

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



Site Monitoring Report of

Salt Lake County Division of Behavioral Health Services

Local Authority Contracts #130044 and #130043

Review Date: December 16th & 17th, 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 Salt Lake County Division of Behavioral Health Services (also referred to in this report as SLCo or the County).

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 Salt Lake County Division of Behavioral Health Services on December 16th & 17th, 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

Programs Reviewed	Level of Non-Compliance Issues	Number of Findings	Page(s)
<i>Governance and Oversight</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None 1	10 - 11
<i>Child, Youth & Family Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None 5	14 - 18
<i>Adult Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None 2 None	21 - 23
<i>Substance Abuse Prevention</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None None	
<i>Substance Abuse Treatment</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None 1 1	30 30 - 32

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review at Salt Lake County Division of Behavioral Health Services (SLCo) on December 16th & 17th, 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. Executive travel reimbursements were reviewed for FY14, detailed service and operating expenditures were examined for proper approval and supporting documentation.

SLCo's independent financial statement audit was reviewed as part of monitoring. The CPA firm Squire & Company completed the audit of Salt Lake County for the year ending December 31, 2013 and issued a report dated June 27, 2014. The auditors' opinion was unqualified and no deficiencies were identified during the audit of the financial statements.

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) SLCo's subcontractor monitoring procedures were reviewed during the site visit. SLCo monitors its direct subcontractors using a formal monitoring tool and reviewing a substantial list of compliance and performance standards. SLCo has contracted with OptumHealth to manage mental health services in Salt Lake County. According to the contract, OptumHealth contracts with providers and is responsible for monitoring those contracts. During the site visit, SLCo's monitoring report of OptumHealth was reviewed. There were several findings that were specific to the contract between SLCo and Optum, however it was decided to include their finding regarding Optum's monitoring process for its subcontracted providers in this report. The report found that Optum had only conducted monitoring on three to four subcontractors during the fiscal year. SLCo has one of the most detailed and extensive monitoring procedures in the State for its direct subcontractors; however, this finding shows a significant weakness in the system where Optum is unable to provide reasonable assurance that its contracted providers are meeting performance standards and are in compliance with

the DHS contract. DSAMH appreciates SLCo's efforts in recognizing this issue and taking steps to address it with OptumHealth. Please provide a summary of the action plan between SLCo and OptumHealth to resolve this issue.

County's Response and Corrective Action Plan:

Optum's Salt Lake County team has expanded its site visits and monitoring of subcontractors. Currently, Optum's Salt Lake County team will be conducting up to 6 audits per quarter. Each audit team will consist of 2 LMHTs and will include both a Facility Visit and a Chart Review. Additionally, Optum's Salt Lake County team has collaborated with the National Optum Auditing Team to expand the number of audits this team conducts. This team uses the same auditing tools as Optum's Salt Lake County team. Finally, Salt Lake County Division of Behavioral Health Services (DBHS) collaborates with the Optum's Salt Lake County team; and whenever possible an Optum SLCo clinical team is present at DBHS monitoring visit, this audit will also be counted as a part of Optum's requirements. During March and April of 2015, a total of 10 audits have been completed.

The Optum SLCo Team will conduct up to 6 audits per quarter and the National Optum Quality Auditing Team will conduct 4 audits in the Spring of 2016. DBHS will be notified of all audits and the results.

FY15 Deficiencies:

None

FY15 Recommendations:

None

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 Salt Lake County on December 16th and 17th, 2014. The monitoring team consisted of Dinah Weldon, Program Administrator; Eric Tadehara, Program Manager; Amanda Alkema, Program Manager; and Lis Rosen, National Alliance on Mental Illness Utah (NAMI Utah). 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 FY14 audit findings and County responses; 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; civil commitment; compliance with Division Directives; SLCO 2014 Audit of OptumHealth; 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 Significant Non-compliance Issues:

- 1) Coordination of care is lacking for children and youth transitioning between levels of care (e.g. inpatient, residential, intensive day treatment, outpatient), between service locations and/or between provider agencies. This finding is continued from FY13.

This finding has not been resolved, however in FY15 it is being reduced to a Minor Non-compliance Finding due to progress made. See Minor Non-compliance Issue #1.

FY14 Minor Non-compliance Issues:

- 1) Provision of medication management has decreased for children and youth in Salt Lake County. This finding is continued from FY13.

This finding has been resolved, however Medication Management is a recommendation in FY15; see Recommendation #1.

- 2) Provision of residential services has significantly decreased for children and youth in Salt Lake County. This finding is continued from FY12 and FY13.

This finding has not been resolved and is continued in FY15; see Minor Non-compliance Issue #2.

- 3) Data reported to the Division of Substance Abuse and Mental Health regarding emergency services is incomplete. Although emergency services are being provided, they are not being fully reported to Substance Abuse and Mental Health Information System (SAMHIS).

This finding has not been resolved and is continued in FY15; see Minor Non-compliance Issue #3.

- 4) Recovery Plans are not compliant with Division Directives. Goal(s) and objectives are not tied to measureable behavioral or cognitive changes and youth/family voice is lacking in recovery plans.

This finding has not been resolved and is continued in FY15; see Minor Non-compliance Issue #4.

Findings for Fiscal Year 2015 Audit

FY15 Major Non-compliance Issues:

None

FY15 Significant Non-compliance Issues:

None

FY15 Minor Non-compliance Issues:

- 1) *Coordination of care:* Coordination of care continues to be limited for children and youth transitioning between levels of care (e.g. residential, intensive day treatment, outpatient), between service locations, and/or between provider agencies. Within the chart review, evidence of communication or coordinated treatment efforts between providers was lacking.

