March 24, 2021

Mr. Mike Davis  
Wasatch County Manager  
25 North Main  
Heber City, UT 84032

Dear Mr. Davis:

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

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

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

Sincerely,

Doug Thomas  
Division Director

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

Wasatch County/
Wasatch County Family Clinic

Local Authority Contracts #152296 and #152297

Review Date: February 9, 2021

Final Report
# Table of Contents

**Section One: Site Monitoring Report**
- Executive Summary 5
- Summary of Findings 6
- Governance and Fiscal Oversight 7
- Mental Health Mandated Services 9
- Child, Youth and Family Mental Health 10
- Adult Mental Health 12
- Substance Abuse Prevention 14
- Substance Abuse Treatment 16

**Section Two: Report Information**
- Background 21
- Signature Page 24
- Attachment A 25
Section One: Site Monitoring Report
Executive Summary

In accordance with Utah Code Section 62A-15-103, the Division of Substance Abuse and Mental Health (also referred to in this report as DSAMH or the Division) conducted a review of Wasatch County (also referred to in this report as Wasatch County Family Clinic, WCFC or the County) on February 9, 2021. The focus of the review was on governance and oversight, fiscal management, pediatric and adult mental health services, substance abuse prevention and treatment services and general operations.

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

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

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

<table>
<thead>
<tr>
<th>Programs Reviewed</th>
<th>Level of Non-Compliance Issues</th>
<th>Number of Findings</th>
<th>Page(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Governance and Oversight</strong></td>
<td>Major Non-Compliance</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Significant Non-Compliance</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Minor Non-Compliance</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Deficiency</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td><strong>Child, Youth &amp; Family Mental Health</strong></td>
<td>Major Non-Compliance</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Significant Non-Compliance</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Minor Non-Compliance</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Deficiency</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td><strong>Adult Mental Health</strong></td>
<td>Major Non-Compliance</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Significant Non-Compliance</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Minor Non-Compliance</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Deficiency</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td><strong>Substance Abuse Prevention</strong></td>
<td>Major Non-Compliance</td>
<td>None</td>
<td>14-15</td>
</tr>
<tr>
<td></td>
<td>Significant Non-Compliance</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Minor Non-Compliance</td>
<td>None</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Deficiency</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td><strong>Substance Abuse Treatment</strong></td>
<td>Major Non-Compliance</td>
<td>None</td>
<td>17-18</td>
</tr>
<tr>
<td></td>
<td>Significant Non-Compliance</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Minor Non-Compliance</td>
<td>None</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Deficiency</td>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>
**Governance and Fiscal Oversight**

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review of Wasatch County/Wasatch County Family Clinic (WCFC) and their contracted service provider, Wasatch Mental Health (WMH). Due to Covid-19 the Governance and Fiscal Oversight section of the review was conducted remotely on February 9, 2021 and in person on February 11, 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. Executive travel reimbursements were reviewed to ensure they were appropriate and that no personal benefit has been gained. Meeting minutes were reviewed and discussions were conducted to determine if an appropriate level of involvement and financial oversight was provided by the governing board and County.

As part of the site visit, Wasatch Mental Health sent several files pertaining to Wasatch County to demonstrate Wasatch County’s allocation plan and to justify their billed amounts. The allocation plan is clearly defined and shows how administrative and operational costs are equitably distributed across all cost centers and that the billing costs for services are consistently used throughout the system.

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

As required by the Local Authority, Wasatch County received a single audit for the year ending December 31, 2019. The firm Larson & Company, PC completed the audit and issued a report dated June 26, 2020. The auditors’ opinion was unqualified stating that the financial statements present fairly, in all material aspects, the financial position of Wasatch County. In accordance with Government Auditing Standards and the OMB Compliance Supplement, the auditors also issued reports on internal control over financial reporting and compliance for each major Federal program. The SAPT Block Grant was identified as a major Federal program but was not tested. No findings or deficiencies were reported in the audit.

