



## State of Utah

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## Department of Health & Human Services

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NATE CHECKETTS  
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DR. MICHELLE HOFMANN  
*Executive Medical Director*

DAVID LITVACK  
*Deputy Director*

NATE WINTERS  
*Deputy Director*

Date: April 30, 2024

The Honorable Jenny Wilson  
Mayor, Salt Lake County  
2001 South State St., #N2100  
Salt Lake City, UT 84190

Dear Mayor Wilson:

In accordance with Utah Code Annotated 26B-5-102, the Office of Substance Use and Mental Health has completed its annual review of the contracted Local Authority, Salt Lake County; 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. OSUMH has approved all corrective action plans submitted by the Center/County in response to each reported finding, which have been included in the final report. If you have any questions, please contact Kelly Ovard at 385-310-5118.

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

Sincerely,

  
Brent Kelsey (Apr 30, 2024 16:48 MDT)

Brent Kelsey  
Director

Enclosure

cc: Caroline Moreno, SUD Prevention Manager, Community Health, SLCo Health Department  
D. Angela Dunn, Director, Salt Lake County Health Department  
Tim Whalen, Director, Salt Lake County Division of Behavioral Health Services  
Karen Crompton, Department Director, Salt Lake County Human Services  
Brian Currie, Associate Director Salt Lake County Division of Behavioral Health Services



Utah Department of  
**Health & Human Services**  
Integrated Healthcare

Site Monitoring Report of

Salt Lake County  
Division of Behavioral Health Services and  
Health Department

Local Authority Contract # A03082

Review Date: February 20, 2024

Final Report

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## **Section One: Site Monitoring Report**

## **Executive Summary**

In accordance with Utah Code Section 26B-5-102, the Office of Substance Use and Mental Health (also referred to in this report as Office of Substance Use and Mental Health, OSUMH) conducted a review of Salt Lake County Division of Behavioral Health Services (also referred to in this report as SLCo or the County) and Salt Lake County Health Department for prevention services (also referred to in this report as SLCHD) on February 20, 2024. 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; OSUMH 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

<b>Programs Reviewed</b>	<b>Level of Non-Compliance Issues</b>	<b>Number of Findings</b>	<b>Page(s)</b>
<b><i>Governance and Oversight</i></b>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None 1	7
<b><i>Combined Mental Health</i></b>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<b><i>Child, Youth &amp; Family Mental Health</i></b>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<b><i>Adult Mental Health</i></b>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<b><i>Substance Use Disorders Prevention</i></b>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None 2	15-17
<b><i>Substance Use Disorders Treatment</i></b>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	

## **Governance and Fiscal Oversight**

The Office of Substance Use and Mental Health (Office of Substance Use and Mental Health) conducted its annual monitoring review of Salt Lake County Division of Behavioral Health Services (SLCo) and Salt Lake County Health Department (SLCHD) for prevention. The Governance and Fiscal Oversight section of the review was conducted on February 22, 2024 by Kelly Ovard, Administrative Services Auditor IV. Overall cost per client data was analyzed and compared to the statewide Local Authority average. State licensing 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.

As part of the site visit, SLCo provided backup to support their costs and billed amounts, using rates taken from their Medicaid Cost Report for MH services and an SUD cost report for OSUMH funding. 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 OSUMH 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. Employee travel reimbursements were reviewed to ensure they were appropriate and that no personal benefit has been gained.

Mental health and substance use disorder services are contracted to outside providers. SLCo must ensure that subcontractors comply with all provisions listed in the DHS Contract with the Local Authority. The Governance and Oversight section of the review was extended to include some contracted providers to test for compliance. Site visits were done on Clinical Consultants and Interim Group Services. The visits included a review of insurance, code of conduct, conflict of interest and licensing.

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

As required by the Local Authority, Salt Lake County received an internal single audit for the year ending December 31, 2022 and submitted it to the Federal Audit Clearinghouse. The report is dated June 30, 2023. The auditors' opinion was unmodified stating that the financial statements present fairly, in all material aspects, the financial position of Salt Lake County. The County Health Department also had an internal audit for the year ending December 31, 2022. It was completed by Squire and Company with an unmodified opinion and was dated July 7, 2023. The Covid Relief Fund was audited as a major program.

