

May 12, 2022

Doug Pattison, CFO & Interim CEO  
Mind Springs Health  
West Springs Hospital  
515 28 3/4 Road  
Grand Junction, CO 81501

Re: **Notification of Mind Springs Audit Findings Issued by the State of Colorado**

Dear Mr. Pattison:

This letter serves as notice of the findings of the audits conducted by the Colorado Department of Health Care Policy and Financing (HCPF), the Colorado Department of Public Health and Environment (CDPHE) and the Colorado Department of Human Services (CDHS) on Colorado West Regional Mental Health, Inc. d/b/a Mind Springs Health, Inc. (MSH), Colorado West Asset Management, LLC d/b/a Mind Springs Asset Management, LLC (MSAM), Whole Health, LLC (Whole Health, Colorado West Psychiatric Hospital, Inc. d/b/a West Springs Hospital, Inc. (the Hospital), Health Services Programs, Inc. d/b/a Little Bookcliff Apartments (Little Bookcliff Apartments) and Mind Springs Foundation, Inc. (the Foundation), referred to collectively as Mind Springs.

This audit was conducted onsite in Grand Junction, Colorado beginning on January 11, 2022 in response to: (a) the continued monitoring of the corrective action plan Mind Springs submitted to Rocky Mountain Health Plans (acting within their contractual obligations as a Regional Accountable Entity to HCPF) as a result of the audit conducted in April of 2021. This included the nearly 50 complaints received since the corrective action plan was issued and the decision to conduct a tri-agency audit; (b) the consistency of complaints voiced directly by county commissioners and community leaders to Executive Director Bimestefer during her November 2021 visit to Grand Junction about Mind Springs inability to meet the needs of the community and its lack of transparency with the community; (c) the meeting that Executive Director Bimestefer had with Mind Springs' leadership during that same November visit; (d) a letter received in December 2021 from elected officials iterating Mind Springs concerns; and (e) parallel access and transparency complaints received by CDHS and HCPF from Summit County Commissioners and western slope community leadership.

Please find herein an overview of the coordinated tri-agency audit process, findings, recommendations, related corrective action plan requirements and plan of action requirements, which reflect audits completed by HCPF and its regional accountable entity contracted partner, as well as CDPHE and CDHS.

We will review this material with you today, May 12, starting at 11am including the requirements of a corrective action plan and plan of action that will address the findings, with the ultimate goal of Mind Springs meeting the behavioral health needs of the communities that it serves as a contractor with - and licensed healthcare facility within - the state. We have also scheduled a community briefing, scheduled for 1-3pm today, May 12, for county and community leadership served by Mind Springs to: (a) understand the findings of the coordinated, tri-agency audit; (b) review the corrective action plan and plan of action requirements associated with this audit; (c) answer questions on the Mind Springs audit and review the planned next steps; (d) discuss other actions outside the audit that will address Mind Springs concerns voiced by the community, behavioral health systemic opportunities, and Community Mental Health Center (CMHC) accountability opportunities.

It is our goal to leverage the audit to support Mind Springs employees given their frontline service to the community and their valued engagement in propelling Mind Springs transformation to the betterment of the communities it serves. Accordingly, we are also willing to communicate directly to the Mind Springs staff, in collaboration with Mind Springs leadership, to ensure clarity of the audit findings and next steps, while mitigating the circulation of rumors and misinformation.

Thank you for your collaboration and cooperation throughout this process and for working toward the shared goals of improving the behavioral health services Coloradans receive from Mind Springs.

Sincerely,



Kim Bimestefer  
Executive Director, Department of Health Care Policy and Financing



Jill Hunsaker Ryan, MPH  
Executive Director, Department of Public Health and Environment



Michelle Barnes  
Executive Director, Department of Human Services

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# INTRODUCTION

This document includes an overview of the coordinated tri-agency audit process, findings, recommendations, related Corrective Action and Plan of Action requirements, and the final reports of the audits conducted by the Colorado Department of Health Care Policy and Financing (HCPF), the Colorado Department of Public Health and Environment (CDPHE) and the Colorado Department of Human Services (CDHS) on Colorado West Regional Mental Health, Inc. d/b/a Mind Springs Health, Inc. (MSH), Colorado West Asset Management, LLC d/b/a Mind Springs Asset Management, LLC (MSAM), Whole Health, LLC (Whole Health, Colorado West Psychiatric Hospital, Inc. d/b/a West Springs Hospital, Inc. (the Hospital), Health Services Programs, Inc. d/b/a Little Bookcliff Apartments (Little Bookcliff Apartments) and Mind Springs Foundation, Inc. (the Foundation), referred to collectively as Mind Springs or MSH. This audit was conducted onsite in Grand Junction, Colorado beginning on January 11, 2022.

Accessible, high quality, effective mental health and substance abuse care - collectively referred to as behavioral health care - is a top priority for the state, the legislature, and the Polis Administration. The three state agencies auditing Mind Springs share this goal and have shared authorities over Mind Springs.

## Tri-Agency Authorities

Mind Springs is a licensed Community Mental Health Center (CMHC) and psychiatric hospital under CDPHE, and is licensed as a Substance Use Disorder Facility and Designated as a 27-65 facility and a Community Mental Health Center under CDHS. Mind Springs, and their subsidiaries, are enrolled providers under HCPF and have executed provider contracts with Rocky Mountain Health Plans (RMHP), which is a contracted Regional Accountable Entity (RAE) of HCPF. Under this contract with HCPF, RMHP, acting in its RAE capacity, is responsible for contracting a behavioral health network, paying those contracted providers for appropriate services rendered, and for conducting quality of care (QoC) investigations on the providers in that network, on behalf of HCPF.

