

State of Utah  
Department of Human Services  
Division of Substance Abuse and Mental Health



Site Monitoring Report of

Central Utah Counseling Center

Local Authority Contracts #122254 and #122253

Review Dates: November 4<sup>th</sup> and 5<sup>th</sup>, 2014

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## **Section One: Report Information**

## **Background**

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

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

In accordance with these and other instructions, the Division of Substance Abuse and Mental Health (also referred to in this report as DSAMH or the Division) conducted its annual program audit and review of Central Utah Counseling Center (also referred to in this report as CUCC or the Center).

## Non-Compliance Issues, Action Plans and Timelines

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

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

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

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

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

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

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

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

## **Section Two: Site Monitoring Report**

## **Executive Summary**

In accordance with Utah Code Section 62A-15-103, the Division of Substance Abuse and Mental Health conducted a review of Central Utah Counseling Center on November 4<sup>th</sup> and 5<sup>th</sup>, 2014. 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; 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>
<i><b>Governance and Oversight</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None 1	11
<i><b>Child, Youth &amp; Family Mental Health</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None None	
<i><b>Adult Mental Health</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None None	
<i><b>Substance Abuse Prevention</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None None	
<i><b>Substance Abuse Treatment</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None 1	22 - 23

## **Governance and Fiscal Oversight**

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review at Central Utah Counseling Center (CUCC) on November 4<sup>th</sup> and 5<sup>th</sup>, 2014. The Governance and Fiscal Oversight section of the review was conducted by Chad Carter, Auditor IV. Overall cost per client data was analyzed and compared to the statewide Local Authority average. Personnel and subcontractor files were examined for compliance with state licensing laws and adherence to contractual requirements, as well as the Center's own policy. Client fees were reviewed for consistency and adherence to approved fee schedules. Detailed service and operating expenditures were examined for proper approval and supporting documentation. All selected expenditures were found to be properly approved and were supported with adequate documentation.

Executive travel reimbursements were reviewed for FY14, all expenditures included appropriate documentation and approval. Board minutes were reviewed for the same time period. It was noted that the board reviews the Center's disbursements report each month and approves them. There appears to be substantial oversight provided by the board over the Center's financial activities.

The CPA firm Kimball & Roberts performed the Center's financial statement audit for the year ending June 30<sup>th</sup>, 2014. The Independent Auditor's Report dated October 17<sup>th</sup>, 2014 issued an unqualified opinion regarding the reported financial statements. In a separate report titled *Report on Compliance with General State Compliance Requirements and for Each Major State Program*, the auditors tested several areas including the funds provided by DSAMH. There were four findings listed in the report as follows:

1. The public treasurer has not filed a required report to the Money Management Council that includes the financial institution bank balances for all accounts held by the Center.
2. The designated records officer of the Center has not completed an online training course on the requirements of GRAMA.
3. The Center has not posted the required public information regarding detailed revenue and expense information to the Utah Public Finance Website within the required deadlines.
4. The Center has not been posting minutes of meetings to the Utah Public Notice Website within three days of the minutes being approved.

The listed findings are not directly related to the Center's handling or oversight of DSAMH funding. The Division is also satisfied with the responses provided by the Center. No further action is needed from the Division at the time of this report, but the financial statement audit for 2015 will be reviewed for follow-up to these issues.

### **Follow-up from Fiscal Year 2014 Audit:**

No findings were issued in FY14.

**Findings for Fiscal Year 2015 Audit:**

**FY15 Major Non-compliance Issues:**

None

**FY15 Significant Non-compliance Issues:**

None

**FY15 Minor Non-compliance Issues:**

- 1) CUCC's client cost for Substance Abuse Treatment has increased more than 25% from the previous year. DSAMH Division Directives state, "The Local Authority shall meet an overall client cost within fifty (50) percent of the statewide Local Authority overall average cost per client and with-in twenty-five (25) percent of their previous year actual cost per client." Although it is noted that CUCC's total cost per client is below the State average, their costs have increased 26.9% going from \$2,006 per client in FY13 to \$2,545 in FY14. Please provide an explanation for the increase in costs.