**Follow-up from Fiscal Year 2023 Audit:**  
***There were no findings for the FY23 audit.***

**Findings for Fiscal Year 2024 Audit:**

**FY24 Major Non-compliance Issues:**

None

**FY24 Significant Non-compliance Issues:**

None

**FY24 Minor Non-compliance Issues:**

None

**FY24 Deficiencies:**

- 1) **SOR Funding:** The SOR funding source is designated for clients with an opiate or stimulant diagnosis. One of the two clients reviewed in the audit had neither but did have an alcohol diagnosis, which does not meet requirements. Excess SOR \$633,000

**County's Response and Corrective Action Plan:**

**Action Plan:** The service provider was Clinical Consultants. The provider was contacted on the day of the audit and the provider acknowledged the mistake. It was verified in the UWITS health record that the client is no longer receiving services and therefore there was no need to change the client's funding source.

**Timeline for compliance:** It was corrected on February 20, 2024.

**Person responsible for action plan:** Zac Case & Marjeen Nation, working with Robert Bixler at Clinical Consultants.

**Tracked at OSUMH by:** Kelly Ovard

**FY24 Recommendations:**

**1) Emergency Plan:**

Thank you for the provision of your report, it is well detailed. We recognize that Salt Lake County has provided a new plan, there are a few elements on the monitoring sheet we would like to call attention to that were addressed previously that are not addressed in the new report. If you are interested, technical assistance is available in this area. Please review the audit tool on page 27.

**FY24 OSUMH Comments:**

- 1) **Thank you** to Zac, Ray, Brian, Marjeen and the prevention staff for your assistance with the audit and your timely upload of documents. Your work and support of your staff and the providers of Salt Lake County is greatly appreciated.

## **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 (6)(a)(ii) each local authority is required to “annually prepare and submit to OSUMH 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 OSUMH 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 OSUMH is to measure compliance with this legislative mandate to provide these services to the adults, youth, and children of Utah.

## **Mental Health Programs**

OSUMH conducted its annual monitoring review in Salt Lake County (SLCo) on February 20-21, 2024. The monitoring team consisted of Leah Colburn, Program Administrator; Cody Northup, Program Administrator; and Heather Rydalch, Peer Support Program Manager. The review included the following areas: record reviews, internal agency chart reviews, discussions with clinical supervisors, management teams, peer support, and community site visits. During the discussions, the site visit team reviewed the FY23 Monitoring Report; statistics, including the mental health scorecard; area plans; adult and youth outcome questionnaires (OQs/YOQs); OSUMH Directives, and the Center's provision of the ten mandated services as required by Utah Code 17-43-301.

### **Combined Mental Health Programs**

#### **Follow-up from Fiscal Year 2023 Audit:**

*There were no findings for the FY23 audit.*

#### **Findings for Fiscal Year 2024 Audit:**

##### **FY24 Major Non-compliance Issues:**

None

##### **FY24 Significant Non-compliance Issues:**

None

##### **FY24 Minor Non-compliance Issues:**

None

##### **FY24 Deficiencies:**

None

##### **FY24 Recommendations:**

- 1) **Scorecard Data:** During the onsite review, the mental health audit team became aware of data inaccuracies and concerns related to the scorecard for Salt Lake County. The team was notified that Optum had mistakenly submitted Tooele County data into the Substance Abuse and Mental Health Information System (SAMHIS) under a SLCo provider ID. This submission would mildly inflate SLCo's numbers and under-report numbers for Tooele county. The OSUMH data team is currently working with SLCo and Optum about how to identify and correct the data moving forward. There may be some privacy concerns related to SLCo potentially having access to Tooele County client data. It is recommended that SLCo and Optum work

with the OSUMH data team to fix these issues and develop a timeline to move towards compliance and accuracy in reporting.

- 2) **Internal Chart Reviews:** Both the FY23 SLCo and Optum internal chart reviews indicate ongoing themes related to desired improvements with ongoing services and treatment plans. These themes include: treatment plans not being updated at regularly scheduled times, a lack of documentation showing a focus on client strengths, cultural beliefs or customs being taken into account, clinical rationale for ongoing services, and active discharge planning. Training and monitoring of treatment plans was a point of discussion during the onsite visit and it was reported that each of these themes are being addressed through the internal chart review process. This process also includes identified action steps and follow ups on the part of the provider to address any of these concerns. OSUMH acknowledges that the large network model across SLCo and Optum may impact continued progression in this finding reduction. It is recommended that SLCO and Optum continue their intentional focus on clinical documentation quality.