CDPHE's Health Facilities and Emergency Medical Services Division (HFEMSD) completed complaint investigations under the authority and licensing standards of the Community Mental Health Center license (Mind Springs Health, Inc., [FAC ID: 15D609]) and West Springs Hospital, Inc. (FAC ID: 01U328).

The Department of Human Services (CDHS), Office of Behavioral Health (OBH) conducted its audit pursuant to CDHS licensing and designation rules at 2 CCR 502-1.

HCPF is the single state agency responsible for the administration of Medicaid services. In its contract with its Regional Accountable Entities (RAE), HCPF delegates the Medicaid quality of care investigation processes for behavioral health to the RAE, in this case Rocky Mountain Health Plan (RMHP), sometimes referred to as RAE 1. HCPF also pays a limited number of

behavioral health services outside of its contract with RMHP; the RAEs are under contract to conduct quality of care investigations on those limited claims as well.

Overall, the complex organizational design of the Mind Springs Health licensed and designated facilities complicated compliance activities, especially for clients' whose episodes of care spanned across multiple entities. This concern is further outlined in the Recommendations from RMHP.

## Why the State Did This Audit

There were five drivers of the January 2022 audit:

- (1) On April 7, 2021, Rocky Mountain Health Plans (RMHP) received notification from an employee of Mind Springs Health (MSH) regarding concerns about medication management, medication reconciliation, lack of peer review process and other treatment practices in outpatient, inpatient and residential facilities. Acting on behalf of HCPF and its quality of care investigation contractual responsibilities, on April 9, 2021, RMHP notified MSH that authorization for payment was suspended for new admissions. RMHP completed focused medical record reviews of members. On April 13th, RMHP notified MSH that an aberrant prescriber was prohibited from providing care to Medicaid members. MSH transferred member care from the prohibited prescriber and placed that prescriber on administrative leave the same day. The results of these reviews were shared with MSH, and a Corrective Action Plan (CAP) was requested by RMHP on June 7, 2021 (see link on page 8). On June 17, 2021, MSH submitted their CAP to RMHP, and it was accepted on June 29, 2021. The CAP required updates by MSH to RMHP at 30, 60, 90, and 180 days. These updates were submitted and included modified policies and procedures and updated protocols. During this period, 47 additional complaints were received by RMHP regarding Mind Springs, creating further concern and the state decision to conduct a tri-state agency investigation of Mind Springs. Concurrently, at the 180-day update, RMHP requested that MSH provide another quarter's worth of updates by April 15, 2022. The CAP has been extended and active monitoring of MSH clinical operations is ongoing.
- (2) HCPF Executive Director Bimstefer traveled to Mesa County in November of 2021, where several organizations and community leaders voiced concerns about Mind Springs. These concerns were consistent, involving lack of community responsiveness (access) and transparency.
- (3) A letter from elected officials was received in December of 2021 describing concerns about Mind Springs' performance in meeting the behavioral health needs of their constituents. Additionally, CDHS and HCPF received individual concerns from county commissioners and the general community on Mind Springs' performance.

(4) HCPF Executive Director Bimestefer met with Mind Springs leadership during this same November trip to discuss community complaints and was not satisfied with their responses to community concerns.

(5) Parallel access and transparency complaints received by CDHS and HCPF from Summit County community leadership.

A cross-department onsite audit began on January 11, 2022 to address the concerns and complaints received. The April 2021 original audit initiated by RMHP, acting under contract as the HCPF RAE, was incorporated into this January 2022 audit.

## Tri-Agency Audit Objective

The objectives of this tri-agency audit were as follows: (a) identify and address quality of care issues through recommendations and a corrective action plan; (b) determine whether Mind Springs' performance is meeting the behavioral health needs of Colordans in the communities it serves and under its contracts with state agencies; and (c) provide additional recommendations and request corrective action plans to address gaps and opportunities in Mind Springs' performance.

# AUDIT, FINDINGS, AND RECOMMENDATIONS

## Department of Health Care Policy and Financing AUDIT:

Rocky Mountain Health Plans' (RMHP) role in the audit included: (a) analysis and updates regarding the ongoing quality of care corrective action plan from the April 2021 audit; (b) Mind Springs' financial and reporting requirements; (c) the effect of using funding from multiple community and state programs on accountability; (d) organizational structure; (e) member access; and (f) quality of care investigation. In accordance with the RAE contract and 42 CFR 438, RMHP reviewed records, conducted meetings with Mind Springs, and completed multiple rounds of questions and answers with Mind Spring's interim CEO to review these areas for state and federal regulatory and contract compliance.

HCPF additionally conducted a post-payment claims review for fraud, waste, and abuse in accordance with 10 CCR 2505-10, Section 8.076.2.B.3. The review looked at fee-for-service claims paid to Mind Springs for services rendered between 7/1/2020 and 12/31/2021. From the client list provided by Mind Springs, only four clients were identified as receiving fee-for-service inpatient mental health services. Electronic health records for all four clients were reviewed against these claims to ensure proper payment.

