcohol Prevention and Treatment (also referred to in this report as UCaDDAPT or the County) on January 12th, 2021. The focus of the review was on governance and oversight, fiscal management, substance abuse prevention and treatment services and general operations.

The County's Utah County's Department of Drug and Alcohol Prevention and Treatment was dissolved on July 1, 2020. Going forward the Utah County Health Department (UCHD) will retain the Prevention portion of the SUD program. The SUD treatment program was moved to Wasatch Behavioral Health and this is noted throughout this report. The SUD treatment records were moved to Wasatch Behavioral Health and the SUD Tx audit was complete with their staff.

The nature of this examination was to evaluate the Center's compliance with: State policies and procedures incorporated through the contracting process and Preferred Practice Guidelines. During the examination, the review teams evaluated: the reliability and integrity of the Center's data and its compliance with established programmatic and operational objectives. Additionally, the review included an examination, through sampling, of the Center's efficient and appropriate use of financial resources.

Any program or operational inadequacies are identified in this report as non-compliance issues. The chart on the following page provides a quick reference to locate any non-compliance issues identified by the monitoring team. A detailed description of the issues can be found in the body of this report.

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

Summary of Findings

| Programs Reviewed | Level of Non-Compliance Issues | Number of Findings | Page(s) |
|--|--|------------------------------|----------------|
| <i>Governance and Oversight</i> | Major Non-Compliance 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 | 9-10 |
| <i>Substance Abuse Treatment</i> | Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency | None None 1 None | 13-14 |

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review at Utah County's Department of Drug and Alcohol Prevention and Treatment (UCaDDAPT). The Governance and Fiscal Oversight section of the review was conducted on January 12, 2021 by Kelly Ovard, Financial Services Auditor IV.

A site visit was conducted remotely with UCaDDAPT as the contracted Local Authority for Utah County. Utah County also provided documentation for their annual review of UCaDDAPT. Overall cost per client data was analyzed and compared to the statewide Local Authority average. Personnel and subcontractor files were examined for compliance with state licensing laws and adherence to contractual requirements, as well as the Center's own policy. Executive travel reimbursements were reviewed to ensure they were appropriate and that no personal benefit has been gained. Board minutes were reviewed and discussions were conducted to determine if an appropriate level of involvement and financial oversight was provided.

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

As the Local Authority, UCaDDAPT received a single audit as required. The CPA firm Gilbert & Stewart completed the audit for the year ending December 31, 2019. The auditors issued an unmodified opinion in their report dated June 30, 2020. There were no findings or deficiencies reported. The Crime Victim Assistance grant was selected for specific testing as a major program.

Follow-up from Fiscal Year 2020 Audit:

FY20 Minor Non-compliance Issues:

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

This has not been resolved and will continue as a recommendation in FY21. (See Below)

FY20 Deficiencies:

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

This has not been resolved and will continue as a recommendation for FY21. (See 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:

None

FY21 Recommendations:

1) *Timely Billings* - UCaDDAPT has had an issue with submitting billings timely as required by contract. Local Authorities are required to submit each billing within 30 days, UCaDDAPT has submitted them at an average of 34 days throughout FY20. This was a decrease of 22 days from FY19 when billings were at 56 days. Going forward services for SUD treatment will be under the direction of Wasatch Behavioral Health. It is hoped that WBH will continue to bill at their monthly 28 day schedule for both Mental Health and SUD Services.

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

The county's substance abuse services for FY 21 are now under the direction of Wasatch Behavioral Health. WBH does have a federal awards policy in place.

- 3) Utah County has a general **emergency/disaster plan**, however, it does not address UCADDAPT specifically. DSAMH is working with the Office of Licensing to ensure all Local Authorities have a plan in place specific to the clients being served in the event of an emergency or a disaster. The emergency plan for WBH is being used in this year's audit to avoid duplication of tasks. UCADDAPT's SUD clients now fall under Wasatch Behavioral Health as of July 1, 2020. The prevention program will remain with the county and only one emergency plan will be required going forward for the Utah County entities.

FY21 Division Comments:

None

Substance Use Disorders Prevention

Becky King, Program Administrator, conducted the annual prevention review for Utah County's Department of Drug and Alcohol Prevention and Treatment (UCaDDAPT) on January 12th, 2021. The review was conducted with the Utah County health Department (UCHD) as they now administer the prevention program and focused on the requirements found in State and Federal law, Division Directives and contracts. In addition, the reviews evaluated the services described in the annual prevention area plan and evaluated the data used to establish prevention priorities.

Follow-up from Fiscal Year 2020 Audit

FY20 Deficiencies:

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

The EASY Compliance Checks decreased from 340 to 117 from the FY19 to FY20 respectively, which does not meet Division Directives. LSAA's are required to increase their EASY Compliance Checks by 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 Compliance Checks decreased from 340 to 117 from the FY19 to FY20 respectively, which does not meet Division Directives. LSAA's are required to increase their EASY Compliance Checks by one check each year.