As Wasatch County’s contracted service provider, Wasatch Mental Health also received a single audit. The CPA firm Litz and Company completed the audit for the year ending June 30th, 2020. The auditors issued an unmodified opinion in their report dated December 1, 2020. There were no findings or deficiencies reported.
Follow-up from Fiscal Year 2020 Audit:

FY20 Deficiencies:
1) Federal Awards Policy: The OMB Uniform Guidance under 2 CFR 200 requires non-Federal entities that receive Federal funding to have a written policy surrounding the management of their Federal award funds. Wasatch County does not currently have an approved Federal awards policy in place.

This finding has been resolved.

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) As the contracted service provider, Wasatch Mental Health’s emergency plan is applicable to the clients served under this contract. The WMH emergency plan was reviewed by Robert Snarr, Program Administrator and Geri Jardine, Program Support Specialist, as part of monitoring. A checklist based on SAMHSA recommendations was completed and is included at the end of this report as Attachment A. It is recommended that WCFC and WMH review these suggestions and update their emergency plan accordingly. There were 3 partial compliance issues and 3 non-compliance issues identified in the summary report.

2) It is recommended that one of the major MH/SUD programs be audited by the County Auditors on an annual basis. The most recent audit did not test the Mental Health or SAPT Block Grants as major programs but did test the PEHP and DEQ programs.

FY21 Division Comments: None
Mental Health Mandated Services

According to Utah Code 17-43-301, the Local Authority is required to provide the following ten mandated services:
Inpatient Care
Residential Care
Outpatient Care
24-hour Emergency Services
Psychotropic Medication Management
Psychosocial Rehabilitation (including vocational training and skills development)
Case Management
Community Supports (including in-home services, housing, family support services, and respite services)
Consultation and Education Services
Services to persons incarcerated in a county jail or other county correctional facility

The mandate to provide services to those in county correctional facilities is not applicable to the children and youth population.

In subsection (4)(a)(ii) each local authority is required to “annually prepare and submit to the Division a plan approved by the county legislative body for mental health funding and service delivery, either directly by the local mental health authority or by contract.” This annual area plan provides the state Division of Substance Abuse and Mental Health with a measuring tool against which the local authority is measured during the annual monitoring site review.

A major focus of the monitoring efforts of the Division of Substance Abuse and Mental Health is to measure compliance with this legislative mandate to provide these services to the adults, youth, and children of Utah.
Child, Youth and Family Mental Health

The Division of Substance Abuse and Mental Health Children, Youth, & Families team conducted its annual monitoring review at Wasatch County Family Clinic) on February 9 and 10, 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

Follow-up from Fiscal Year 2020 Audit

No findings were issued in FY20.

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) *Case Management:* WCFC provides case management services at a lower rate (WHS - 10.6%; rural average 28.2%). While DSAMH recognizes that COVID-19 may have had an impact in providing this service, WCFC should explore avenues to provide case management services to more youth and families, when appropriate.

2) *CSSRS Documentation:* WCFC reports they collect information regarding suicide ideation via the OQ and YOQ which is to trigger the use of the CSSRS/Safety Planning. The charts reviewed during this visit had no documentation to indicate that they were monitoring for SI on a regular basis or that they were utilizing the OQ/YOQ for this. It is recommended that WCFC document screening for suicide ideation/safety planning in their chart notes. This documentation should be done on a regular basis.
FY21 Division Comments:

1) *School Partnerships*: WCFC identifies the need to build and foster the relationship with their local school district. WCFC reports they are working with the school district to design and deploy services to meet the needs of the schools and students. WCFC has been able to hire and deploy a part time case manager in the district.

2) *Workforce*: WCFC reports they have had a recent uptick in requests for mental health services in their community. Due to COVID-19, WCFC made changes to their staffing, however, with the recent increase in requests, WCFC has solicited for a new therapist position and are working to manage all requests for services in an efficient manner as they seek to hire for their posted positions.