**FY24 OSUMH Comments:**

- 1) **Outcome Questionnaire/Youth Outcome Questionnaire (OQ/YOQ):** A review of both the FY23 mental health youth scorecard (FY22: 37.1% and FY23: 70.6%) and FY23 adult mental health scorecard (FY22: 52.3% - FY23: 66.4%) shows that OQ/YOQ administration continues to rise each year for SLCO and Optum. Additionally, during the onsite review, it was reported that this has been a major focus for a number of years and there has been some additional training and support offered to providers to ensure increased administration and implementation. The increased support includes ongoing mandatory training, chart reviews with questions related to the OQ/YOQ, and follow-up with providers who may need more assistance after a review. OSUMH acknowledges SLCo and Optum's focus and committed efforts with regards to ensuring the administration and implementation of the OQ/YOQ with all of the providers.

# **Child, Youth and Family Mental Health**

## **Follow-up from Fiscal Year 2023 Audit**

*There were no findings for the FY23 audit.*

## **Findings for Fiscal Year 2024 Audit**

### **FY24 Major Non-compliance Issues:**

None

### **FY24 Significant Non-compliance Issues:**

None

### **FY24 Minor Non-compliance Issues:**

None

### **FY24 Deficiencies:**

None

### **FY24 Recommendations:**

- 1) **Family Peer Support Services (FPSS):** SLCo and Optum reported some struggles with FPSS over the past year, and noted that at the time of the review they have 3 open family peer support positions. They are actively recruiting to fill the positions. It was also mentioned that there are approximately 40 youth on a waitlist to have FPSS right now and some of those have been waiting for 1 to 2 months. Further, SLCo and Optum report a greater number of higher acuity clients in recent years. OSUMH recognizes the transition that FPSS services has been in and, while also acknowledging that the data may not be accurate, SLCo and Optum are addressing the FPSS needs and staffing concerns. It is recommended that SLCo and Optum continue to work with OSUMH to stabilize FPSS access in the community.

### **FY24 OSUMH Comments:**

- 1) **Youth Access to Care:** During the onsite visit, SLCo and Optum reported that they have been working on increasing access to care for youth throughout the surrounding area. One way that they are addressing this specific need is by working with any community agencies who are interested in becoming a provider. It was reported that SLCo and Optum utilize a geomap to determine where services currently are and combine them with need based on Medicaid and county data.

The OSUMH mental health team was able to do in person visits with new providers that have started working with SLCo and Optum within the last year. One of the

providers, Lumos, is an outpatient and day treatment mental health provider in Bluffdale, Utah, focused on children and adolescents. Lumos is increasing their physical space as well as their services they offer within the next few months and will be adding an intensive outpatient program as well. With this increase, Lumos will be able to raise their current capacity of 20 youth to 30 youth in services. A second community partner is COPA Health. COPA is an adolescent residential home that offers individual, family, and group therapy and social skill building opportunities to youth ages 12-17 years old. Currently, the program has six "members" and has the capacity for 16. The program generally works with youth who are leaving inpatient facilities and have various behavioral and mental health symptoms.

## **Adult Mental Health**

### **Follow-up from Fiscal Year 2023 Audit**

*There were no findings for the FY23 audit.*

### **Findings for Fiscal Year 2024 Audit**

#### **FY24 Major Non-compliance Issues:**

None

#### **FY24 Significant Non-compliance Issues:**

None

#### **FY24 Minor Non-compliance Issues:**

None

#### **FY24 Deficiencies**

None

#### **FY24 Recommendations:**

None

#### **FY24 OSUMH Comments:**

- 1) **Open Access at Cornerstone (Volunteers of America):** The OSUMH mental health audit team was able to conduct an in-person community partner visit at the new Cornerstone facility to learn more about the program and the population they are serving. Open access is a walk up service location for any client in need. It was relocated and opened in the summer of 2023. The facility houses a mens detox center on the first floor and ongoing treatment on the second floor. In addition to substance use treatment, the facility offers various other services including domestic violence groups and individual therapy, parent child interactive therapy, an individual placement and support program called THRIVE that assists individuals looking for employment, Assertive Community Treatment (ACT) teams, Medicaid application assistance, etc. It was noted during the visit that some of the challenges they are addressing are staffing availability and scheduling, level of client acuity increases, and getting clients to come back for a second visit after the first walk-in, challenges that appear to be linked to the open access model being used.
  