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

There are a number of factors that could have affected the cost per client at CUCC; 1. As noted in the site visit report, "CUCC has the highest rate of clients retained in treatment in the State." This directly affects the cost as the length of time increases, the cost will also increase; 2. This is most likely a product of data issues as the number of clients served in the SAMHIS system is different from those reported by CUCC (671 compared to 416), and, 3. CUCC has not made any major programmatic changes over the past two fiscal years, but did observe a change (decrease) in the number of clients seeking and receiving services at the Center from FY 2013 to FY 2014. This could account for part of the change in cost. Going forward, CUCC will explore reasons for the differences in the numbers reported in our system and in the SAMHIS. CUCC will continue to monitor and evaluate the overall client cost from year to year in all aspects of the provision of services. This monitoring will take place in administrative meetings on a regular basis (generally monthly). CUCC will return to compliance by the end of FY 2015 as seen in year end reports etc.

**FY15 Deficiencies:**

None

**FY15 Recommendations:**

- 1) No conflict of interest forms were found in any of the sampled personnel files during the site visit review. The DHS contract only requires conflict of interest forms if there is an existing, potential or contemplated conflict of interest. It is recommended that at a minimum, the Center has each representative complete an initial conflict of interest form when they are hired to formally disclose if they have a conflict of interest or not. This would help to ensure that all potential conflicts are addressed and documented.

- 2) There were some substantial differences in client count numbers reported on the Center's year-end report and the client numbers reported by the Center in the SAMHIS system. It is recommended that the Center reviews the client numbers in the SAMHIS system and incorporates this data into their year-end reporting.

**FY15 Division Comments:**

None

### **Mental Health Mandated Services**

According to Utah Code 17-43-301, the Local Authority is required to provide the following ten mandated services:

Inpatient Care

Residential Care

Outpatient Care

24-hour Emergency Services

Psychotropic Medication Management

Psychosocial Rehabilitation (including vocational training and skills development)

Case Management

Community Supports (including in-home services, housing, family support services, and respite services)

Consultation and Education Services

Services to persons incarcerated in a county jail or other county correctional facility

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

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

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

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

The Division of Substance Abuse and Mental Health Children, Youth & Families team conducted its annual monitoring review at Central Utah Counseling Center November 4<sup>th</sup> and 5<sup>th</sup>, 2014. The monitoring team consisted of Dinah Weldon, Program Administrator; Eric Tadehara, Program Manager; and Tracy Johnson, Utah Family Coalition (New Frontiers for Families). The review included the following areas: record reviews, discussions with clinical supervisors and management, case staffing, program visits, and feedback from families through questionnaires and a discussion group. During the visit, the monitoring team reviewed the FY14 audit; statistics, including the Mental Health Scorecard; Area Plans; Youth Outcome Questionnaires; family involvement; Family Resource Facilitation (Peer Support); Wraparound to fidelity; Multi-Agency Coordinating Committee; school-based behavioral health; Mental Health Early Intervention funding; juvenile civil commitment; compliance with Division Directives and the Center's provision of the ten mandated services as required by Utah Code 17-43-301.

### **Follow-up from Fiscal Year 2014 Audit**

No findings were issued in FY14.

### **Findings for Fiscal Year 2015 Audit**

#### **FY15 Major Non-compliance Issues:**

None

#### **FY15 Significant Non-compliance Issues:**

None

#### **FY15 Minor Non-compliance Issues:**

None

#### **FY15 Deficiencies:**

- 1) The initial assessments at CUCC are focused on the engagement process and support the ability to update the assessment as more information is available. Two of the ten charts reviewed contained assessments that had not been appropriately updated, with one of those charts not containing any updates since 2010 even though there were significant life events which had occurred in the four years after the initial assessment. The FY14 Division Directives state that for both mental health and substance use disorder records, (1) "Assessment information is kept current" and (2) "clinicians gather comprehensive relevant assessment information based on the client's concerns in an ongoing manner as part of the treatment process."

**FY15 Recommendations:**

- 1) CUCC is encouraged to seek more opportunities to expand services for Case Management and Respite to meet the needs of the children/youth in the catchment area. For FY14, CUCC had rates of 6.9% for Case Management and 3.4% for Respite, while the rural averages are 32.1% for Case Management and 9.44% for Respite. It is recommended that CUCC attempt to reach levels closer to the rural averages of each service.

**FY15 Division Comments:**

- 1) *Family Feedback:* The Utah Family Coalition (UFC) collected feedback from 24 families, with six attending the focus group and 18 completing the UFC survey. Families report that the staff at CUCC are caring, polite, and make families feel comfortable. Families are grateful for the various services CUCC is able to offer.
- 2) *Family Resource Facilitator (FRF) and Wraparound:* CUCC is providing Wraparound to fidelity as defined by the UFC. CUCC has supported and promoted family involvement. The FRFs have partnered with community resources, schools, and other agencies to improve supports for the children, youth, and families they serve. They are able to find ways to provide services and address the barriers associated with living in a rural area.
- 3) *Parenting and Family Group:* CUCC provides a parenting class, “Guiding Good Choices” and provides daycare during the group to allow more parents to attend. During the family feedback group, parents specifically mentioned this group as being helpful and one of the services the center does well.