HCPF further reviewed the Mind Springs employee survey conducted as part of the tri-agency audit to identify and address opportunities voiced by frontline workers, administrators, leadership and staff.

## Department of Health Care Policy and Financing FINDINGS:

### **RMHP RAE Initial Audit findings on behalf of HCPF that began April 2021 incorporated into the Tri-Agency Audit:**

During the Quality of Care (QoC) audit, initiated on April 10, 2021, pursuant to a consistent and growing number of complaints, as well as a whistleblower message sent by a Mind Springs physician to an RMHP medical director, RMHP reviewed medical records for 112 members, including prescriptions, discharges, peer review, and oversight and case management documentation within Mind Springs inpatient and outpatient operations. In the final [Quality of Care report](#), published on June 7, 2021, RMHP found serious issues regarding aberrant prescribing, peer review, hospital discharge planning and post-acute follow-up.

- (1) RMHP Quality of Care reviewers found that MSH outpatient and inpatient policies and procedures were deficient in describing quality processes specific to the oversight and implementation of quality programs.
- (2) MSH's peer review oversight process was inconsistent. Some reviews met peer review standards, while others did not meet standards. There was no indication that deficient findings were reviewed or acted upon.

- (3) MSH care transitions and inpatient discharge processes were inconsistent, including lack of follow-up after an inpatient stay.
- (4) MSH prescribing practices were inconsistent and aberrant, putting patient health and well-being at risk.
  - (a) Members were prescribed multiple controlled substances, such as stimulants and benzodiazepines at high doses, increasing the potential for overdose and addiction.
  - (b) There was a lack of coordination and communication with outside providers prescribing other sedatives, such as Suboxone or muscle relaxants.
  - (c) There was no documentation of monitoring for members being prescribed controlled substances, such as leveraging the Prescription Drug Monitoring Program (PDMP) controlled substance database or performing drug screens.
  - (d) There was a practice of prescribing sedatives at high doses with other medications that are highly sedating at high doses, such as Seroquel or Gabapentin, and not monitoring or documenting levels of sedation.

On June 29, 2021, RMHP imposed a [corrective action](#) upon MSH to remediate these deficiencies at risk and commenced routine, monthly monitoring of MSH's remediation plan in tandem with HCPF. On December 22, 2021, RMHP produced a summary of additional Quality of Concern (QoC) complaints and reviews over the course of the entire RAE period, from July 1, 2018 to December 15, 2021. RMHP reviewed a total of 472 records during that time period, 68 of which revealed severe patient risks and another 60 of which created moderate risks to patient safety.

RMHP, acting in its RAE contractual capacity with HCPF, collaborated with the three state agencies to build upon these findings and support the comprehensive, multi-agency audit of MSH financial, access, quality, and community impact performance, launched on January 11, 2022.

#### **RMHP RAE Ongoing Audit Findings through March 2022:**

- (1) Upon completion of the multi-agency audit on January 24th, and multiple additional rounds of inquiry with MSH Interim CEO, RMHP did not find material instances of non-compliance with the established *Behavioral Health Accounting and Auditing Guidelines* currently published by the State of Colorado. However, RMHP identified ways in which use of permissible, but varying cost, revenue and offset methods may compromise service to the community.
- (2) RMHP observed that there is concurrence that may be a causal effect between the revenue allocation, cost allocation, staffing, and operating model utilized by MSH and the

dissatisfaction with MSH access and services voiced by community stakeholders across MSH's current 10 county service area.

- (3) The MSH board structure is complex, lacks transparency, limits community engagement, excludes specific community board participation, has over-representation in other areas, and is not being leveraged to respond to community needs. Opportunities also exist to address board members who may have conflicts of interest.
- (4) The needs of the communities served by MSH are not being met, as voiced by the community. This includes but is not limited to multiple ongoing complaints regarding untimely access to psychiatric and prescriber services and other outpatient treatment and supports as well as poor access opportunities that are not documented in medical records to the clients who could not access services.
- (5) In conversations with MSH as part of the audit, leadership was not able to articulate or share documented metrics on community access to service gaps, nor produce plans to address those access gaps. There was a significant disjoint in MSH community needs perception, its own performance, and the voice of the community.
- (6) RMHP has been overseeing the June 29, 2021 corrective action plan (CAP) for the quality of care concerns with Mind Springs. Since the CAP was issued, RMHP has found that the inpatient admission rates are significantly higher than in other Region 1 CMHC catchments, and that outpatient follow-up rates are lower.

During this review, HCPF staff looked at fee-for-service claims paid to Mind Springs for services rendered between 7/1/2020 and 12/31/2021, outside of the RAE capitation benefit coverage. From the client list provided by Mind Springs, only four clients were identified as receiving fee-for-service inpatient mental health services. Electronic health records for all four clients were reviewed against these claims to ensure proper payment. HCPF found that there were no overpayments identified in the very limited fee-for-service post-payment claims review.