3) *Family Resource Facilitation and Family Peer Support (FPSS)*: WCFC experienced an increase in families served with family peer support services (FY19 103 families, FY20 124 families). WCFC does not currently have a FPSS and has not been able to recruit and hire an appropriate candidate. It is recommended to continue to review the need for this service to identify and rectify barriers to hiring and funding an FPSS position.
Adult Mental Health

The Division of Substance Abuse and Mental Health Adult Mental Health team conducted its annual monitoring review at Wasatch County Family Clinic (WCFC), February 9th and 10th 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 staff meeting. During the discussion, the team reviewed the FY20 audit, statistics, including the Mental Health Scorecard, Area Plans, Outcome Questionnaires, compliance with Division Directives and the center’s provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 2020 Audit

No findings were issued in FY20.

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) Cultural Responsiveness: The overall cultural responsivity plan shared with Wasatch Behavioral Health is comprehensive. DSAMH would recommend that WFCF consider local agency training in addition to that provided by the learning management system. Training could include the consideration of culture and linguistics as more than race and language, adding in training on traditions, religious beliefs, moral thoughts and practices, gender and sexual orientation, and socio-economic status.

2) Nicotine Cessation: Three of the 8 charts that were reviewed included individuals that endorsed use of nicotine. Only one of the 3 was given information on nicotine cessation. WCFC works extensively with the Wasatch County Health Department on prevention, client education, and county policy consultation regarding nicotine/vaping; it is recommended that staff are reminded to document nicotine cessation efforts with clients.
3) Peer Support Services (PSS): The FY20 Adult Mental Health scorecard indicates that WCFC does not provide adult mental health PSS at this time. The agency does partner with Utah Support Advocates for Recovery Awareness (USARA) for PSS for substance use recovery support. WCFC endorses PSS and reports “peer support has a tremendous impact with our clientele providing weekly online groups and individual calls. This support enables a number of our clients to receive that extra degree of support they require to maintain their progress and avoid shame in circumstances where they may have fallen short on treatment progress.” While recognizing there are challenges in hiring PSS in an area with a high cost of living, DSAMH recommends that WCFC consider rectifying barriers and posting a peer support position to provide adult mental health PSS.

FY21 Division Comments:

1) Community Relationships: WCFC is commended for focusing on building relationships, resulting in improved services in the community. This includes initiating Crisis Intervention Team (CIT) Academies with local police. It is hoped that rebuilding the relationship with emergency services will be reflected in the emergency data seen on the FY20 Adult Mental Health Scorecard.

2) Integrated Care: WCFC and community health agencies appear to partner between Level 1 and 2 of the six levels of Collaboration and Integration (Substance Abuse and Mental Health Services Administration). While two APRNs provide medication management, behavioral and physical health providers have separate systems with clients accessing Primary Care through a large number of medical providers. WCFC is unaware of clients shared with the Health Department, and indicates that they could meet with the Health Department if needed as they are in the same building. Clients requiring physical health care needs have case management assistance to access medical providers when needed. There are no shared screening tools to identify clients that would be candidates for integrated care.

3) Service Provision during the Pandemic: A review of the FY20 Adult Mental Health scorecard demonstrates that WCFC was able to transition to telehealth and maintain many services at a level comparable to the prior year. This is particularly impressive when considering the very small staff size and need to adjust when staff were impacted by the pandemic.
Substance Use Disorders Prevention

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

Follow-up from Fiscal Year 2020 Audit

FY20 Deficiencies:

1) *EASY Compliance Checks:* The number of Eliminating Alcohol Sales to Youth (EASY) Compliance Checks decreased from 17 to 11 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 number of EASY Compliance Checks remained the same from the FY19 to FY20 (11 checks), 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 number of EASY Compliance Checks remained the same from FY19 to FY20 (11 checks), which does not meet Division Directives. The number of EASY Compliance Checks should increase by a minimum of one check each year.
Action Plan: WCFC will complete EASY Compliance Checks at a minimum of 12 retail outlets for the fiscal year.

Timeline for compliance: June 30, 2021
Person responsible for action plan: Chad Shubin
DSAMH tracking by: Rebecca King

FY21 Recommendations:

1) WCFC did not complete a readiness survey for their local area. It is recommended that they work with their Prevention Regional Director to complete a readiness survey for this year.