## **Adult Mental Health**

The Division of Substance Abuse and Mental Health and Adult Monitoring Team conducted its annual monitoring review at Central Utah Counseling Center on November 4<sup>th</sup> and 5<sup>th</sup>, 2014. The monitoring team consisted of Pam Bennett, Program Administrator, LeAnne Huff, Program Manager, and Michael Newman, Recovery and Resiliency Program Manager. The review included the following areas: record reviews, and discussions with clinical supervisors and management teams. During this monitoring visit charts were reviewed from Sevier, Juab, Sanpete, and Millard Counties. Visits were conducted in Juab and Sanpete County Jails, adult residential/supported housing, and outpatient services. Focus groups were held at the day treatment centers in both Ephraim and Nephi. During the discussions, the team reviewed the FY14 Monitoring Report findings and center response; statistics, including the mental health scorecard; area plans; outcome questionnaires, the Division Directives and the Center's provision of the ten mandated services as required by Utah Code 17-43-301.

### **Follow-up from Fiscal Year 2014 Audit**

#### **FY14 Minor Non-compliance Issues:**

- 1) *Services to Persons Incarcerated in County Jail or Other County Correctional Facility:* In accordance with the provision of Title 62A, chapter 15-103 (4) (b) (x) the local mental authority shall include services to persons incarcerated in a county jail or other county correctional facility. During the site visit to the Sanpete County Jail, the jail Captain and staff reported on at least two separate occasions, emergency mental health services were requested and CUCC did not intervene.

DSAMH met with Sanpete County Jail Captain and staff, who now report a positive relationship with CUCC with respect to emergency services. Sanpete County Jail has chosen to contract with outside providers for non-emergency mental health services.

**This issue has been resolved.**

#### **FY14 Deficiencies:**

- 1) *Promoting a Nicotine Free Environment:* According to the information provided in client interviews and from a review of clinical charts, CUCC is not actively addressing tobacco cessation or providing any emphasis on the Recovery Plus Tobacco Cessation Program.

**This deficiency has been resolved.**

### **Findings for Fiscal Year 2015 Audit**

#### **FY15 Major Non-compliance Issues:**

None

**FY15 Significant Non-compliance Issues:**

None

**FY15 Minor Non-compliance Issues:**

None

**FY15 Deficiencies:**

- 1) *Documentation:* A review of the charts revealed that four of ten charts did not have an assessment or an assessment update. It was reported that the clients involved may have older assessments that are in an earlier electronic medical record. Division Directives require that assessment information be available and kept current.

**FY15 Recommendations:**

- 1) *Jail Services:* The Local Authority Area Plan submitted for the six counties states that “each County Sheriff has elected not to contract with CUCC regarding direct jail services. Each jail has contracted with providers in the area for Mental Health and Substance Abuse services.” This appears to be the case in every County but Juab County, where no contract for Adult Mental Health services is in place. We recommend that the new Juab County Sheriff complete such a contract or that the County submit a change to the area plan for Division approval. This is a joint recommendation with the Substance Use Disorders monitoring report.
- 2) *Documentation:* Ongoing training for staff is recommended so that charts reflect in more detail what happens during the session (more than one sentence). This would include the situation and the client’s response to the intervention and plan.
- 3) *Adult Peer Support Services:* DSAMH encourages CUCC to expand the use of their Adult Peer Support Services provided by Certified Peer Support Specialists. It is recommended that CUCC expand the time of Peer Support Services. The current Peer Support Specialist is only working approximately 3-4 hours a week and their hours could be increased to expand this opportunity for more individuals. CUCC is also encouraged to look into having Certified Peer Support Specialists in other areas of the LMHA, mirroring CUCC’s progressive efforts with children, youth and family peer support programs, and the Family Resource Facilitators.