One exception which reflects improvement is coordination for youth who have been placed in and/or discharged from inpatient levels of care. There was evidence in the charts that releases of information forms were signed, accessible, and utilized for clients with a prior inpatient history and the charts included collateral information from prior hospitalizations.

Additional evidence of SLCo's efforts to improve the coordination of care is indicated by SLCo's increased involvement in Multi Agency Coordinating Committees that staff individual cases of children, youth, and families who are struggling with significant mental health problems.

Ongoing challenges with coordination of care were evidenced by community partner discussions and in the chart reviews. In one chart, a youth who struggled with psychosis was aging out of existing services. The documentation indicated that the youth was sent a letter and told to "find a different provider". There was no evidence that the youth had been prepared leading up to the transition time or that a warm hand-off to a new provider had been arranged. Other charts indicated histories of mental health treatment from previous providers, but there were no releases of information between providers or evidence that previous records had been obtained and reviewed. Additionally, the practice of exchanging timely information between current treatment providers, including shared assessment and treatment plans, was not observed.

County's Response and Corrective Action Plan:

Salt Lake County will continue to address coordination of care efforts by addressing this topic during provider trainings and audits. Salt Lake County/Optum will emphasize the importance of case documentation to support coordinated care efforts. Additionally, Salt Lake County/Optum audit tool includes a specific section on the coordination of care.

On January 1, 2015 Salt Lake County Optum began participation in quarterly scheduled meetings with key community partners such as DCFS and DSPD. These meetings are being conducted to enhance communicate efforts on cases shared between our systems of care and to improve coordination efforts.

- 2) *Residential Treatment:* In FY12, FY13, and FY14 the provision of Residential Treatment services reported by SLCo through the Substance Abuse and Mental Health Information System (SAMHIS) has significantly decreased for children and youth in Salt Lake County since 2011. See table below:

	FY11*	FY12*	FY13*	FY14*
Residential Care	65	51	10	0

* *Published Children's Mental Health Scorecard*

During the monitoring visit, SLCo stated this is a data reporting issue and not a reduction in services issue. SLCo submitted a report indicating that in FY14 there were 59 youth who accessed Residential Treatment services through SLCo. SLCo is encouraged to ensure that timely access to Residential Treatment is available for male and female youth when clinically indicated and that data for this service is accurately reported in SAMHIS.

County's Response and Corrective Action Plan:

The code under which 'residential' treatment is billed is H2016. Per SAMHIS mandated service definitions there are 3 modifiers for this code, two of which classify the service as 'residential,' (171 and 173). The remainder (174) defines this service as "treatment-based housing programs (supported housing) – residential treatment and support in a building or apartment that is under the financial and clinical control of the center," and classifies the code H2016 with a modifier of 174 under 'supported housing,' not 'residential.' A review of the Youth Scorecard for FY14 does not include the category of 'supported housing,' for the Youth, which is the modifier under which H2016 for youth was submitted. Due to the classification of H2016 with a modifier of 174, these services are classified as supported living and are not included in the Scorecard.

For FY15, the modifiers 171 and 173 will be attached to the H2016 code so that the Mental Health Scorecard will reflect residential services provided to Youth.

- 3) *Emergency data* reported to DSAMH regarding emergency services is incomplete. For FY14, only four children and youth were reported to SAMHIS to have received emergency services.

DSAMH recognizes that data for emergency services through the Mobile Crisis Outreach Team is not accessible at this time; however some of SLCo's providers (such as Youth Services or school-based services) see children and youth who are in crisis without requiring them to have an appointment in advance. Training providers to use the Emergency Modifier for the Event of Service will allow SLCo to capture and report more of the emergency services that are being provided.

County's Response and Corrective Action Plan:

Salt Lake County/Optum is making efforts to capture data that reflects an Emergency Service. Starting in FY 2105 Salt Lake County/Optum added coding to the data submitted by Providers to recognize emergency services as associated with the Crisis Psychotherapy code.

Salt Lake County/Optum will continue to explore opportunities to capture additional services that are considered an emergency service, but may not be considered psychotherapy service.

- 4) *Objectives:* During the chart review, objectives in 8 of the 30 charts were long-term, difficult for a child or youth to achieve, and provided no detailed time frame. Examples include: (1) the child will "manage depression and anxiety," while "not having suicidal ideation and maintaining sobriety" with no incremental steps for achieving these objectives; (2) to "help him develop a means to manage his emotions and anxiety" which is broad and provides no means of achieving the objective; and (3) "to gain skills training to assist with acquisition of coping skills" which has no description of how or what the child would be working on. The Division Directives state that objectives should be "behavioral changes that are measurable, short term and tied to the goals." Providing technical assistance/training to the various providers to incorporate these concepts into the recovery planning process will allow for better progress for children and their families.

County's Response and Corrective Action Plan:

Provider trainings were held on March 24th and April 6th of 2015 that focused on Person Centered Treatment Planning and Documentation. This training included a focus on the development of short term objectives that are measureable and tied to the goals. All training materials were distributed to providers within the network and network providers were made aware of their responsibility to know and implement the information.

Audit teams will continue to discuss all aspects of treatment planning with the provider network; and all audits will include a review of short term objectives.