- 2) **Valley Oaks:** Valley Oaks is a boarding home facility that officially opened in November 2024. The facility offers temporary and long-term housing to 29 adult male residents in the community. During the on-site review, the OSUMH mental

health team was able to tour the facility and better understand how this agency provides services to this vulnerable population. The facility provides three meals per day, distributes medications, and also holds 3 prosocial skills groups per day by a licensed Social Service Worker. Each resident has their own ACT team from Valley Behavioral Health, Odyssey House, or Volunteers of America that provides all other needs including therapeutic services, a medication provider, transportation, etc. Heather Rydalch, OSUMH Peer Support Program Manager, had an opportunity to meet with some of the residents, one of whom gave the following thoughts regarding the program: *"They're great,"* and *"It is a safe place, no drugs, there is good food, and the staff is amazing!"* Another resident reported that they are having some issues with some of the staff, however it may be a communication barrier and despite that *"I am pretty happy here."*

- 3) **Housing:** SLCo and Optum reported they are facilitating a variety of housing services for various adult populations with mental health and substance use disorder issues, in addition to Valley Oaks as noted above. It was noted that sober housing operates approximately 300 units per month with 16 different providers and has done so since 2018. Additionally, the Rio Program provides housing options through a "master lease" program; SLCo and Optum can serve in a landlord capacity with regards to background checks and substance use history to avoid those items disqualifying people from certain complexes. Furthermore, the Heart Program has been in place since 2008 and offers "scattered-site" housing vouchers for clients who are exiting residential care or utilizing case management services. Lastly, Switchpoint operates an overflow option to help with capacity at the homeless shelters, and SLCo and Optum mentioned that they are working on another facility that will house 43 women and utilize ACT teams for support. OSUMH acknowledges and appreciates SLCo and Optum's dedication and commitment to providing housing for these vulnerable populations.
- 4) **Peer Support Services:** SLCo and Optum reported that there has been a focus on helping providers increase peer support services. Optum has offered 3 different trainings (peer support, supervisors, and leadership) to address any needs or concerns. It was noted that SLCo has been "onboard" with getting peers, and they have been able to pay these positions the same rates as a case manager position.

## **Substance Use Disorders Prevention**

Becky King, Program Administrator, conducted the annual prevention review of Salt Lake County Health Department (SLCoHD) Prevention on February 20, 2024. 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 2023 Audit**

***There were no findings in the FY23 Audit.***

### **Findings for Fiscal Year 2024 Audit**

#### **FY24 Major Non-compliance Issues:**

None

#### **FY24 Significant Non-compliance Issues:**

None

#### **FY24 Minor Non-compliance Issues:**

None

#### **FY24 Deficiencies:**

- 1) The number of **SYNAR checks decreased from 96.6% to 88.7% from FY22 to FY23 respectively**, which does not meet OSUMH requirements. The standard is for each county to have a 90% compliance rate for SYNAR checks.

#### **County's Response and Corrective Action Plan:**

<b>Goal 2:</b>	Synar Compliance Checks		
<b>Objective 1:</b>	Maintain Synar Compliance rate above 90% by June 30th, 2025		
<b>Strategy 1:</b>	Understand current SYNAR compliance and procedures within Salt Lake County		
	<b>Activity</b>	<b>Who is responsible</b>	<b>By When</b>
	Hire new .75 FTE with PFS funds dedicated to environmental strategies	Alysa Stuart, SUP Program Manager	May 2024
	Discuss SYNAR checks in SLCo, policies and procedures with Melissa	Alysa / New PFS STAFF	July 2024

	Sperry in Environmental Health @ Health Dept		
	Identify local conditions to SYNAR compliance with retailers and the Health Department	Alysa / NEW PFS STAFF	September 2024
<b>Strategy 2:</b>	Create SLCo EASY Compliance Action Plan		
	<b>Activity</b>	<b>Who is responsible</b>	<b>By When</b>
	Make an SLCoHD SYNAR compliance action plan deliverable	Alysa / PFS STAFF	April 2025

**Action Plan:** See Above

**Timeline for compliance:** April 2025

**Person responsible for action plan:** Alysa Stuart

**Tracked at OSUMH by:** Rebecca King

- 2) **Eliminating Alcohol for Youth Sales (EASY) Compliance Checks:** The number of EASY Compliance Checks decreased from 260 to 243 from FY22 to FY23, respectively, which does not meet OSUMH requirements. Each county is required to complete at least one more EASY Compliance Check than the previous year.