**FY15 Division Comments:**

- 1) *Suicide Prevention:* DSAMH recognizes and appreciates CUCC’s efforts in suicide prevention including adding the Columbia Suicide Severity Rating Scale (CSSR-S) into their Electronic Medical Record. CUCC has a Train the Trainer (T4T) on staff in Mental Health First Aid (MHFA), Question Persuade Refer (QPR), and Suicide Postvention. The Tri County prevention Coalition is focusing on suicide prevention, and in partnership with Snow College, received a grant and used these funds to host a suicide prevention conference.
- 2) *Smoking Cessation:* DSAMH commends CUCC’s efforts in promoting smoking cessation through education and support. CUCC gives a smoking cessation card out at every intake that includes the number to 1-800 QUIT NOW, National Suicide Prevention Lifeline number,

and their local crisis number. Signs are posted in the building promoting a smoke free environment. Individuals in recovery interviewed by Michael Newman, the DSAMH Recovery and Resiliency Program Manager, also reported that they were offered the state's quit smoking number, tobacco was addressed in their individual counseling, and were given other resources.

- 3) *Program Participant Feedback:* Individuals in recovery interviewed by Michael Newman, reported that their treatment was helpful overall and stated that they felt supported in the areas of transportation, housing, and in their physical and spiritual health. Some individuals in recovery mentioned that they would like more support in finding employment and volunteer opportunities. Also, 11 of 19 individuals in one of the groups had not been offered peer support services. A few of the 11 individuals voiced that they would like to be involved with peer support.
- 4) *Inpatient Hospitalization:* DSAMH appreciates the efforts that CUCC has made to use effective crisis services and diversion to decrease the number of clients going into the hospital and to decrease the length of hospital stay. This demonstrates best practice by providing care in the least restrictive environment.

## **Substance Abuse Prevention**

Susannah Burt, Program Manager, conducted the annual prevention review of Central Utah Counseling Center on November 4<sup>th</sup>, 2014. The reviews focused on the requirements found in State and Federal law, Division Directives, and contracts. In addition, the reviews evaluated the services described in the annual prevention area plan and evaluated the data used to establish prevention priorities.

### **Follow-up from Fiscal Year 2014 Audit**

No findings were issued in FY14.

### **Findings for Fiscal Year 2015 Audit**

#### **FY15 Major Non-compliance Issues:**

None

#### **FY15 Significant Non-compliance Issues:**

None

#### **FY15 Minor Non-compliance Issues:**

None

#### **FY15 Deficiencies:**

- 1) No Eliminating Alcohol Sales to Youth (EASY) compliance checks occurred in FY14. CUCC continues to offer training to the communities, but no checks have been completed.
- 2) Per the Division Directives, it is a goal to provide Evidence Based Strategies, with no more than 20% being innovative or non-evidence based strategy. Currently only 78.5% of CUCC can be considered Evidence Based.
- 3) CUCC has not completed a Community Readiness Assessment since 2008. DSAMH will provide Technical Assistance as requested on this Assessment. In addition, it is recommended that CUCC adopt a formal process for their full community assessment. One process that is available is the Communities that Care model, it outlines the Assessment process in detail. DSAMH is willing to provide Technical Assistance if needed.
- 4) After reviewing the submitted Logic Models, DSAMH has determined that CUCC doesn't have enough staff to provide comprehensive community level prevention throughout the entire LSAA, as required by the contract.

#### **FY15 Recommendations:**

- 1) CUCC should continue efforts to strengthen collaboration with Law Enforcement Agencies, and families/individuals. This may include coalition work or joint efforts, such as EASY, in the communities.
- 2) CUCC identified a need for better data on incidence and prevalence of substance use disorders and the associated risk and protective factors. It is recommended that CUCC work with the Regional Director and the State Epidemiological Outcomes Workgroup, as well as Bach-Harrison, current contractor for the Partnership for Success Grant.
- 3) It is recommended that CUCC works on increasing readiness in Juab County. Readiness can be defined by participation in the Student Health and Risk Prevention survey, EASY checks, or additional coalition work in the county. Readiness can also be measured by a readiness assessment as noted previously.

**FY15 Division Comments:**

- 1) The Prevention Coordinator and Prevention Specialist at CUCC have followed up with program developers and trainers to ensure fidelity of the program. In addition, after implementation, trainers have discussions with staff to determine what went well and what could be improved. CUCC also uses pre and post test surveys to measure change.
- 2) CUCC submitted a Prevention Annual Report. This measured the progress on short and long term goals.
- 3) CUCC reports they have four coalitions and three youth coordinating councils. These youth coordinating councils could be additional coalitions if CUCC added parents and community members.
- 4) CUCC has staff that have been trained in Love & Logic, Guiding Good Choices, PRIME for Life, Prevention Dimensions, QPR and Mental Health First Aid.
- 5) The Central LSAA has a decreasing trend in 30 day alcohol use among all grades (6<sup>th</sup>-12<sup>th</sup>). For illegal substances, the 10<sup>th</sup> grade group appears to have an increase in use for Marijuana, hallucinogens, and inhalants. Marijuana 30 day use is also increasing among 12<sup>th</sup> graders. (Student Health and Risk Prevention survey 2013)