## Department of Health Care Policy and Financing RECOMMENDATIONS:

RMHP has extended the corrective action plan (CAP) and monthly monitoring process to ensure the appropriate peer review, drug safety and access standards are actively monitored and met. As stated above in the findings section, on June 17, 2021, MSH submitted their CAP to RMHP, and it was accepted on June 29, 2021. This CAP required updates by MSH to RMHP at 30, 60, 90, and 180 days. These updates were submitted and included modified policies and procedures and updated protocols. At the 180-day update, RMHP received another quarter's worth of updates from Mind Springs by April 15, 2022, *showing progress but remaining gaps in some cases with clinician understanding of the peer review process and adherence to new requirements*. **Accordingly, RMHP, acting on behalf of HCPF, will require that Mind Springs develop and submit written corrective action plans that responsively and effectively address the following in response to the above findings:**

- **Safe prescribing.** Upon implementation of the June 29, 2021 corrective action plan, RMHP initiated a process to oversee the remediation of MSH policies, procedures, training, clinical documentation and coordination processes to address severe patient risks created by the aberrant prescribing practices noted in the June 7, 2021 Quality of Care findings, as well as in subsequent complaints and reviews regarding aberrant prescribing. Mind Springs is currently working to close nine (9) outstanding gaps in the corrective action plan, all of which pertain to prescribing practices — and demonstrated staff compliance with recently updated policies and procedures. RMHP will continue active oversight, monitoring and monthly reporting requirements within the corrective action plan until these gaps are closed by MSH.

Additionally, RMHP is partnering closely with HCPF to accelerate adoption of electronic health record-based (EHR) tools for safe, effective prescribing throughout Colorado. Given the findings in the HCPF quality-of-care review, HCPF will require adoption of the State’s EHR-based solution, which includes the *OpiSafe*™ module for controlled substances, by Mind Springs for Medicaid members upon contract renewal for SFY 2022-23. *OpiSafe*™ offers an integrated opioid-risk tool for prescribers to prevent the misuse and abuse of opioids, benzodiazepines, and other controlled substances with an overall goal to make patients safer and provide better access to care. (The tool could be used by Mind Springs for all their patients.) The opioid risk module compiles a comprehensive patient risk profile in the provider’s EHR system by leveraging the following data and features: integrated Prescription Drug Monitoring Program (PDMP) data, toxicology reports, clinical guidelines, education, a GPS treatment locator, and patient accessible tools for overdose prevention.

- **Reformed board structure, transparency, and community access.** A satisfactory corrective action plan will include a specific, revised governance design, which collapses the current, multi-board structure into a single, comprehensive governing board at the parent organization level with powers and duties sufficient to control the activities of all legal entities owned and operated by MSH. The corrective action plan will further expand the board to include representatives from the various communities served by MSH. Recognizing the emerging change in management for the hospital owned and operated by MSH, soon to be formalized, the corrective action plan will include a seat on the centralized board for this managing entity. A satisfactory correction action plan will also include the posting of board members, contact information, board meeting dates/time/location, and time for public comment during those meetings. These changes, through the corrective action plan, will also ensure that the board has adequate insight into community input that balances input from MSH senior leadership.
- **Access to care measurement and tracking.** RMHP implemented enhanced access requirements, effective July 1, 2021, to ensure that clinical services are delivered promptly, following **any** request for care – regardless of whether it is received by phone, email, walk-in or physician referral. Up to this point, the common standard applied in state programs for CMHCs is that “*an appointment be offered*” upon request – not that care is actually delivered. This is a new contractual requirement for Region 1 CMHCs,

which have been working to develop systems to report required information. MSH is obligated to report this required information. A satisfactory corrective action plan will include processes for MSH to ensure compliance with this requirement. A satisfactory corrective action plan will also ensure that the customer can engage in Spanish with Mind Springs during the intake process, that the Spanish speaking resources are available to those who need them, not just generally available within Mind Springs.

A satisfactory corrective action plan will include a documented plan to close any gaps in RAE contractual access to care standards identified pursuant to enhanced RMHP monitoring for SFY 2021-22 and adopt updated contractual standards for SFY 2022-23.

- **Compliance with revised cost reporting requirements to improve transparency and financial accountability.** A satisfactory corrective action plan will include documented training and implementation plans to implement HCPF’s revised Myers & Stauffer cost reporting and auditing requirements, effective for state fiscal year 2022-2023. This will improve granularity and transparency into CMHC funding and costs.
- **Medicaid staff reporting requirement.** A satisfactory corrective action plan will include development of a plan and report to be submitted quarterly on Medicaid staffing that details FTE by county that are actively serving Medicaid Members (the first report will cover staff time from July – September of 2022).

Department of Health Care Policy and Financing Workforce Gaps, Staffing Vacancies, Leadership Continuity FINDINGS:

As per Mind Springs audit follow-up communications dated April 8th, there are 13 open administration positions and 98 open clinical positions, for a total of 111 open positions of 538.76 total authorized MSH positions, representing a 21% vacancy rate across MSH.

	Vacant Admin	Vacant Clinical	Total Vacant Positions
Mind Springs Inc	10.17	-	10.17
West Springs Hospital	1.05	50.81	51.86
Mind Springs Health	1.60	47.51	49.11
<b>Total Enterprise</b>	<b>12.82</b>	<b>98.32</b>	<b>111.14</b>

More broadly, HCPF worked with the RAEs to survey 183 behavioral health organizations across the state to determine the number and type of vacant, filled, and temporary positions. Data can be used to estimate the difference in vacancy rates between clinical and administrative positions. According to this survey, on average organizations have higher vacancy rates for clinical positions than for administrative positions.