Center's Response and Corrective Action Plan:

Action Plan:

In FY19 the problem was staff-driven, and a corrective action plan was written. Goals would have been met as a result of this reprimand. However in FY20, the Covid 19 pandemic hit and because of social distancing requirements, law enforcement agencies and Utah County Health Department staff were not allowed to schedule and complete the checks. As a result, the deficiency was not corrected. In FY21, the team will begin to perform checks once restrictions are lifted and threats to staff and officer safety are minimized.

Timeline for compliance: Currently, identifying a specific timeline is not possible because Covid restrictions are still in place. Prevention coordinator will work with the Regional Director and Health Department administration to implement checks upon approval and will work to reach expectations of Directives.

Person Responsible for action plan: Heather Lewis

DSAMH Tracking by: Becky King

FY21 Recommendations:

- 1) **Program Transition:** For several years the Utah County Prevention Program was part of the Utah County Department of Drug and Alcohol Prevention and Treatment (UcADDAPT). When the UcADDAPT Director retired last year, the prevention program moved to UCHD. There were also several changes to prevention services due to COVID. Despite these changes, the Utah County prevention program has continued providing services without interruption. It is recommended that the prevention team continue working with UCHD to continue providing quality services to their community.
- 2) The 2020 Prevention Scorecard identifies UCHD implemented two indicated prevention programs (First Time Offender, Prime For Life and a Truancy Program in the Alpine, Nebo and Provo School Districts). **The 2020 Year-end Actual Financial Report identifies that UCHD spent \$39,346 on indicated prevention. The 2020 Prevention Scorecard identifies UCHD has implemented 2 indicated prevention programs, however, the Scorecard also identifies that no clients were served by these programs.** Please identify whether these programs operated in 2020 and whether any individuals were served and how funds were expended.

FY21 Division Comments:

- 1) **Collaboration:** Effective prevention involves collaboration with community partners. The UCHD Team consists of four staff, and with over 630,000 residents in Utah County UCHD relies on their partnerships with community stakeholders and their willingness to volunteer to maximize their reach of prevention planning. Communication, support and reciprocity of services creates and strengthens these partnerships where the team seeks ways of improving these partnerships. Sharing the mission / vision and aligning them with other groups / key leaders has been the best way for the UCBH to collaborate with others. UCHD feels that everyone desires that their youth are healthy and happy, so creating partnerships based on this goal unites the community.
- 2) **Coalitions:** Utah County currently has one county-wide coalition, Utah Valley Drug Prevention Coalition (DPC) and five Communities That Care (CTC) coalitions. Pleasant Grove was the last city to join efforts and has been active for about a year. Each coordinator has completed the CTC Facilitator and Substance Abuse Prevention Specialist Training (SAPST). The coordinators and board members are also invited to attend various learning opportunities provided by the Division of Substance Use and Mental Health throughout the year.
- 3) **Implementation and Evaluation:** UCHD prevention practices include ongoing coaching of the CTC coalitions in tandem with the University of Washington staff, policy advocacy with state legislators, education and media releases of “Use Only As Directed,” “Know Your Script,” and “Parents Empowered” campaigns, information dissemination and capacity building through conference attendance. All agencies entering contractual agreements with Utah County must provide supporting documentation of the number of services offered per year and the length of each service. In most cases a pre and post test survey is completed with students who participated in the prevention activity. The numbers are accounted for in billing invoices and in the DUGS or Substance Abuse and Mental Health Services Information Systems (SAMHIS) data systems.

Substance Use Disorders Treatment

Becky King, Program Administrator, conducted the review of the Wasatch Behavioral Health (WBH) Substance Use Disorder (SUD) Treatment Program on January 12th, 2021. WBH took over the Substance Use Program on July 1, 2020 for UcADDAPT and the records are with WBH. The site visit focused on compliance with Division Directives, clinical practices, consumer satisfaction, and performance on outcome measures. Block Grant and Division Directives compliance were evaluated through a review of program policies and guidelines; and discussions with staff members. Consumer satisfaction was evaluated through Consumer Satisfaction Survey results and Outcome measures were evaluated by reviewing DSAMH Scorecards. Clinical practices were evaluated by reviewing client charts.

Follow Up From Fiscal Year 2020 Audit:

FY20 Minor Non-compliance issues:

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

The percent increase of clients that were abstinent from alcohol from admission to discharge increased from 4.6% to 9.0% from the FY19 to FY20 respectively, which meets Division Directives.

This issue has been resolved.

FY20 Deficiencies:

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

The number of youth served in Utah County increased from 93 to 124 in the FY19 to FY20 respectively, which meets Division Directives.