- 5) *Juvenile Civil Commitment* processes are not compliant with statutory requirements.
- a) Over half of the commitment forms that were reviewed were outdated versions from 2007. In last year's monitoring report, it was recommended that SLCo use the current commitment forms which were disseminated in 2012 and are available on the DSAMH website at <http://dsamh.utah.gov/provider-information/civil-commitment/>.
 - b) Prior to the audit, all Local Mental Health Authorities (LMHA) were provided with a monitoring agenda that requested "A list of children & youth who are currently committed to the LMHA and a copy of their civil commitment forms" be provided for the audit.

At the time of the audit, the list of children and youth who were committed to the physical custody of SLCo was not current or accurate. After the County's representative verbally updated the written list, the number of the children and youth reported to be committed to SLCo's physical custody was seven. However, at the time of the audit, there were 14 youth at the Utah State Hospital who were committed to the Physical Custody of SLCo. There were also additional children and youth who were (or should have been) in SLCo's custody because they had been committed and placed in residential treatment facilities, UNI Inpatient, or other acute inpatient hospitals by SLCo.

- c) It was not evident that Juvenile Civil Commitment was happening in the time frame required by statute because SLCo was not recording the date of the inpatient or residential admission in their centralized Civil Commitment Tracking Document and individual client records are dispersed among multiple SLCo providers. Utah Code Annotated (UCA) 62A-15-703(1) requires that "A child may receive services from a local mental health authority in an inpatient or residential setting only after a commitment proceeding."

Statute does allow for an Emergency Application for Commitment for 72 hours, but evidence was not found (in the chart review, in discussions, in the scanned commitment document folder or in the Civil Commitment Tracking Document) that this emergency process was being used.

- d) There was no evidence that SLCo was using the Discharge from Commitment form. SLCo was not tracking if these forms have been completed and there was no evidence that copies were being maintained in the scanned Civil Commitment document folder.

County's Response and Corrective Action Plan:

Providers and community partners received the current Juvenile Commitment forms on May 5, 2015. Salt Lake County/Optum will also communicate with the MCOT team and adolescent facilities about the youth commitment process and required timeframes.

Finally, oversight of this process will continue through tracking on a Civil Commitment Tracking spreadsheet and dates of admissions for inpatient/residential will be added. The

tracking will include youth committed and admitted to USH. Salt Lake County/Optum will ensure that the individual conducting the oversight and tracking is a certified as a Designated Examiner to ensure an understanding of the commitment process.

FY15 Deficiencies:

- 1) *Electroshock/Electroconvulsive Therapy* (ECT) is taking place on individuals under the age of 18 without SLCo conducting a due process proceeding. UCA 62A-15-703(14) states that a child is entitled to a due process proceeding before any treatment, which may affect a constitutionally protected liberty or privacy interest, is administered. UCA 62A-15-704(3)(ii) states with regard to (ECT) and psychosurgery, that even if the child and parent consent, a due process proceeding is still required.

All licensed mental health professionals, who were Designated Examiners (DE) in Utah in 2012, along with all Children’s Coordinators were informed of this requirement in writing. Additionally, all Designated Examiners who have been trained (or recertified) beginning in 2012 have received this instruction in writing, and as part of the training curriculum. Please see Appendix 1 from the DE training for the referenced slide.

Rule 523-6-5 outlines the requirement related to ECT and the due process proceeding. DSAMH will work with SLCo to formalize this process since this treatment, funded through SLCo, is being administered to individuals under the age of 18.

FY15 Recommendations:

- 1) It is recommended that SLCo continue to seek ways to ensure that children, youth and families have timely access to Medication Management. It is also recommended that SLCo, in conjunction with the Mobile Crisis Outreach Team, help facilitate Medication Management access for children and youth who are in crisis.
- 2) SLCo’s provision of mobile crisis services for children, youth, and their families is commendable. When families reach a state of crisis that warrants a mobile outreach intervention, it is recommended that SLCo seek opportunities to provide additional short term supports to families following the initial crisis response. One method used by other LMHAs is to have follow-up contact with the family within 24 hours of the initial mobile crisis response, to provide and or link families to additional resources to help prevent additional crises from arising.

FY15 Division Comments:

- 1) *Family Feedback:* Family feedback was collected from 74 families through the Utah Family Coalition (UFC) survey. The overall view of the families who completed the survey was positive, with many valuing the services provided through the various service providers in Salt Lake County. 72 of the families believe they are an important part of their child’s treatment team, while only two reported not feeling listened to by their provider. It is recommended that the Family Feedback group during the upcoming year be moved to a more centralized location in the county to make it more accessible to as many families as possible.

- 2) *Wraparound and Family Resource Facilitators*: SLCo is providing Wraparound to fidelity as defined by the Utah Family Coalition (UFC). SLCo Family Resource Facilitators (FRF) maintain a strong emphasis throughout the Wraparound process on engaging both informal and formal supports. In the UFC survey, parents reported the FRFs are useful, with one stating that the FRF “helped my family understand one another,” while another parent reported the FRF is “helping my family deal better with change.” It is recommended that the Family Resource Facilitators (FRF) place greater emphasis on working on the transition forms throughout the entire Wraparound process.
- 3) *Cultural Competency and Interpreting Services*: SLCo supports the cultural needs of the children, youth, and families served by various providers. The Asian Association of Utah (AAU) provides refugee services for children and families in need throughout the county. AAU exhibits the ability to wrap a variety of culturally appropriate services to help children and their families through the treatment process. AAU also provides interpreting services throughout the county, which are utilized by many of the other SLCo providers.
- 4) *i-Wrap In-Home Services*: SLCo provides in-home services to children, youth, and their families through the i-Wrap program at Valley Behavioral Health. The service is for children and youth who are experiencing an acute mental health episode and includes in-home individual and family therapy, case management, Family Resource Facilitation, and behavioral supports. The services are linked through various means, including inpatient hospitalizations and supports children and youth with intensive needs to receive treatment that helps them remain in their home and community.