Type of Position	Vacancies	Total Positions	Percentage
State Survey: Administration	399	2,839	14%
State Survey: Clinical	1,108	5,759	19%
State Survey: Total	1,447	8,598	17%
MSH: Administration	12.82	126.72	10%
MSH: Clinical	98.32	412.04	24%
MSH: Total	111.14	538.76	21%

Compared to the state survey average, MSH administrative vacancy rate of 10% is below the 14% survey average, the MSH clinical vacancy rate of 24% is above the 19% survey average, and the 21% total MSH vacancy rate is above the total state survey average vacancy rate of 17%.

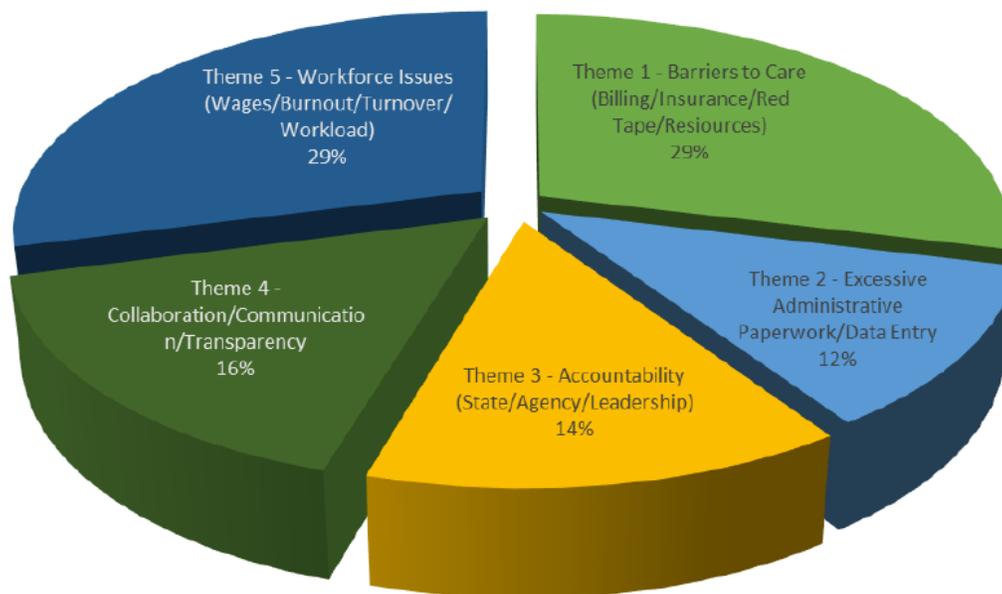
**Opportunity: Understand and respond to the voice of the MSH workforce to improve quality, staffing, performance, service to the community**

At the start of the Tri-Agency Audit Review, state leadership communicated directly to the Mind Springs workforce about the audit to explain its purpose, clarify shared goals, and invite Mind Springs employee engagement into the process in order to leverage their insights to help identify opportunities for Mind Springs to better meet the needs of the communities it serves. As part of the January 2022 Audit Review, Mind Springs employees were provided an anonymous, online employee survey. In this survey, the employees were asked:

1. How can state agencies and Mind Springs work together to improve services for Coloradans?
2. What policies could be changed or improved to enhance service delivery and/or your ability to do your job?
3. What ideas do you have around staffing and ensuring Mind Springs has the workforce needed?
4. What types or levels of behavioral health services are needed at Mind Springs to support individuals in Colorado?
5. What do you think is the most important issue facing Mind Springs right now?
6. Is there anything else you would like to share?

Sixty-seven (67) employees responded to the survey. **The employee survey findings are provided below:**

Top 5 Issues Identified



- Theme 1 - Barriers to Care (Billing/Insurance/Red Tape/Resiources)
- Theme 2 - Excessive Administrative Paperwork/Data Entry
- Theme 3 - Accountability (State/Agency/Leadership)
- Theme 4 - Collaboration/Communication/Transparency
- Theme 5 - Workforce Issues (Wages/Burnout/Turnover/Workload)

**Theme 1: Barriers to Care (29%):** Barriers to care was highlighted 137 times throughout the 67 individuals' answers. For the purposes of a corrective action response, we note the lack of resources voiced by the employees, the type of treatment available on the Western Slope as well as the lack of clinicians available to treat individuals.

**Theme 2: Excessive Administrative Paperwork and Data Entry (12%):** The theme of administrative work and data entry was mentioned 56 times throughout the survey. The theme of this identifier included the lack of simplification within the data entry and the amount of data required to be collected for different state agencies. Many responses alluded to creating one Mind Springs database and finding a manner to integrate it into the day to day duties of the staff.

**Theme 3: Accountability (14%):** Accountability was mentioned 66 times within the sample of 67 individuals. Multiple responses called for Mind Springs to be held accountable by state agencies, including quarterly audits. Respondents indicated that many patients are turned away due to funding issues and that leadership within Mind Springs was top heavy and needed to be held accountable for their actions in how the agency is run.

**Theme 4: Collaboration/Communication/Transparency (16%):** This topic occurred 78 times within the response to the survey - collaboration, communication and transparency was

prevalent. Feedback indicated that Mind Springs leadership and floor staff were all in need of collaboration, communication, and transparency. Several responses indicated that collaboration was sparse between teams, which produced a hostile work environment.