This issue has been resolved.

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

The FY20 Treatment Episode Data Set (TEDS) showed that 8.4% of criminogenic data was not collected for justice involved clients, which meets Division Directives.

This issue has been resolved.

FY21 Major Non-compliance issues:

None

FY21 Significant Non-compliance issues:

None

FY21 Minor Non-compliance issues:

1) The Treatment Outcomes Scorecard shows:

- a) The percent of clients using social recovery support from admission to discharge decreased from 5.9% to 4.0% from FY19 to FY20 respectively, which does not meet Division Directives.
- b) The percent decrease in the number of clients reporting tobacco use from admission to discharge moved from 6.1% to -0.6% from the FY20 to FY20 respectively, which does not meet Division Directives.
- c) The Youth Consumer Satisfaction Family Survey shows that percent of clients sampled was 7.4%, which does not meet Division Directives.

Center's Response and Corrective Action Plan:

Action Plan:

1.
 - a) WBH will increase the number of recovery residences both for women and men. Within the last 2 months we have already contracted with three different recovery residences and 2 of them are already running at capacity. We will also monitor those who are currently involved in other recovery supports such as AA, NA, upon admission and when clients finish treatment. The goal is to have clients with continued recovery supports for on-going sobriety.
 - b) WBH will increase the tobacco cessation support at both our outpatient (IOP and GOP levels of care) and residential (Foothill Residential) care settings. We have already started working on this goal and we now have two trained trainers in Dimensions. We will also more closely assess upon intake if a client is using tobacco.
 - c) WBH will increase the number of Youth Consumer Satisfaction Family Surveys to at least 10%. We will accomplish this by petitioning parents or guardians of youth who

are served in our outpatient clinic and those who are in JJS custody that we are services. For example, those youth who are being served in detention, DSI – Day Skills Intervention, and ALTA – Adult Living for transitional Achievement. We have already started working on this goal in this Fiscal Year.

Timeline for compliance: Immediately and throughout the year.

Person Responsible for action plan: Randy Huntington

DSAMH Tracking by: Becky King

FY20 Deficiencies:

None

FY20 Recommendations:

- 1) **Sober Living Programs:** WBH has two Sober living programs and plans for expanding these programs. They currently have seventeen male clients that are housed through their recovery residence who will be there for up to six months then transition to more permanent housing and wrap around services. The new programs will have female beds, where there is currently a waiting list. WBH offers Tobacco Cessation services and a tobacco / nicotine free environment for their treatment services. However, the Sober Living Programs have smoking shacks where clients smoke when they are not in the housing unit. It is recommended that WBH work on creating tobacco / nicotine free environments for their Sober Living programs.

FY20 Division Comments:

- 1) **Program Strengths:** Wasatch Behavioral Health took over the SUD Treatment program last year. Since then, they have been able to improve several areas of the program. Their strengths include: (1) dedicated staff (2) a commitment to grow services and coordinate care for the residents of Utah County across all socio-economic backgrounds (3) providing Medication Assisted Treatment (4) increasing school based services (5) building strong community partnerships (6) implementing evidence-based practices and programs (7) ongoing improved telehealth services for all levels of support and treatment for clients (8) effective supervision and training for all staff.
- 2) **Community Outreach:** WBH SUD has two full time Peer Support Specialists. Peer Support Specialists (PSS) provide face-to-face services to individuals and facilitate an Early Recovery Skills group. They provide monitoring and management of any needed additional support, crisis prevention, and assist clients with recognizing health issues impacting them. Additionally, they respond to calls from Emergency Rooms (ERs) and local police. The PSS requirement is to be state certified; they also receive additional training in Community

Reinforcement and Family Training (CRAFT) and Self-Management and Recovery Training (SMART).

- 3) **Medication Assisted Treatment (MAT):** Clients are evaluated for opiate, alcohol and tobacco / nicotine use at the screening and assessment process. Clients are educated about MAT and referred to WBHs Addictionologist or to Mountainlands Community Health Center. Wasatch Behavioral Health's medical director is addictionologist, Dr. Joel Bush. Project Reality is a contracted provider for methadone and referrals are made to Mountainlands Community Health Center for some MAT cases. Dr. Bush also provides Sublocade Injections, which has produced good results.