#### **County's Response and Corrective Action Plan:**

<b>Goal 1:</b>	EASY Compliance Checks		
<b>Objective 1:</b>	Increase the number of completed EASY Compliance Checks by 10 by June 30th, 2025		
<b>Strategy 1:</b>	Understand current EASY compliance and procedures within Salt Lake County		
	<b>Activity</b>	<b>Who is responsible</b>	<b>By When</b>
	Hire new .75 FTE with PFS funds dedicated to environmental strategies	Alysa Stuart, SUP Program Manager	May 2024
	Assess current LEAs who have or have not completed EASY checks in FY 2024	Alysa / NEW PFS STAFF	August 2024
	Identify local conditions	Alysa / NEW PFS STAFF	October 2024

	and barriers to EASY compliance by retailers and LEAa		
<b>Strategy 2:</b>	Create SLCo EASY Compliance Action Plan		
	<b>Activity</b>	<b>Who is responsible</b>	<b>By When</b>
	Make an SLCoHD EASY compliance action plan deliverable	Alysa / PFS STAFF	April 2025

**Action Plan:** See Above

**Timeline for compliance:** April 2025

**Person responsible for action plan:** Alysa Stuart

**Tracked at OSUMH by:** Rebecca King

**FY24 Recommendations:**

None

**FY24 OSUMH Comments:**

- 1) **Increasing Capacity:** Increasing capacity in identified communities is one of the underlying principles seen in the goals, outcomes, strategies, and activities in the SUD Prevention Strategic Plan. The SLCoHD SUD team experienced significant turnover in FY23 resulting in limited capacity. SLCoHD submitted completed logic models for all contracted providers and coalitions. They also provide ongoing support to their coalitions, which includes helping them become evidence-based, which has been a major accomplishment since they work with several providers.
- 2) **Coalitions:** The Magna Coalition has been focusing on criminal justice efforts and received a two million dollar federal grant which addresses criminal justice and violence prevention. They are aligning these efforts with prevention risk and protective factors and currently have a partnership with Criminal Justice Services and the State. There are several groups involved with this effort. The Kearns Coalition is also looking into doing something similar to Magna with criminal justice efforts. They are using existing coalitions to do this work and have been using Drug Free Communities funding to support these efforts. Midvale has a good connection with the State youth criminal justice service system and is engaged in efforts that are making a difference in their community. Midvale and Kearns are planning to

apply for the federal funding that Magna received to expand their criminal justice efforts.

- 3) **Effective Prevention Programming:** SLCoHD uses logic models to address specific risk/protective factors and interventions that address all forms of drug use prevention. They also use local entities engaged in their communities to deliver prevention programming that is culturally appropriate. SLCoHD provides effective prevention strategies in their community by partnering with local prevention entities and schools. They subcontract with local entities in their communities, which provides several delivery options and locations for Salt Lake County residents. These agencies are experts at serving their local communities and improving access to services.

## **Substance Use Disorders Treatment**

Becky King, Program Administrator, conducted the annual review of Salt Lake County Behavioral Health Services (SLCO) on February 20, 2024. The visit focused on Substance Abuse Prevention and Treatment (SAPT) block grant compliance, compliance with OSUMH Directives and Contracts, SLCO's monitoring of contracted programs and their providers compliance with contract and clinical requirements. Block grant compliance was evaluated through a review of provider contracts, discussions with staff members and a review of SLCO' audit reports. Compliance with OSUMH Directives was evaluated by reviewing SLCO's audit instruments and procedures, reviewing provider contracts, comparing program outcome measures against OSUMH standards and visits with SLCO's agencies' staff members. Monitoring of clinical practices was evaluated by reviewing SLCO's audit reports, audit instruments, procedures and discussions with staff responsible for the audits of contracted providers.