FY21 Division Comments:

1) Increased Capacity: WCFC strengthened and built partnerships with Wasatch School District, Watch High School, Heber City Police Department, the Parents Teachers Association (PTA), Intermountain HealthCare, Wasatch County Health Department and Heber City Mayor through partnering on coalition strategic plan programs and activities. These partnerships have resulted in increased prevention services for their community.

2) Coalitions: The Caring Community Coalition (CCC) and Wasatch Latino Coalition (WLC) have continued to meet despite COVID. Coalitions have been meeting virtually through Zoom and checking in with community members on a regular basis. The CCC formed a sub-committee which is focusing on mental health / life skills issues and has applied for one of the “Live on” Funding Grants. WCFC hired a dynamic coordinator for the Wasatch Latino Coalition who has helped this coalition move prevention efforts forward in their community.

3) Evidence-based Practice (EBP): WCFC is committed to providing quality services for their community and has implemented the following EBP’s: (1) Why Try (2) Prime for Life (PRI) Adult English / Spanish (3) Teen PRI (4) Question Persuade and Refer (QPR) (5) Mental Health First Aid (MHFA) (6) Guiding Good Choices (7) Strengthening Families (8) Love and Logic (9) Peer Court.
Substance Use Disorders Treatment

Becky King, LCSW, Program Administrator, conducted the review of Wasatch County Family Clinic on February 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 and clinical records. Clinical practices and documentation were evaluated by reviewing client charts and discussing current practices. Adherence to SAPT Block Grant requirements and contract requirements were evaluated by a review of policies and procedures by interviews with Wasatch County staff. Treatment schedules, policies, and other documentation were viewed. The Utah Substance Abuse Treatment Outcomes Measures Scorecard results were reviewed with Wasatch County staff. Client satisfaction was measured by reviewing records, Consumer Satisfaction Survey data and results from client interviews. Finally, additional data was reviewed for Opiate Use and treatment access in Wasatch County.

Follow-up from Fiscal Year 2020 Audit

FY20 Minor Non-compliance Issues:

1) The Treatment Outcomes Scorecard shows that the number of individuals that were employed from admission to discharge, decreased from 11.3% to 9.6% from FY18 to FY19 respectively, which does not meet Division Directives.

The Treatment Outcomes Scorecard shows that the number of individuals that were employed from admission to discharge increased from 9.6% to 11.3% from the FY19 to FY20 respectively, which now meets Division Directives. This issue has been resolved.

2) The Youth Consumer Satisfaction Surveys shows that 5.4% of data was not collected and 9.2% of the data was not collected for Youth (Family) Satisfaction Surveys, which does not meet Division Directives. There needs to be at least a 10% data sample rate to obtain accurate data results.

The Youth Consumer Satisfaction Survey shows that 32.1% of the data was collected for Youth Satisfaction Surveys and 12.3% of the data was collected for Youth (Family) Satisfaction Surveys, which meets Division Directives. This issue has been resolved.
FY20 Deficiencies:

1) WCFC did not collect 43.3% of the criminogenic risk data for adults involved in the justice system in FY19, which does not meet Division Directives. WCFC did not collect 8.4% of the criminogenic risk data for adults involved in the justice system in FY20, which does not meet Division Directives.

*This issue is not 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:

1) The Treatment Outcomes Scorecard shows the following issue which does not meet Division Directives:

   a) Tobacco use from admission to discharge moved from 4.2% to -9.4% from FY19 to FY20 respectively.

   **Action Plan:** Staff will be trained to assess for tobacco use upon assessment and document in the chart. All clients who affirm current tobacco use will be referred to tobacco cessation programming. Appropriate referrals will be documented in the chart.

   **Timeline for compliance:** Staff will be trained by April 30, 2021
   **Person responsible for action plan:** Chad Shubin
   **DSAMH tracking by:** Rebecca King

2) The Youth Consumer Satisfaction Survey shows the following issue which does not meet Division Directives:

   a) There was a 56% satisfaction rate for youth participation in treatment planning, which is below 75% of the national and statewide averages.