Adult Mental Health

The Division of Substance Abuse and Mental Health Adult Monitoring Team conducted its annual monitoring review at Salt Lake County on December 17th and 18th, 2014. The team consisted of Pam Bennett, Program Administrator, Robert Snarr, Program Administrator, LeAnne Huff, Program Manager and Michael Newman, Recovery and Resiliency Program Manager. The review included: record reviews, discussions with clinical supervisors and management teams, including SLCo Division of Behavioral Health, OptumHealth, and multiple providers and community partnerships throughout the County. Site visits were conducted at the Jordan Valley Medical Center West Campus, Volunteers of America Assertive Community Treatment (ACT) team, Oxbow Jail, Avalon Valley, Specialized Rehabilitation Services (SRS), Safe Haven/Store Front, Pre-Admission Screening Resident Review (PASRR) and Alliance House. Focus groups were conducted with individuals receiving services in Salt Lake County at Valley Behavioral Health (VBH) North Valley, South Valley, Fresh Start, and the University Neuropsychiatric Institute's Wellness Recovery Center (UNI WRC). During the site visit, the team discussed and reviewed the FY14 audit findings and SLCo's responses; the mental health scorecard; area plan; outcome questionnaires; and SLCo's provision of the ten mandated services as required by Utah Code 17-43-301.

SLCo has a unique service delivery model compared to other areas in Utah. SLCo contracts with a managed care organization, OptumHealth, who in turn, contracts with over 200 private providers. The size and complexity of this model of service delivery for SLCo presents a variety of challenges and opportunities.

Follow-up from Fiscal Year 2014 Audit

FY14 Significant Non-compliance Issues:

- 1) *DSAMH Directive on Outcome Questionnaire (OQ) administration:* Salt Lake County Division of Behavioral Health's OQ administration rate continues to fall below the Division Directives' requirement. Division Directives require the OQ to be administered to at least 50% of the unduplicated clients served by each Local Mental Health Authority. The mental health score card indicates 33% (FY13) and 39% (FY14) of clients in Salt Lake County filled out the OQ.

This finding has not been resolved and is continued in FY15; see Significant Non-compliance Issue #1.

- 2) *Documentation for mandated Outpatient Services:* During the FY14 monitoring visit, the Adult Mental Health monitors found documentation concerns in assessments and care plans that could result in inadequate treatment and/or care that would jeopardize the long-term well being of individual clients.

This finding has not been resolved and is continued in FY15; see Significant Non-compliance Issue #2.

Findings for Fiscal Year 2015 Audit

FY15 Major Non-compliance Issues:

None

FY15 Significant Non-compliance Issues:

- 1) *DSAMH Directive on OQ administration:* SLCo's rate of OQ administration continues to be insufficient with the FY14 mental health scorecard showing a rate of 39%, and Division Directives requiring at least 50% OQ collection rate to be in compliance. DSAMH appreciates that OQ administration has been steadily increasing over the last few years, and that the rate has increased from 33% in FY14 to 39% in FY15. DSAMH recognizes the complexity of providing OQ training to over 200 providers and appreciates SLCo's efforts in addressing this issue.

During chart reviews, four out of the 21 (19%) charts reviewed did not have evidence of OQ administration, and nine of the 21 (42%) charts did not have evidence of integration. OQ is listed in the National Registry of Evidence Based Programs and Practices in the United States and has been adopted by State of Utah Local Mental Health Authorities (LMHAs) and by DSAMH. SLCo and OptumHealth Leadership acknowledged that support for the OQ is best communicated and demonstrated through the leadership team, and DSAMH wholeheartedly agrees with this approach. DSAMH is currently working with OQ representatives to support SLCo/OptumHealth in offering training to its provider network.

County's Response and Corrective Action Plan:

Salt Lake County/Optum participated in an OQ train the trainer kick-off meeting on April 10, 2015. Attendees included members of other Local Mental Health Authorities, DSAMH staff, OQ Analyst staff, and Gary Burlingame. The purpose of this meeting was to discuss the details of the upcoming Train the Trainer Workshop. The Salt Lake County/Optum team will have representation at this workshop and is committed to providing more in depth trainings to the Provider Network. Additionally, Salt Lake County/Optum will continue to focus on the clinical use of the OQ/YOQ during all audits.

- 2) *Documentation of mandated Outpatient Services:* This finding is continued from FY14 where issues of documentation were found in the assessment, treatment plans, and progress notes, which could result in inadequate treatment. Thorough documentation in all these areas helps clinicians evaluate treatment progress and work with clients to create new goals and objectives as life adjustments occur. Charts were reviewed for VBH, Volunteers of America, Odyssey House, Asian Association, and Sundance Behavioral Health.

Five of the 21 charts (24%) reviewed did not have a treatment plan. Federal/State funded insurance requirements mandate that a treatment plan be established to direct treatment modalities and services. The general lack of treatment planning made it very difficult to

assess if clients were being provided the indicated medically necessary services, directed by person-centered planning.