**Theme 5: Workforce Issues (29%):** Workforce issues were the prevailing theme throughout the responses, mentioned 138 times by 67 individuals. Low wages and high cost of living are the main concerns of those who are employed at Mind Springs. It was suggested that the wages are very low for the education employees possess and for the work that the employees conduct. Next, the workload is high and the workforce is insufficient. Respondents suggested that there is too much work to get done in a normal work day and that turnover is high without replacement of those individuals. Responses indicated that this leads to burnout of the workforce, providing poor balance between work and life.

### Department of Health Care Policy and Financing Workforce Gaps, Staffing Vacancies, Leadership Continuity RECOMMENDATIONS:

HCPF is requiring a Mind Springs corrective action plan that addresses the five common themes represented in the employee concerns identified through the employee survey conducted as part of the audit and noted above.

Regarding staffing findings in this section, HCPF is requiring a corrective action plan that addresses strategic initiatives that MSH will pursue to fill open positions, as well as a monthly update on the number of open positions for clinical and administrative staff as compared to the total available MSH positions. This will enable comparison of changes month to month and the effectiveness of the corrective action plan. HCPF is also requiring that as part of this monthly update, that MSH communicate the status of filling key leadership positions such as the CEO (formerly held by Sharon Raggio) and Executive Vice President (formerly held by Michelle Hoy) roles within Mind Springs Health, as well as the Vice President of West Springs Hospital (formerly held by Kim Boe, and subsequently for a brief period by Brandi Kroese). HCPF is also requiring, as part of this monthly monitoring and corrective action plan, the status of the execution of the contract with Signet Health, the organization being contracted to manage the West Springs Hospital.

## Department of Public Health and Environment AUDIT:

On May 5, 2021, the Colorado Department of Public Health and Environment (CDPHE) received a complaint filed by Rocky Mountain Health Plans, the Regional Accountable Entity (RAE), regarding West Springs Hospital, Inc. (FAC ID: 01U328). The complaint alleged the facility's governing board failed to provide adequate oversight of patient care and treatment by qualified personnel in accordance with recognized standards of practice. CDPHE subsequently completed an on-site investigation on June 3, 2021, including review of patient records, facility documentation review, staff interviews and numerous observations throughout the hospital. The allegation of governing board failure was not substantiated, which does not disprove the allegation. There was insufficient corroborating evidence to establish with certainty that the allegation occurred; therefore, related deficient practice was not cited.

Although the specific allegation could not be substantiated, the CDPHE investigation revealed deficient practice in other areas governed by the regulations. The facility was cited with condition level deficient practice under 2614 Nursing Services and 1901 Organization and Staffing. CDPHE findings detailed that the hospital failed to ensure the required outpatient services were provided to ensure proper continuity of care. Additionally, it was determined that the facility failed to assess patients in accordance with facility policy. Specifically, nursing staff failed to complete nursing admission assessments for patients upon admission to the facility. As a result, West Springs Hospital, Inc. was required to submit a subsequent plan of correction and later demonstrated necessary correction and compliance on August 4, 2021 as part of a subsequent CDPHE on-site visit. The facility demonstrated a return to substantial compliance on this date.

Then in early January 2022, CDPHE was contacted by the Colorado Department of Health Care Policy and Financing (HCPF) to join a multifaceted, tri-agency investigation in partnership with the Colorado Department of Human Services (CDHS) in regards to continued quality of care concerns at Mind Springs Health. This request was following an audit by Rocky Mountain Health Plans that was completed in June 2021, which resulted in the above mentioned complaint. Upon notification of the RAE audit and being informed of HCPF's receipt of additional complaints in November and December of 2021 from multiple organizations, community leaders and elected officials concerning Mind Spring's performance in meeting behavioral needs of consumers, CDPHE engaged in the joint investigation.

## Department of Public Health and Environment FINDINGS:

On Tuesday, January 11, 2022, CDPHE joined HCPF and CDHS in the joint investigation that included Mind Springs, which is a licensed Community Mental Health Center (CMHC) under CDPHE's licensing authority (in addition to the above-mentioned psychiatric hospital). For purposes of this tri-agency investigation, given the nature of the complaints and urgency of the response, CDPHE completed their complaint investigation under the authority and licensing standards of the Community Mental Health Center license (Mind Springs Health, Inc. [FAC ID: 15D609]).

CDPHE's complaint investigation of Mind Springs concluded on Wednesday, January 19, 2022. The complaint under CDPHE's jurisdiction alleged the agency failed to:

- (1) protect individual client rights
- (2) report occurrences as required
- (3) implement a quality management program as required per general licensing regulations.

A sample of client records were reviewed, which included observations, interviews and record review throughout the agency's main campus, in one outpatient location (Mind Springs administrative and outpatient services located at 515 28 3/4 Rd., Bldg. A, Grand Junction, CO 81501) and two additional physical locations were toured (including Mind Springs' Women's Recovery Center and Circle program located on the same main campus at 515 28 3/4 Rd., Grand Junction, CO 81501).

The allegations of agency failures were not substantiated. There was insufficient corroborating evidence to establish with certainty that the allegations occurred; therefore, no deficient practice was cited. The report that summarizes CDPHE's investigative findings and comments can be found on [CDPHE's Health Facility Find and Compare website](#).