## **Substance Abuse Treatment**

Dave Felt, Program Administrator, and Becky King, Program Manager, and Janida Emerson, Program Manager, conducted the annual review of Central Utah Counseling Center which focused on Substance Abuse Treatment (SAPT) block grant compliance, drug court program compliance, clinical practice, compliance with contract requirements and consumer satisfaction. Clinical practices and documentation were evaluated by reviewing client charts and discussing current practices with staff and managers. Adherence to SAPT block grant requirements and contract requirements was evaluated through a review of policies and procedures; interviews with clients and discussion with CUCC staff. Treatment schedules, policies and other documentation were reviewed for compliance with contract requirements. Client satisfaction was measured by reviewing records, Consumer Satisfaction Survey data, and the results of client interviews conducted at the Nephi Center.

### **Follow-up from Fiscal Year 2014 Audit**

#### **FY14 Minor Non-compliance issues:**

- 1) In FY14, CUCC showed 14.9% of old open admissions still active, which continues to exceed the Division Directive requirements of 4%. In FY15, the number of old open admissions decreased to 2.6%, which now meets Division Standards.

**This issue has been resolved.**

- 2) FY14 Data Findings:

- a) Outcomes measures for *Increased Employment* decreased from 7.2% to -0.6% from FY12 to FY13 respectively, which is below the state rural average of 8.9%. From FY13 to FY14, *employment* increased from -0.6% to 14.4% respectively.
- b) Outcomes measures for *Decreased Criminal Justice Involvement* went from 73% to 19.4% from FY12 to FY13 respectively. From FY13 to FY14, the outcomes measures for *Decreased Criminal Justice Involvement* increased from 19.4% to 49.4% respectively.
- c) *Tobacco use* increased from 69.9% at admission to 72.1% at discharge. From FY13 to FY14, *Tobacco use* decreased from 71.6% to 71.1% respectively.
- d) The rate for a *Successful Treatment Episode Completion* went from 37.7% to 32.8% from FY12 to FY13 respectively. From FY13 to FY14, the *Successful Treatment Episode Completion* increased from 32.8% to 52.5% respectively.

*The FY14 data outcomes now meet Division Standards.*

**These issues have been resolved.**

- 3) Recovery Plans are not current, specifically, objectives in the Plans are not being terminated and new objectives developed.

**This issue has been resolved.**

**FY14 Deficiencies:**

- 1) According to the information provided in client interviews and from a review of clinical charts, CUCC is not actively addressing tobacco cessation or providing any emphasis on the Recovery Plus Tobacco Cessation Program. Over the past year, CUCC has increased efforts to address tobacco cessation through education and providing Recovery Plus resources to clients.

**This deficiency has been resolved.**

**Findings for Fiscal Year 2015 Audit:**

**FY15 Major Non-compliance issues:**

None

**FY15 Significant Non-compliance issues:**

None

**FY15 Minor Non-compliance issues:**

- 1) Data Findings:

- The FY14 Adult Consumer Satisfaction Survey shows that 8.2% of clients were surveyed over the past year, which does not meet Division Directives.
- The FY14 Youth (Family) Survey shows that 6.9% of clients were surveyed over the past year, which does not meet Division Directives.

*A minimum sample rate of 10% of the number of annual unduplicated clients served for the prior year is required by all providers. Providers returning less than 10% will be considered deficient and will receive a finding in the audit report.*

- *CUCC should develop procedures to improve their collection rates for the Adult and Youth (Family) Satisfaction Surveys to at least 10% to obtain accurate data results.*

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

CUCC began in November discussing and putting into action changes to address this issue. At a Center Administration Meeting in November, CUCC discussed options and developed an action plan on how to address these issues. A clearer accounting system was put into place to track the progress of each office in the number of surveys being completed. Barriers were examined that have in the past prevented higher returns of both the YSS and the YSS-F. These barriers were

addressed to create higher return rates of completed surveys. In the past CUCC has typically only completed the surveys for the required 30 days and when the surveys that were sent from the division were all distributed. This year CUCC has already begun collecting surveys (electronically) and continue collecting them until the numbers in the accounting system reach the required percentages. CUCC will return to compliance by the end of April when surveys are to be completed.