Six of 21 charts (28%) had inconsistencies in the progress notes, with many notes in these charts lacking identified goals and objectives. Four of 21 charts (19%) did not have any goals or objectives in the chart. Without goals or objectives tied to progress notes, it is unclear if the progress note ties back to the treatment plan.

Two charts were handwritten, and one handwritten assessment lacked important detail. For example, the psychosocial history only contained one sentence stating the individual was born in Utah. Thorough assessment is the key to accessing mental health services because it establishes the diagnosis, the need for services and type of treatment needed.

SLCo is expected to revise, submit and further implement planning to improve consistency in service delivery across all providers in the following areas: (1) Standardized charting methods - Submit a plan to ensure providers are receiving and implementing training on chart documentation and Division Directives. (2) Scheduled quality of care audits for each contracted provider.

County's Response and Corrective Action Plan:

The following mandatory Provider Trainings were held via Webinar:

Assessments: Feb 24 and Feb 27

SUD Assessments for MH Providers: March 03 and March 06

Person Centered Treatment Planning and Documentation: March 24 and March 27

Documentation and Peer Navigator Program: March 31 and April 03

Salt Lake County/Optum also held one all day in person training on April 06.

Attendance was strong throughout all trainings with a total of 515 attendees.

All materials and presentations developed for these trainings were sent to the Provider Network so that additional trainings can occur within an agency if all clinicians were not able to attend. All providers were informed of their responsibility to implement the content of the trainings.

During Assessment trainings, standardized content areas were discussed. A sample format for Treatment Plans and a review of goals and objectives occurred during the next session. Finally, 3 Progress Note formats were reviewed and a tool to conduct in house trainings and/or internal QA Reviews was introduced.

Salt Lake County/Optum has focused on expanding its site visit and monitoring opportunities of subcontractors. Salt Lake County/Optum will be conducting up to 6 audits per quarter. Each audit team will consist of 2 LMHTs and will include both a Facility Visit and a Chart Review. Additionally, Salt Lake County/Optum has collaborated with the National Optum Auditing Team to expand the number of audits this team conducts. This team uses the same auditing tools as the Salt Lake County/Optum team. Finally, Salt Lake County Division of Behavioral Health Services has collaborated with the Optum SLCo team and whenever possible an Optum SLCo clinical team member is present at their monitoring visit, this audit will also be counted as a part of Optum's requirements. During March and April of 2015,

a total of 10 audits have been completed.

FY15 Minor Non-compliance Issues:

None

FY15 Deficiencies:

None

FY15 Recommendations:

- 1) *Crisis/Safety Planning:* Division Directives state that records must have a crisis/safety plan when indicated. In reviewing charts, four out of 21 charts (19%) did not have crisis/safety plans that were clinically indicated. For example, an individual in treatment with a history of suicide attempts and recent hospitalization due to suicidal ideation requires a crisis safety plan. Two of 21 charts (10%) had documented a safety intervention for suicidal clients in an individual progress note, but no safety plan was filled out in the safety plan portion of the electronic medical record. DSAMH recommends training be provided on developing appropriate safety planning in clients' records when indicated, and consistency in documentation around safety planning. This should also be an area of careful review in future audits of OptumHealth's provider network by SLCo.

- 2) *Mobile Crisis Outreach Teams (MCOT) and after hours preauthorization:* SLCo/OptumHealth created a robust crisis system to better serve its community, including the Crisis Line, Warm Line, MCOT, Receiving Center, and the Wellness Recovery Center. The purpose of these programs is to provide rapid crisis response and stabilization to individuals and families in the community, in an effort to avoid unnecessary emergency department visits and inpatient hospitalizations. However, the weekends and after-hours preauthorization takes place out of state. During this site visit, providers reported long wait times for emergency personnel, family members and clients to get the help they need. The success of these crisis services is dependent on how well these resources respond to community partners. DSAMH recommends that SLCo/OptumHealth develop a more efficient preauthorization method for individuals in crisis.

When individuals reach a state of crisis that warrants a mobile outreach intervention, it is recommended that SLCo seek opportunities to provide additional short term supports following the initial crisis response. One method used by other LMHAs includes follow-up contact within 24 hours of the initial mobile crisis response, to provide additional resources and help prevent additional crises.

- 3) *SLCo/OptumHealth's provider outpatient charting:* Overall, DSAMH recognizes and appreciates improved documentation from the FY14 monitoring visit, and from the mid-year follow up visit. However, many of the goals and objectives reviewed were not measurable. In accordance with Division Directives, recovery planning principles state short term goals/objectives are to be measureable, achievable and within a timeframe. Nine of 21 (43%) charts reviewed did not have measurable objectives. The clearer and more measurable goals are, the easier it is for the client and therapist to evaluate progress.

FY15 Division Comments:

- 1) *Cultural Competency:* In an effort to provide needed services to underserved populations, SLCo/OptumHealth have partnered with several agencies. Salt Lake Regional Hospital has created a new program to provide outreach to aging seniors with mental illness in conjunction with adult and aging services to better serve this vulnerable population. In addition, SLCo/OptumHealth are partnering with the Pride Center to provide services to the LGBT population and the Asian Association to increase services to refugees and immigrants.
- 2) *Supported Housing:* DSAMH recognizes and appreciates the community collaboration between VBH's Alliance House and Volunteers of America Assertive Community Treatment (ACT) with respect to the current negotiations to provide ten transitional housing units to individuals with housing needs. DSAMH is concerned that VBH has sold housing allocated to people with serious mental illness, but appreciates efforts made to find alternative placements for those individuals affected. VBH has rebranded their facilities, including Safe-Haven/Storefront. These facilities have been remodeled with new furniture, new signs, and messaging; promoting a more vibrant and therapeutic environment.
- 3) *Assertive Community Treatment (ACT) Team:* SLCo/OptumHealth has partnered with the Volunteers of America (VOA) and hired five full time staff to provide a variety of services to individuals with severe mental illness with Medicaid. The targeted population is those who require extra support services to keep them in stable housing and safe in the community.
- 4) *Recovery Plus:* DSAMH commends SLCo's effort to continue making progress in DSAMH's Recovery Plus initiative. In each of the focus groups conducted throughout Salt Lake County, every individual who reported smoking nicotine products also reported being offered tobacco cessation services via groups, cessation medications, gums, and patches. Individuals also expressed appreciation for the support they have received, particularly from their individual counselors.
- 5) *Adult Peer Support Services:* SLCo has the largest workforce of Peer Support Specialists in the State of Utah. SLCo continues to exemplify the process of incorporating adult peer support services into a complex treatment system. This includes peer support on the OptumHealth/VOA ACT team, OptumHealth's new "Peer Navigators" working with individuals in contracted hospitals, and several other Peer Support Specialists working within Salt Lake County. Twenty out of 31 focus group participants were offered Peer Support, with most utilizing the service. Participants praised the service and the staff providing it with the following comments: The peer support specialist(s): "makes it easy to be here", "feels compassion", and the peers have been "knowledgeable" and "gentle."
- 6) *Program Participant Feedback:* Individuals in recovery were interviewed in five groups from VBH (North, South and Fresh Start) and UNI WRC by Michael Newman, Recovery and Resiliency Program Manager, DSAMH. Overall, individuals reported that their treatment was going well. Most felt supported regarding transportation, housing, and physical and spiritual health. One VBH Dialectical Behavioral Therapy (DBT) group repeatedly expressed that they would like to have more services similar to Co-occurring

Reentry and Empowerment (CORE), as there was consensus that they are not getting enough support from trackers around employment, education, transportation, and housing. Another group requested a “peer feedback” group where they could routinely share their thoughts on programs and services provided by VBH. A few individuals in one VBH group cited a need for a substance use group that they could attend. One individual from a Fresh Start group remarked, “I feel like I’m being told what to do and where to go,” with a few others agreeing they felt the same, indicating a need for increased self-direction in their treatment. All clients were asked about the changes in SLCo’s behavioral health system in recent years. Most felt that they were not affected or were not aware of it. However, one individual from UNI WRC’s group cited the difficulty of having to go to a new VBH destination for outpatient services. An individual at a North Valley VBH group remarked that they liked having another doctor on campus.

Substance Abuse Prevention

Susannah Burt, Program Manager, conducted the annual prevention review of Salt Lake County Substance Abuse Prevention on December 16th, 2014. 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 evaluated the data used to establish prevention priorities.

Follow-up from Fiscal Year 2014 Audit

FY14 Minor Non-compliance Issues:

- 1) According to the Synar report, SLCo had 593 outlets inspected, and 67 were in violation, for a compliance rate of 89%. A compliance rate of 90% is the expected outcome.

The Utah Department of Health (UDOH) has determined that this deficiency falls within the statistical confidence interval. In FY13, 593 compliance checks were completed in Salt Lake County and 89% (526) refused to sell tobacco. SLCo's compliance rate remained the same in FY14. However, the FY14 rate also falls within the UDOH confidence interval. This finding will not be continued. DSAMH will continue to monitor SYNAR compliance.

This issue has been resolved.

- 2) SLCo is non-compliant in having a DSAMH approved logic model for each prevention program. Salt Lake County is required to submit all logic models per contract requirement. According to Bureau of Contract protocol, this finding requires an action plan for completion within 15 days of notification of this non-compliance. Logic models are to be completed within 60 days of notification of this non-compliance.

This issue was addressed last year, all logic models were resubmitted. For FY15, SLCo will continue training and education of their providers on logic models and work closely with DSAMH staff on any edits in a timely manner.

This issue 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:

None

FY15 Recommendations:

- 1) It is recommended that SLCo train prevention providers on the importance of implementing prevention programs in the manner the programs are designed to work (high fidelity) and monitor such efforts
- 2) It is recommended that SLCo provide on-going and pre-contract training on completing a logic model for their providers. It is strongly encouraged that prior to the submission of a request for proposal, SLCo provide training to all eligible providers on how to complete and use a logic model as part of an evidence-based or evidence researched strategy.
- 3) It is recommended that SLCo increase capacity with existing coalitions and new communities within the county. This may include training on coalition building, assessment, planning, and evidence based strategies. SLCo currently identifies 15 coalitions that are functioning at some level within the county. This recommendation seeks to enhance the current coalitions and to increase the number of engaged communities in SLCo's strategic planning process.

FY15 Division Comments:

- 1) In FY13, SLCo completed 536 Eliminating Alcohol Sales to Youth compliance checks. Of those checks, 476 establishments did not sell alcohol to youth. This is not an increase from FY12 as required in the Division Directives, section F.iii.e. It was reported in the site visit that a number of the law enforcement agencies within the County did not report their compliance checks to the Office of Highway/Public Safety. The Prevention staff will follow up with these law enforcement agencies and report the number to DSAMH. If there is not an increase, this comment will be updated to a Deficiency.
- 2) SLCo holds monthly meetings with their providers. During these meetings providers and SLCo share information, provide training on evidence based, suicide prevention, shared risk factors, marijuana, legislative issues, and the Student Health and Risk Prevention survey.
- 3) The Draper coalition is conducting an assessment and prioritization process. The coalition also has better structure than a year ago, SLCo is active and supportive.
- 4) SLCo is participating in a new coalition in Murray. While there is still plenty of capacity building, Murray has shown great interest in using a model for their strategic planning in their city.
- 5) SLCo is collaborating with Aging Services. SLCo reported that they are working together to prevent prescription drug abuse (working with chronic disease management) and suicide prevention.