Lastly, CDPHE received an additional complaint from the parent of a patient regarding West Springs Hospital, Inc. in mid-February 2022. An investigation was completed on March 17, 2022. The complainant alleged the facility failed to have an effective discharge planning process to meet the patient's post discharge needs. This allegation was substantiated with no current deficient practice as the facility recognized and corrected processes related to discharge planning. This aligns with the process outlined in the Centers for Medicare and Medicaid State Operations Manual for not citing past deficient practice. All historical non-compliance reports for both the Mind Springs CMHC and the West Springs psychiatric hospital can be found on [CDPHE's Health Facility Find and Compare website](#).

## Department of Public Health and Environment RECOMMENDATIONS:

CDPHE will continue to monitor the facility's systems of correction and respond with additional investigations as deemed appropriate under the facility's requirements for licensing.

## Department of Human Services AUDIT:

The Colorado Department of Human Services (CDHS), Office of Behavioral Health (OBH) entered the joint audit along with CDPHE and HCPF January 11, 2022, and exited January 19, 2022. The OBH conducted its audit pursuant to CDHS licensing and designation rules at 2 CCR 502-1.

The Colorado Department of Human Services (CDHS), Office of Behavioral Health (OBH) reviewed 60 client charts.

## Department of Human Services FINDINGS:

The OBH issued eight (8) regulatory deficiencies. The deficiencies and the corrective action requirements are below.

### **Deficiency 1: 21.140 - CRITICAL INCIDENT REPORTING (CIR) (1-24-22)**

A critical incident is any significant event or condition that must be reported within twenty-four (24) hours to the Department that is of public concern and/or has jeopardized the health, safety and/or welfare of individuals or staff. A review of all critical incident reports received by the Department between August 1, 2021 and November 5, 2021 from all Mind Springs Health licensed and designated sites, showed that 40% were not reported to the Office of Behavioral Health within twenty-four (24) hours, as required by rule.

**UPDATE:** A follow-up review of critical incident reports submitted to the Department from 11/25/2021 to 1/14/2022 found that three (3) out of twenty-one (21) or 14% of the reports were late. While the OBH has seen progress toward timely CIR submittals, OBH reissued its Plan of Action requirement following the joint audit.

### **Deficiency 2: 21.170.3.A - RELEASE OF INFORMATION (1-24-22)**

An agency that is licensed or designated by the Department must comply with release of information regulations Pursuant to 42 C.F.R. Part 2 and HIPAA. A review of records found that some releases had incomplete sections and one or more records showed communication with an outside entity without a corresponding release. OBH requires that Mind Springs develop and submit written Plans of Action that responsively and effectively address these findings within 30 business days.

### **Deficiency 3: 21.190.2.B - CONTENT OF RECORDS (1-24-22)**

Content of records shall include all applicable items listed in Section 21.190.2.B.1-14. A review of records found the required documents were not consistently present, particularly for medication-only services. OBH requires that Mind Springs develop and submit written Plans of Action that responsively and effectively address these findings within 30 business days.

**Deficiency 4: 21.190.41.A.1 - Service Planning Requirements (1-24-22)**

An individualized, integrated, comprehensive, written service plan will be collaboratively developed between the individual and service provider or treatment team. Service plans reviewed did not sufficiently show input from the individual. OBH requires that Mind Springs develop and submit written Plans of Action that responsively and effectively address these findings within 30 business days.

**Deficiency 5: 21.190.41.E.4 - Service Planning Requirements (1-24-22)**

Service plans shall contain specific, measurable, attainable objectives that relate to the goals and have realistic expected date(s) of achievement. Service plan objectives were not consistently framed with the SMART model. OBH requires that Mind Springs develop and submit written Plans of Action that responsively and effectively address these findings within 30 business days.

**Deficiency 6: 21.190.62 - Discharge Summary (1-24-22)**

Records shall contain a written discharge summary to include, but not limited to, the information listed in Section 21.190.62.A-M, where applicable. The discharge summaries reviewed did not contain all required elements. OBH requires that Mind Springs develop and submit written Plans of Action that responsively and effectively address these findings within 30 business days.

**Deficiency 7: 21.210.3.E - COUNSELOR AND INDIVIDUALS RECEIVING SERVICES; SIGNATURES (1-24-22)**

Agencies shall require persons receiving services, or guardians, to sign service plans, service plan reviews, and revisions, consents, acknowledgments, and other documents needing individual authorization. A record review found excessive use of verbal authorizations without follow-up to obtain a valid written or electronic individual signature. OBH requires that Mind Springs develop and submit written Plans of Action that responsively and effectively address these findings within 30 business days.

**Deficiency 8: 21.210.43.A - LEVEL OF CARE (1-24-22)**

In addition to meeting the requirements established in 21.190, agencies shall use the American Society of Addiction Medicine (ASAM) Criteria as a guide for assessing and placing individuals in the appropriate level of care; include information gathered on all six (6) dimensions outlined in The ASAM Criteria in assessments; and utilize the decisional flow process as outlined in The ASAM Criteria to determine level of care. The ASAM Criteria was not used to determine level of care placement in substance use disorder records. OBH requires that Mind Springs develop and submit written Plans of Action that responsively and effectively address these findings within 30 business days.

OBH also completed three licensing and designation audits on May 3, 2021, July 21, 2021 and November 10, 2021. Each of these audits resulted in the violations listed below, along with corresponding Plans of Action (PoA):

**Deficiency 21.190.3.B – ASSESSMENT (7-21-21)**

Updates are not consistently being completed at a minimum of every six months.