### **Follow-up from Fiscal Year 2023 Audit**

*There were no findings in the FY23 audit.*

### **Findings for Fiscal Year 2024 Audit:**

#### **FY24 Major Non-compliance Issues:**

None

#### **FY24 Significant Non-compliance Issues:**

None

#### **FY24 Minor Non-compliance Issues:**

None

#### **FY24 Deficiencies:**

None

#### **FY24 Recommendations:**

##### **1) The Treatment Episode Data Set (TEDS) Shows:**

- a) SLCO has a slightly higher rate of drug overdose deaths (23/100,000) than the state overall (20/100,000), but a similar pattern.
- b) SLCO's rate of suicide deaths (22/100,000) is also similar to the state pattern, and has been increasing.
- c) Youth need for AOD treatment is higher than the state.

- d) The use of medication assisted treatment (MAT) decreased in SLCO; however, the percentage has been stable for clients who have a primary diagnosis of opioids.
- e) SLCO has a higher dropout rate than the state and urban averages; however, these rates have improved since last year when the rate was 45%.

It is recommended that SLCO check their data for accuracy or focus on the following areas:

- Decreasing:
  - The drug overdose death rates
  - The rate of suicide deaths in their community
  - The need for Youth AOD Treatment
  - Dropout rates in treatment
- Increasing the use of MAT

#### **FY24 OSUMH Comments:**

- 1) **TEDS Shows:**
  - a) SLCO's rate of abstinence from drugs and alcohol at discharge is slightly higher than the state and urban rates.
  - b) SLCO's rate of successful completion of SUD treatment increased from last year and is similar to the state and urban averages.
  - c) SLCO increased stable housing from admission to discharge over the past year.
  - d) SLCO increased the percentage of clients using social recovery support over the past year.
  - e) SLCO continues to show a decrease in nicotine use from admission to discharge.
  - f) SLCO continues to decrease criminal justice involvement from admission to discharge, which looks similar to state and urban averages for criminal justice involvement at discharge.
  - g) Termination status looks mostly equitable between clients who are white, not Hispanic and clients who are Black, Indigenous, and People of Color (BIPOC). Clients who are BIPOC are slightly more likely to complete treatment and slightly less likely to drop out than clients who are white, not Hispanic.
  - h) SLCO has a high percentage of individuals completing treatment (81%) who are in treatment for 90 days or more. This is higher than the state and urban averages (67 and 64%, respectively).
- 2) **Housing:** A 2012 study conducted with two of Salt Lake County's treatment programs showed a 47% reduction in new-charge bookings for those housed in

SLCo subsidized housing, and 10% increase in jail recidivism for those that remained unsheltered. Even when provided opportunities for treatment, those unsheltered, struggling just to meet their survival needs (living in single digit temperatures), will be unable to engage in treatment and succeed or attend court hearings. Because of this, SLCO invests heavily in housing, even though they are not in the business of housing. In addition to the programs mentioned in the Area Plan, updates include:

- **Valley Oaks** - SLCO provides support to a 29-unit boarding home through Valley Behavioral Health (VBH) and Housing Connect. This program serves the male SMI population (most often with co-occurring SUD conditions).
  - **Switchpoint Boarding Home** - SLCO is actively working setting up a new boarding home through Switchpoint. This 43-unit housing program is for the male SMI population participating in the Assertive Community Treatment (ACT) programming (most often with co-occurring SUD conditions), which will be located in Millcreek.
  - **Additional Housing Expansions** - SLCO is working on additional housing opportunities, but is facing a severe shortfall in funding for Medicaid Match, due to the ever-decreasing Federal Medical Assistance Percentage (FMAP) over the years. This shortfall was masked in recent years due to the Public Health Emergency's 6.2% enhanced match rate. While counties are required to match the State Grant Funds (SGF) dollars they receive at a rate of 20%, SLCO significantly over matches these funds and are in need of state assistance. Without this assistance, SLCO is projecting a \$5.4M shortfall, and will have to look at decreasing services.
  - **Valley Behavioral Health is also actively working with Low-Income Housing Tax Credit (LIHTC)** developers, SLCO, and Utah Housing Corporation, to identify 2-3 new LIHTC Permanent Supportive Housing project opportunities in the summer/fall tax credit application period. Populations and sizes are yet to be determined.
- 3) **Medicaid Unwinding:** 2023 was an uncertain time for low-income individuals as the State began "Unwinding" individuals who are no longer eligible for Medicaid. This led to an average disenrollment of roughly 30,000 individuals a month statewide. Salt Lake County Division of Behavioral Health Services and Optum Health planned for this in advance and vigorously engaged all county network providers in multiple trainings with the assistance of the State Medicaid Office, Department of Workforce Services, and Take Care Utah. Providers were educated on the Unwinding, what to expect, and how to support clients with their reviews and how to help their clients if they needed to re-enroll in Medicaid or a Marketplace Plan. In addition, Optum now sorts data from State Medicaid files monthly, matches it with their provider network, then sends active providers their client's Medicaid Review dates and templates of letters to be sent to clients to make them aware of these important dates. Fliers, cards, posters and other materials, such as a video of the Unwinding Training, were