**FY15 Deficiencies:**

- 1) While CUCC’s initial assessments are appropriately focused on engagement rather than thoroughness, they are not being updated as new information is available. This fails to meet the requirements that assessments be ongoing and current. The Credible system has a simple and convenient option for clinicians to use to add updated assessment information, but it is not being used on a regular basis. The FY14 Division Directive states that for both SUD and MH records:
  1. “Assessment information is kept current.
  2. Clinicians gather comprehensive relevant assessment information based on the client’s concerns in an ongoing manner as part of the treatment process.”
- 2) The objectives in the treatment plan were not specific, measureable or achievable within a specific time frame. The objectives looked more like a statement rather than an objective (*Chart #'s: 1513, 80229, 80256, 80349, 2713, 80010*). The FY14 Division Directive states that for both SUD and MH records:
  5. “Short term goals/objectives are measureable, achievable and within a timeframe.”

**FY15 Recommendations:**

- 1) *Clinical Supervision:* Clinical Supervisors should use the clinical supervision meeting to review clinical charts with supervisees and provide training on chart documentation. Suggested areas of focus for this year should include client engagement; on-going assessment and keeping treatment plans current.
- 2) *Drug Court:* CUCC should revisit the frequency with which drug court clients are required to drug test. A best practice standard for adult felony drug courts is that participants are tested randomly two times a week. DSAMH heard from clients that in some instances they were testing as frequently as five to six times a week, which may be more frequent than is truly necessary.
- 3) *Drug Court:* CUCC should work with their drug court teams to develop and implement sanctioning matrixes in all of their drug courts. Best practice guidelines state that policies and procedures concerning the administration of sanctions be specified in writing and communicated in advance to Drug Court participants and team members. These policies and procedures provide a clear indication of which behaviors may elicit a sanction; the range of consequences that may ensue from graduation to termination. Numerous studies indicate implementation of this best practice standard in improved outcomes for drug court clients.

- 4) *Drug Court:* During client interviews DSAMH heard from drug court clients in multiple locations that jail was the most frequent sanction used in drug court. Best practice standards state that jail sanctions should be imposed judiciously and sparingly; unless a participant poses an immediate risk to public safety. They also state that jail sanctions imposed after less severe consequences are ineffective at deterring infractions. In addition to this, jail sanctions should be definite in duration and typically should last no more than three to five days. CUCC should take best practice guidelines regarding the use of jail into consideration when developing sanctioning matrixes for drug court.
- 5) *Jail Services:* The Local Authority Area Plan submitted for the six counties states that “each County Sheriff has elected not to contract with CUCC regarding direct jail services. Each jail has contracted with providers in the area for MH and SA services”. This appears to be the case in every County but Juab County, where no contract for SUD services is in place. Recommend that the new Juab County Sheriff complete such a contract or that the County submit a change to the area plan for Division approval

**FY15 Division Comments:**

- 1) *Tobacco Cessation:* CUCC has made an effort over the past year to decrease tobacco use through education and providing Recovery Plus resources to clients. They developed a business card with the Utah Tobacco Quit Line, Suicide Prevention Hotline and 24-Hour Crisis line, which is provided to all new clients at intake. Their outcome data demonstrates decreased tobacco use, which is a reflection of their good work over the past year.
- 2) *Treatment Retention:* CUCC has the highest rate of clients retained in treatment in the State. From FY13 to FY14, the percent of clients retained in treatment 60 or more days increased from 72.8% to 85.9% respectively.
- 3) *Old Open Admissions:* CUCC decreased the number of old open admissions from 14.9% to 2.6%, which demonstrates their commitment to program improvement.
- 4) *Increased Employment:* CUCC has made efforts to improve employment outcomes for their clients. From FY13 to FY14, they increased employment from -0.6% to 14.4% respectively. This success is related to CUCC’s efforts to remove the barriers to employment through discussion and problem solving in therapy sessions.
- 5) *Client Satisfaction:* Clients reported that they felt supported by CUCC staff; appreciated the center’s flexibility and immediate access to services.
- 6) *Residential Treatment:* CUCC is making efforts to increase residential options in their community. They have applied for a grant to build a residential treatment program in Richfield and are in the process of purchasing the land for this facility. This program will have eight to sixteen beds. If the grant is not approved, CUCC is still planning to develop a small residential treatment program, which will be located in a house on the land they are purchasing.

## Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Central Utah Counseling Center and for the professional manner in which they participated in this review.

If there are any questions regarding this report please contact Chad Carter at (801)538-4072.

The Division of Substance Abuse and Mental Health

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