   **Action Plan:** WCFC staff will be retrained to include the client’s own words in their recovery plan and to have at least 75 percent of youth sign their recovery plan.

   **Timeline for compliance:** April 30, 2021
3) The Treatment Episode Data Set (TEDS) shows that the number of old charts that are still open is 9.7%, which does not meet Division Directives. The number of old charts that can be open at any given time should be less than 4%.

**Action Plan:** All charts that have been open for longer than 6 months without service will be closed.

**Timeline for compliance:** April 30, 2021

**Person responsible for action plan:** Chad Shubin

**DSAMH tracking by:** Rebecca King

**FY21 Deficiencies:**

None

**FY21 Recommendations:**

1) **Charts:** WCFC made progress with their clinical documentation in their charts over the past year, but have a few areas that need improvement: (1) Addressing tobacco cessation and recovery support at the time of assessment, throughout treatment and at discharge. It is recommended that WCFC share information regarding resources and Medication Assisted Treatment (MAT) that is available for tobacco / nicotine cessation and have ongoing discussion regarding recovery supports that are available with clients at admission, throughout treatment and at discharge.

2) **Recovery Support Services:** WCFC is providing a Smart Recovery group, aftercare and case management services for Recovery Support Services (RSS); however, it doesn’t meet the requirements of the DSAMH RSS Manual. It is recommended that WCFC include recovery support services such as bus passes, gas vouchers, employment assistance, skill building, health and wellness according to the requirements in the DSAMH RSS Manual.

**FY21 Division Comments:**

1) **WCFC Program Strengths:** WCFC’s strengths include: (1) A well trained team that is able to provide standard and intensive outpatient services as needed (2) a trauma focused perspective (3) positive working relationships with Drug Court and law enforcement (4) in depth staffing conversations (5) peer review audits to verify that the clinical teams performance is up to required standards.

2) **Medication Assisted Treatment (MAT):** WCFC recently hired an in-house prescriber who is able to provide MAT for tobacco / nicotine and opioid use disorders. When appropriate,
clients can be referred to the WayToQuit.Org if needed. They also work closely with the Wasatch County Health Department who provides educational services for smoking cessation.

3) **Community Collaboration:** WCFC collaborates with community partners and attends the following meetings on a regular basis: (1) Criminal Justice Center (CJC) Monthly Case Review (2) Monthly Caring Community Coalition Meeting (3) Monthly Latino Coalition Meeting (4) Quarterly Community Coordination Meeting (5) Monthly Mental Health & Sheriff Coordination Meeting (6) Quarterly Local Authority Meeting with the County Manager. WCFC has been able to expand services for their community through their community partnerships.
Section Two: Report Information
Background

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

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

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

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

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

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

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

A **deficiency** results when the contractor is not in full compliance, but the deficiency discovered is not severe enough to be categorized as a non-compliance issue. A written corrective action plan is required without a formal timeline. However, the monitoring team may request action to fix the problem by a given date.
A recommendation occurs when the contractor is in compliance. The Division is simply making a best practice or technical suggestion. The contractor is encouraged to implement the suggestion but not required.

In rare instances, a non-compliance issue from a previous year may continue unresolved at the time of the monitoring site visit. A recurring non-compliance issue will be prominently displayed in the current monitoring report and will require special attention by the Local Authority to ensure its immediate resolution.
We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Wasatch County Family Clinic and for the professional manner in which they participated in this review.