also made available to the network, and are now housed in an Unwinding Toolkit on Optum's website. This will be an ongoing effort in 2024.

## **Section Two: Report Information**

## Background

Utah Code Section **26B-5-102** outlines duties of OSUMH. Paragraph **(2)(c)** states that OSUMH 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 OSUMH 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 OSUMH 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. OSUMH 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 OSUMH monitoring teams by the management, staff and other affiliated personnel of Salt Lake County 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 Office of Substance Use and Mental Health

Prepared by:

Kelly Ovard *Kelly J. Ovard* Date 04/30/2024  
Administrative Services Auditor IV

Approved by:

Kyle Larson *Kyle Larson* Date 04/30/2024  
Administrative Services Director

Pam Bennett *P. Bennett* Date 04/30/2024  
Assistant Director

Eric Tadehara *ET* Date 04/30/2024  
Assistant Director

Brent Kelsey *BK* Date 04/30/2024  
Director

## Attachment A

### OFFICE OF SUBSTANCE USE AND MENTAL HEALTH

#### Emergency Plan Monitoring Tool FY24

Name of Local Authority: Salt Lake County

Date: February 21, 2024

Reviewed by: Nichole Cunha, LCSW  
Geri Jardine

#### *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.

Monitoring Activity	Compliance			Comments
	Y	P	N	
<b>Preface</b>				
Cover page (title, date, and facility covered by the plan)	X			
Confirmation of the plan's official status (i.e., signature page, date approved)	X			
Record of changes (indicating dates that reviews/revisions are scheduled/have been made and to which components of the plan)		X		It is also recommended to include a page for changes to this plan.
Method of distribution to appropriate parties (i.e. employees, members of the board, etc.)		X		Although the plan identifies this element needs to be developed by the continuity team members, they are not specified in this plan.
Table of contents	X			
<b>Basic Plan</b>				
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		Although this plan identifies the continuity team members are responsible for developing this element, timeframes and training are not specified in this plan.
<b>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.</b>				
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, state and community stakeholders and administration	X		
Describe participation in and coordination with county and regional disaster preparedness efforts, which could include participation in Regional Healthcare Coordination Councils (HCC). Participated in a minimum of three of the four yearly DHHS radio checks		X	Salt Lake Co has participated in two of the last four radio checks. Optum participated in one radio check. The plan identifies the continuity team members as responsible for participation in the area healthcare coalition and this is strongly encouraged.
Procedures that ensure the timely discharge of financial obligations, including payroll.	X		
Procedure for protection of healthcare information systems and networks	X		
<b>Planning Step</b>			
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	A new plan was submitted for 2024 where this element was not addressed. We recognize that you are not the provider of these services, please consider an addendum that details with whomever provides this service, and how you monitor for the disaster planning and continuity of operations with your subcontractors.
The planning team has identified requirements for disaster planning for Residential/Housing services including: <ul style="list-style-type: none"> <li>• Engineering maintenance</li> <li>• Housekeeping services</li> <li>• Food services</li> <li>• Pharmacy services</li> <li>• Transportation services</li> <li>• Medical records (recovery and maintenance)</li> <li>• Evacuation procedures</li> <li>• Isolation/Quarantine procedures</li> <li>• Maintenance of required staffing ratios</li> <li>• Address both leave for and the recall of employees unable to work for extended periods due to illness during periods of declared pandemic</li> </ul>		X	A new plan was submitted for 2024 where this element was not addressed. We recognize that you are not the provider of these services, please consider an addendum that details with whomever provides this service, and how you monitor for the disaster planning and continuity of operations with your subcontractors.

SUMH is happy to provide technical assistance.

# OSUMH Salt Lake County FY24 Draft Report - Google Docs

Final Audit Report

2024-04-30

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