**Deficiency 21.190.3.D - ASSESSMENT (7-21-21)**

Assessments reviewed inconsistently contained all required elements per the rule, including but not limited to: SUD history, dental history, cultural factors that may impact treatment, legal issues, capacity for self-sufficiency, employment history, and trauma history. Please review this rule and ensure that all components are present on all assessment documents agency-wide. Additionally, there were some documents that prompted for information (such as for military history) but clinicians were inconsistent in addressing all prompts.

**Deficiency 21.190.41 - Service Planning Requirements (7-21-21)**

Service plans met some SMART criteria per 21.190.41.E.4, but were typically missing target date for completion and/or other components (one example: “Identify and implement behavioral changes that could be made in workplace interactions to help resolve conflicts with coworkers or supervisors” – specificity could be better, and this lacks measurability and a target date for completion). Service plans lacked documentation that the individual was offered a copy of their plan per rule 21.190.41.G. Service plans did not reflect findings of the cultural assessment per rule 21.190.41.E.3. A few service plans lacked a client signature as required by 21.190.41.F, without any documentation as to why the signature was not obtained.

**Deficiency 21.190.62 - Discharge Summary (7-21-21)**

Discharge Summaries reviewed were missing some to most of the components required by the rules (depending on the individual completing the summary), including the individual’s diagnosis, advance directives developed during the course of services, primary/significant issues identified during course of services, outstanding concerns, medications prescribed and legal status throughout the course of treatment.

**Deficiency 21.140 - CRITICAL INCIDENT REPORTING (11-10-21)**

A critical incident is any significant event or condition that must be reported within twenty-four (24) hours to the Department that is of public concern and/or has jeopardized the health, safety and/or welfare of individuals or staff. A review of all critical incident reports received by the Department between August 1, 2021 and November 5, 2021 from all Mind Springs Health licensed and designated sites, showed that 40% were not reported to OBH within twenty-four (24) hours, as required by rule.

### **Deficiency 21.140.C.2 - CRITICAL INCIDENT REPORTING (5-3-21)**

"The agency shall submit critical incident reports to the Department according to state prescribed forms. This is not in lieu of other reporting mandated by state statute or federal guidelines." West Springs Hospital submitted a critical incident report on January 21, 2021 that occurred and was discovered on 9/28/20. West Springs has submitted other CIRs past the required reporting period of within 24 hours of discovery of the incident.

### **Department of Human Services RECOMMENDATIONS:**

OBH issued a requirement for a Plan of Action (PoA) for each of the deficiency violations listed on pages 17-19. The plan was due within 30 business days of the finding and required to be fully implemented with corrective measures within 90 business days.

In addition to audit finding and corresponding Plans of Actions and Corrective Actions noted above, OBH recommends an increase in the frequency of internal audits to ensure consistency in content and quality of records, paying special attention to areas of recent non-compliance. All Plans of Actions are complete with the exception of an ongoing investigation into critical incident reports. OBH is also currently conducting an audit on Mind Springs' data submissions.

## Department of Regulatory Agencies (DORA)

The following information is provided by the Colorado Department of Regulatory Agencies (DORA).

**The public can find the individual license status and any public enforcement action on DORA's [Health Professional Check website](#), when an action is deemed public, is pursuant to the statute and varies by board.** For individuals licensed by the Colorado Medical Board, it is within 12-240-125(9) and (11), C.R.S. which simply put, is upon final action by the board.

Medical Doctors (MD), Doctors of Osteopathy (DO), Physician Assistants (PA), and Anesthesiology Assistants (AA) are regulated by the Colorado Medical Board. This includes Psychiatrists. This is a Type I Board, meaning that it is policy autonomous and is comprised of professional and public members. The Colorado Medical Board is a closed board, meaning that the licensing panel and full board meetings are open, but Panel Meetings are closed to the public and underlying complaints are not available at any time (12-240-125[9][a], C.R.S.).

Addiction Counselors, Marriage and Family Therapists, Professional Counselors, Psychologists, Social Workers, and Unlicensed Psychotherapists are regulated by six distinctive Mental Health Boards. They are all Type I policy autonomous boards, each comprised of seven members. The Mental Health Boards are open boards, meaning that meetings are open, except for executive sessions. **Underlying complaints are available only when discipline is final or Notice of Charges filed (12-245-226[4][b], C.R.S).**

Public discipline for all boards is available via the [Colorado Division of Professions and Occupations website](#). Complaints can also be filed [online](#).

## CONCLUSION AND NEXT STEPS

The Department of Health Care Policy and Financing, Colorado Department of Public Health and Environment, and Colorado Department of Human Services have required Mind Springs Health to submit corrective action plans and/or plans of actions to address all deficiencies identified in this report.

The State of Colorado is offering to communicate directly to the Mind Springs staff, in collaboration with Mind Springs leadership, to ensure clarity of the audit findings and next steps. State agencies greatly value their passion to serve the behavioral needs of Coloradans on the western slope and their insights to help transform Mind Springs to better meet the needs of the community.

The State of Colorado will work with Mind Springs leadership to establish communication meetings that review progress on corrective actions and plans of actions intended to improve how Mind Springs is meeting the needs of the communities it serves.

During this time, the state may engage in continued site audits to further measure Mind Springs performance.

The state will also be providing additional communications going forward on the Mind Springs Health transformation and related progress with their corrective action plans and plans of actions to keep the community informed.