- 6) SLCo identified that they were in the process of updating a strategic plan for the County. The plan coordinates with the Healthy Salt Lake County Plan, this plan will include an assessment of prevention needs and strengths that will be completed in February 2015.
- 7) SLCo uses logic models as part of their audit tool with their providers, they also require all providers to complete and submit year end reports relating how they are working towards long-term goals. This is evidence of SLCo efforts of evaluation.
- 8) During the site visit, DSAMH and SLCo identified the following opportunities for technical assistance:
 - Provider training on logic models (taking place January 6, 2015)
 - Prevention staff training on how to effectively use logic models
 - Prevention/Health Department training on Prevention and Community Based models (look at differences and similarities, strengths and weaknesses).

Substance Abuse Treatment

David Felt, Program Administrator, and Becky King, Program Manager, conducted the annual review of Salt Lake County on December 16th, 2014 and January 7th, 2015. The visit focused on Substance Abuse Prevention and Treatment (SAPT) block grant compliance, compliance with Division 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's audit reports. Compliance with Division Directives was evaluated by reviewing SLCo's audit instruments and procedures, reviewing provider contracts, comparing program outcome measures against DSAMH 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. The review included a visit to SLCo Criminal Justice Services (CJS).

Follow-up from Fiscal Year 2014 Audit

FY14 Significant Non-compliance issues:

- 1) SLCo did not report tobacco use at discharge, which was required for FY13.

In FY14, SLCo reported tobacco use at discharge.

This issue has been resolved.

FY14 Minor Non-compliance issues:

- 1) In the FY13 Substance Abuse Treatment Outcomes Measures Scorecard, SLCo showed a decrease in alcohol use from admission to discharge from FY12 (23.9%) to FY13 (23.6%) respectively. In FY14, the percent of alcohol use increased to 27.3%, which continues not to meet Division Guidelines.

This finding has not been resolved and is continued in FY15; see Minor Non-compliance Issue #1(a).

- 2) A review of audit reports and unannounced visits to a sample of SLCo providers reflected that while SLCo has required compliance with the tobacco cessation policy in its contract with providers, there is little to no enforcement of the policy across the system.

The review of the audit reports this year and excellent data outcomes related to the decrease in tobacco use, demonstrated that SLCo made significant improvements with tobacco cessation in their contract programs.

This issue has been resolved.

Findings for Fiscal Year 2015 Audit:

FY15 Major Non-compliance issues:

None

FY15 Significant Non-compliance issues:

- 1) Not all of SLCo's agencies are using the Sliding Fee Scale and Fee Reduction Policy submitted by SLCo with their area plan for collection of client fees. SLCo CJS reports that they have a standard fee of \$1,200 for phases 2-4 of Drug Court, plus clients are required to pay for their Urinalysis Tests at \$12.50 each. Since drug testing is required a minimum of two times per week, this adds a minimum of an additional \$1,300 per year to the assessed fees. This process is in conflict with both the requirements outlined in the FY14 Division Directives and the DHS contract for Substance Abuse Services with SLCo.

County's Response and Corrective Action Plan:

All Criminal Justice Services' clients who are in Drug Court are being funded mostly from the "Tobacco Grant" and enter the program already on a "fee reduction status," and no one is turned away for the inability to pay for treatment. Clients are required to pay approximately one quarter of the full cost of treatment. However, anyone who is indigent or low income is referred to our Medicaid Eligibility Worker from the State of Utah provided by (DBHS.) All clients meet with their case managers and a budget plan is made and reviewed. Clients who are lacking the available funds to pay for drug testing are referred to "Access To Recovery" (ATR) where they are able to use their money for urinalysis testing. Drug testing is also paid for on a waiver basis when clients are not able to pay for urinalysis. If clients are still unable to pay due to disability, or other reasonable causes; Clients are able to apply according to CJS's Standard Operating Procedure, 301, appendix 1 for a "Fee Waiver." If needed the Drug Court Fee amount could be waived in its entirety.

Further, in the client's orientation packet each person is given information about how to work with their case managers to lower their cost, or make financial accommodations. It should be kept in mind the long term goal for many of our clients is to be employed, tax paying citizens, and in full recovery when they exit the program. Until then, we have many of the above listed wrap around services to support and offer relief to our clients.

FY15 Minor Non-compliance issues:

- 1) FY14 Utah Substance Abuse Treatment Outcomes Measures showed:
 - a. The percent of clients reporting alcohol abstinence from admission to discharge increased from 23.6% to 27.3% from FY13 to FY14 respectively.

Local Substance Abuse Authorities' Outcome Scorecard will show that they increased the percentage of clients who are abstinent from alcohol from admission to discharge at a rate that is greater than or equal to 75% of the national average. Abstinence from alcohol is defined as no alcohol use for 30 days.

- b. The percent of clients that completed a treatment episode successfully decreased from 47.4% to 45.7% from FY13 to FY14 respectively.