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

The Division of Substance Abuse and Mental Health

Prepared by:
Kelly Ovard  _______________ Date 03/30/2021
Administrative Services Auditor IV

Approved by:
Kyle Larson  _______________ Date 03/30/2021
Administrative Services Director

Eric Tadehara  _______________ Date 03/30/2021
Assistant Director Children’s Behavioral Health

Kimberly Myers  _______________ Date 04/05/2021
Assistant Director Mental Health

Brent Kelsey  _______________ Date 04/01/2021
Assistant Director Substance Abuse

Doug Thomas  _______________ Date 03/30/2021
Division Director
# Compliance Ratings

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

<table>
<thead>
<tr>
<th>Monitoring Activity</th>
<th>Compliance</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preface</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cover page (title, date, and facility covered by the plan)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Signature page (with placeholders to record management and, if applicable, board of directors’ approval of the plan and confirmation of its official status)</td>
<td>X</td>
<td>Need signature page</td>
</tr>
<tr>
<td>Title page (with placeholders to record the dates that reviews/revisions are scheduled/have been made)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Record of changes (indicating when changes have been made and to which components of the plan)</td>
<td>X</td>
<td>Need a record to highlight changes made in plan with date revision took place</td>
</tr>
<tr>
<td>Record of distribution (individual internal and external recipients identified by organization and title)</td>
<td>X</td>
<td>Please identify outside agencies/organizations the plan was distributed</td>
</tr>
<tr>
<td>Table of contents</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Basic Plan</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statement of purpose and objectives</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Summary information</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Planning assumptions</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Conditions under which the plan will be activated</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Procedures for activating the plan</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Methods and schedules for updating the plan, communicating changes to staff, and training staff on the plan</td>
<td>X</td>
<td>The plan identifies a date for the upcoming revision. However, the plan does not identify staff training or how changes are communicated.</td>
</tr>
<tr>
<td><strong>Functional Annex: The Continuity of Operations (COOP) Plan</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>to continue to operate during short-term or long-term emergencies, periods of declared pandemic, or other disruptions of normal business.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Essential Functions and Staff Positions</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>Identify Continuity of Leadership and Orders of Succession</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Identify Leadership for Incident Response</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>List Alternative Facilities (Including the Address of and Directions/Mileage to Each)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Communication Procedures with Staff, Clients’ Families, the State and Community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Procedures that Ensure the Timely Discharge of Financial Obligations, Including Payroll</td>
<td>X</td>
<td>Address policy to ensure procedures of financial obligations, including payroll.</td>
</tr>
</tbody>
</table>

### 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.)

The planning team has identified requirements for disaster planning for Residential/Housing services including:
- Engineering maintenance
- Housekeeping services
- Food services
- Pharmacy services
- Transportation services
- Medical records (recovery and maintenance)
- Evacuation procedures
- Isolation/Quarantine procedures
- Maintenance of required staffing ratios
- Address both leave for and the recall of employees unable to work for extended periods due to illness during periods of declared pandemic

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.
Document e-signed by Eric Tadehara (erictadehara@utah.gov)
Signature Date: 2021-03-30 - 4:06:12 PM GMT - Time Source: server- IP address: 24.11.31.198

Email viewed by Brent Kelsey (bkelsey@utah.gov)
2021-03-30 - 4:47:06 PM GMT- IP address: 74.125.212.60

Email viewed by Doug Thomas (dothomas@utah.gov)
2021-03-30 - 9:42:29 PM GMT- IP address: 74.125.212.60

Document e-signed by Doug Thomas (dothomas@utah.gov)
Signature Date: 2021-03-30 - 9:42:44 PM GMT - Time Source: server- IP address: 206.174.164.253

Email viewed by Brent Kelsey (bkelsey@utah.gov)
2021-04-01 - 10:57:55 PM GMT- IP address: 64.233.172.126

Document e-signed by Brent Kelsey (bkelsey@utah.gov)
Signature Date: 2021-04-01 - 10:58:11 PM GMT - Time Source: server- IP address: 73.63.57.118

Email viewed by Kim Myers (kmyers@utah.gov)
2021-04-05 - 3:07:48 PM GMT- IP address: 64.233.172.126

Document e-signed by Kim Myers (kmyers@utah.gov)
Signature Date: 2021-04-05 - 3:08:01 PM GMT - Time Source: server- IP address: 65.130.32.47

Agreement completed.
2021-04-05 - 3:08:01 PM GMT