Section Two: Report Information

Background

Utah Code Section 62A-15-103 outlines duties of the Division of Substance Abuse and Mental Health. Paragraph (2)(c) states that the Division shall:

- Consult and coordinate with local substance abuse authorities and local mental health authorities regarding programs and services,
- Provide consultation and other assistance to public and private agencies and groups working on substance abuse and mental health issues,
- Receive, distribute, and provide direction over public funds for substance abuse and mental health services,
- Monitor and evaluate programs provided by local substance abuse authorities and mental health authorities,
- Examine expenditures of any local, state and federal funds,
- Monitor the expenditure of public funds by local substance abuse authorities and mental health authorities,
- Contract with local substance abuse authorities and mental health authorities to provide a continuum of services in accordance with division policy, contract provisions, and the local plan,
- Assure that these requirements are met and applied uniformly by local substance abuse authorities and mental health authorities across the state,
- Conduct an annual program audit and review of each local substance abuse authority and mental health authority in the state and its contract provider in a review and determination that public funds allocated to by local substance abuse authorities and mental health authorities are consistent with services rendered and outcomes reported by them or their contract providers,
- Each local substance abuse authority and each mental health authority is exercising sufficient oversight and control over public funds allocated for substance abuse and mental health programs and services, and
- Other items determined by the division to be necessary and appropriate.

Non-Compliance Issues, Action Plans and Timelines

This report is organized into individual sections, in which inadequacies will be identified and discussed. Inadequacies are assigned a level of severity based on the combined judgment of the monitoring team. In order to fully understand the degree of severity, a short discussion of the inadequacy levels follows.

A **major non-compliance issue** is non-compliance in contract requirements which affect the imminent health, safety, or well being of individuals. In cases of non-compliance at this level, a written corrective action plan must be completed by the Local Authority immediately and compliance must be achieved within 24 hours or less.

It should be noted that in extreme cases where, in the professional opinion of the monitoring team, an elevated threat of imminent health, safety, or well being of individuals exists, contract payments may be suspended indefinitely.

A **significant non-compliance issue** is either 1) non-compliance with contract requirements that do not pose an imminent danger to clients but that result in inadequate treatment or care that jeopardizes the well being of individuals; OR 2) non-compliance in required training, paperwork, and/or documentation that are so severe or pervasive as to jeopardize the effectiveness of services and continued contract funding. This type of finding will also require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 10 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 30 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **minor non-compliance issue** results when the reviewers identify a performance inadequacy that is relatively small in scope and does not impact client well being or jeopardize funding. This type of finding will require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 15 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 60 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **deficiency** results when the contractor is not in full compliance, but the deficiency discovered is not severe enough to require a formal action plan. However, the monitoring team may request action to fix the problem by a given date.

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

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

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

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

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

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

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

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

Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Utah County's Department of Drug and Alcohol Prevention and Treatment and for the professional manner in which they participated in this review.

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

The Division of Substance Abuse and Mental Health

Prepared by:

Kelly Ovard *Kelly Jay Ovard* Date 03/01/2021
Auditor IV

Approved by:

Kyle Larson *Kyle Larson* Date 03/01/2021
Administrative Services Director

Brent Kelsey *Brent Kelsey* Date 03/01/2021
Assistant Director Substance Abuse

Doug Thomas *D P Thomas* Date 03/01/2021
Division Director

Attachment A

UTAH DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Emergency Plan Monitoring Tool

Name of Agency: Wasatch Mental Health/Utah County Department of Drug and Alcohol Prevention and Treatment

Date: January 19, 2021

Reviewed by: Robert H. Snarr, MPA, LCMHC, Program Administrator
Geri Jardine, Program Support Specialist

| <i>Compliance Ratings</i> | | | | |
|---|------------|---|---|---|
| Y = Yes, the Contractor is in compliance with the requirements. | | | | |
| P = Partial, the Contractor is in partial compliance with requirements; comments provided as a suggestion to bring into compliance. | | | | |
| N = No, the Contractor is not in compliance with the requirements. | | | | |
| Monitoring Activity | Compliance | | | Comments |
| | Y | P | N | |
| Preface | | | | |
| Cover page (title, date, and facility covered by the plan) | X | | | |
| 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 signature page |
| 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 | Need a record to highlight changes made in plan with date revision took place |
| Record of distribution (individual internal and external recipients identified by organization and title) | | | X | Please identify outside agencies/organizations the plan was distributed |
| 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 | | The plan identifies a date for the upcoming revision. However, the plan does not identify staff training or how changes are communicated. |
| 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 | | | |
| Identify leadership for incident response | X | | | |
| List alternative facilities (including the address of and directions/mileage to each) | X | | | |
| Communication procedures with staff, clients' families, the State and community | X | | | |
| Procedures that ensure the timely discharge of financial obligations, including payroll. | | X | | Address policy to ensure procedures of financial obligations, including payroll. |
| 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 • 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 | | Need to address plans for recovery/maintenance of client records and required staffing ratios as well as pharmacy services. |

DSAMH is happy to provide technical assistance.











Utah County Substance Abuse and Prevention Final Document

Final Audit Report

2021-03-01


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Signature Date: 2021-03-01 - 7:07:33 PM GMT - Time Source: server- IP address: 204.113.19.53
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2021-03-01 - 7:08:04 PM GMT- IP address: 74.125.212.60
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