Local Substance Abuse Authorities will meet or exceed their FY2013 Successful Treatment Episode Completion rates in FY2014 and will work towards achieving a goal of 60%. Local Substance Abuse Authorities whose FY2013 completion rate was over 60% are required to meet or exceed a 60% completion rate in FY2014. Successful Treatment Episode Completion is defined as a successful completion of an episode of treatment without a readmission within 30 days. An episode of treatment is defined in the Treatment Episode Data Set.

- c. The percent of old open admissions for non-methadone, intensive outpatient (IOP) or residential treatment in SLCo is 5%, which is above the Division Standard of 4%.

Data findings may result for substance abuse providers when old open admissions account for more than 4% of clients served for a given fiscal year for non-methadone Outpatient and/or IOP and any residential and/or detox.

County's Response and Corrective Action Plan:

a) It is an unfortunate reality that there are some clients who turn to alcohol as a "replacement drug" for whatever drug of choice the client is giving up. This is certainly not encouraged and is addressed accordingly. Salt Lake County will continue to ensure providers address this issue, and also ensure that it is being properly recorded. With at least some of these clients the issue is not that they begin using alcohol during treatment versus that they did not disclose their alcohol use upon admission. Weeks or months later this is disclosed, or discovered. The person does not complete treatment successfully (not necessarily immediately tied to discovery of alcohol use) and therefore it appears as if the client began using during treatment. Additionally, due to our network of providers the beginning of an episode is not always the same as the end of the episode so updating the initial admission is not in the hands of the end of episode provider. With the addition of using a detox admission as the start of an episode the use of substances listed are usually restricted to those the client reports while intoxicated. This report of substances may for this reason be minimizing the actual use disorder.

b) Due to Salt Lake County's model of paneling providers versus providing the services in-house it is a constant training issue to ensure providers are coding any part of the TEDS NOMS data correctly. This is one of the criteria reviewed during the County's audits of each provider and, if found to be a deficiency, will be corrected. Unfortunately, it is not feasible to review every single discharge. However, through the County's Navigator and PSCC meetings, as well as the annual audits, we will continue to train staff and address this issue.

c) Due to the reason described in b) above ensuring that providers discharge in a timely manner is challenging. The County does produce reports and notify any providers found to not have discharged what is identified as an old account. This is another one of the criteria reviewed during the County's audits of each provider and, if found to be a deficiency, will be corrected.

Through the County's Navigator and PSCC meetings, as well as the annual audits, we will continue to train staff and address this issue.

FY15 Deficiencies:

- 1) SLCo is not using Medicaid and commercial insurance to maximum capacity with Criminal Justice Programs. While SLCo CJS have recently begun billing for Medicaid services, they are still not billing private insurance when it is available. Efforts should be made to improve billing for Medicaid and Insurance through training and technical assistance.
- 2) SLCo's Drug Court Teams currently do not provide copies of their incentives and sanctions matrix to the clients as part of their handbook and it was reported that the matrix is at best considered only a general guide. 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.

FY15 Recommendations:

- 1) SLCo continues to encourage the use of Medication Assisted Treatment (MAT) with contract providers, but struggles with enforcing this practice. It is recommended that SLCo continue to encourage the use of MAT through their assessments, training and collaboration with medical providers. DSAMH can provide technical assistance upon request.
- 2) SLCo no longer prepares provider outcome scorecards similar to the ones used to evaluate the Local Authorities outcomes by DSAMH. SLCo discontinued the report several years ago, and therefore is not able to identify which providers are meeting outcome measure standards. DSAMH recommends publishing a scorecard to improve outcomes.
- 3) Monitoring should include client interviews to measure the effectiveness of the program, confirm that provider reports about client services are accurate, and make recommendations for improvement if needed. A review of the clinical review should be held on-site where the auditor can provide feedback regarding findings and recommendations for change. In addition, the findings should have a general recommendation regarding a common theme in several charts rather than specific comments on an issue in one chart. The SLCo Audit Report should include a summary of how SAPT Block Grant funds are being used and whether any changes need to be made in this area.

FY15 Division Comments:

- 1) SLCo continues to work on integration efforts with behavioral and physical health. On January 1, 2015, the SL County Prevention Team will move to the Department of Health (DOH) to improve collaboration and integration efforts. This move demonstrates the commitment of SLCo in continuing to move systems forward with "State of the Art" practices.

- 2) Salt Lake Contract Providers are using TANF funds to expand services to the community. For example, First Step House is starting a “Fathers and Children’s Program” and other providers are looking for ways to increase treatment capacity through building new facilities or adding space to programs. SLCo is a leader in providing a variety of innovative services to the community.
- 3) SLCo made a significant reduction in tobacco use during FY14. Tobacco use decreased from 61.3% at admission to 56.7% at discharge.
- 4) The SLCo’s CJS Drug Court Program recently hired two Peer Support Specialists, which has enhanced the Alumni Program at CJS. There are plans to hire more Peer Support Specialists in the future, which will continue to help many more individuals in the program and community. CJS is one of the few programs across the State of Utah to hire Peer Support Specialists, which will serve as an example to other agencies regarding the benefit Peer Support Services.

Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Salt Lake County Division of Behavioral Health Services 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

Prepared by:

Chad Carter _____ Date _____
Auditor IV

Approved by:

Kyle Larson _____ Date _____
Administrative Services Director

Jeremy Christensen _____ Date _____
Assistant Director Mental Health

Brent Kelsey _____ Date _____
Assistant Director Substance Abuse

Doug Thomas _____ Date _____
Division Director