

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



Site Monitoring Report of

San Juan Counseling Center

Local Authority Contracts #122352 and #122351

Review Date: April 14th, 2015

For Official Use Only

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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 San Juan Counseling Center (also referred to in this report as SJCC 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 San Juan Counseling Center on April 14th, 2015. 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	11
<i>Child, Youth & Family Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None 3	14
<i>Adult Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None 1 1	17 18
<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 4	23 23 - 25

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review at San Juan Counseling Center (SJCC) on April 14th, 2015. 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.

The CPA firm Smuin, Rich & Marsing completed an independent audit of San Juan Mental Health/Substance Abuse Special Service District for the year ending December 2013. The auditors issued an unqualified opinion in the Independent Auditor's Report dated June 27, 2014. There were four deficiencies discussed in the auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters:

2013-1 – Protective Payee Checks: Protective payee checks have been written and given to payees before the actual date of the check. During some months, the checks have cleared the bank in the month previous to the date of the check.

2013-2 – Budgetary Compliance: In accordance to the Utah State Legal Compliance Guide, we reviewed the District's budget compliance. During our review, we found the District failed to advertise for a public hearing to adopt their 2013 calendar year budget. The advertisement adopted the 2012 budget, again.

2013-3 – Utah Transparency Website: We reviewed the transparency website to determine if the District had posted the required public financial information to the Utah Public Finance Website. Revenues and expenses had been posted, but compensation was not posted.

2013-4 – Open and Public Meetings Act: We reviewed with the District's Chief Financial Officer and the District's Director the requirements of this act. It was determined upon inquiry, the governing board members have not received their annual training on the requirements of the Open and Public Meetings Act.

These findings do not have a direct effect on State or Federal funding of mental health or substance abuse services. The Division is satisfied with the responses provided by SJCC for each issue. DSAMH will review the following financial statement audit for resolution to these deficiencies.

Follow-up from Fiscal Year 2014 Audit:

FY14 Minor Non-compliance Issues:

- 1) During the Division's review, it was found that one subcontractor file was missing a signed contract. The other reviewed subcontractor files were found to be in order; this issue appears to be merely an oversight. However, the absence of a valid contract for an active provider could potentially result in a significant liability for the Center.

This finding 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) SJCC's overall client costs for substance abuse and mental health services have increased substantially 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." SJCC's substance abuse costs have increased by 98.8.5%, going from \$1,867 per client in FY13 to \$3,711 in FY14. Mental health costs have increased 25.4% going from \$1,992 to \$2,499. Please provide an explanation for the increase in costs.

County's Response and Corrective Action Plan:

In 2014 SJCC entered a "pre-paid" mental health contract with Medicaid through Northeastern Counseling Center. This contract increased overall client costs through increased Medicaid Match, hospitalization costs, and residential costs in both the Mental Health and Substance Abuse side. SJCC will continue to monitor increases in client costs.

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 San Juan Counseling Center on April 14th, 2015. The monitoring team consisted of Dinah Weldon, Program Administrator; 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 staff, and feedback from families through questionnaires and a discussion group. During the discussions, the monitoring team reviewed Fiscal Year 2014 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 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 Finding:

- 1) The number of children and youth being served by SJCC has decreased each year since FY10. Since FY10, the number of children served has decreased by 22.9%.

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

- 2) The Youth Outcome Questionnaire (YOQ) is not being administered at the required frequency and rate.

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

- 3) SJCC did not provide/report Psychosocial Rehabilitation which is a mandated service.

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

Findings for Fiscal Year 2015 Audit

FY15 Major Non-compliance Issues:

None

FY15 Significant Non-compliance Issues:

None

FY15 Minor Non-compliance Issues:

- 1) The number of children and youth being served by SJCC has decreased by 15.88% since FY10. The trend can be seen in the following table:

Reduction in Children Receiving Services					
Fiscal Year	FY10	FY11	FY12	FY13	FY14
Number of Children/Youth Served	170	163	153	131	143

County’s Response and Corrective Action Plan:

SJCC has made efforts over the last year to do more school-based services and we hope to see the number of children and youth being served continue to increase. It has, however, been a trend that many of the school-based services are for substance abuse services. SJCC will continue to look at ways to meet this need.

- 2) *Youth Outcome Questionnaire (YOQ)* - The YOQ is being administered at a rate of 37.5% in FY14 instead of the required rate of 50%. It is acknowledged that this is approximately a 20% improvement from the previous year. The frequency the YOQ is being administered is slightly lower than the required frequency of once every thirty days, which is also a significant improvement from the previous year. There is evidence that the YOQ is being addressed in the clinical process when a red flag is presented.

County’s Response and Corrective Action Plan:

SJCC staff will work to increase the YOQ administration rate. SJCC staff that provide services outside of the main SJCC building will work to improve administration rates by providing more paper OQs due to limited internet access at area schools. SJCC is also in the process of implementing OQ access on SJCCs local website (in development). SJCC admin will monitor administration rates and continue to look at ways to improve administration.

- 3) *Psychosocial Rehabilitation* - In FY14, SJCC provided Psychosocial Rehabilitation services at a rate of .07%, which is significantly lower than the rural average of 16.70% and the state average of 17.20%. This is a mandated service.

County’s Response and Corrective Action Plan:

SJCC has been working on identifying and implementing more of these services for youth. In FY2015 we hired a case manager to work outside of the day treatment facility and to work more with youth. We anticipate this rate will increase, although we believe it will not increase to the rural average for a couple years. SJCC staff will continue to look for appropriate clients to increase these services.

FY15 Deficiencies:

- 1) *Civil Commitment* - Civil Commitment Paperwork for juveniles needs to be completed consistent with State statute 62A-15-703 utilizing the proper forms for children's civil commitment procedures located on the DSAMH website at <http://dsamh.utah.gov/provider-information/civil-commitment/>.

FY15 Recommendations:

- 1) *Respite Services* - SJCC provided Respite services at a lower rate than the rural and state averages. In FY14, Respite services were provided at 0.7%, with the rural average of 9.44% and the state average of 8.25%. SJCC has begun contracting for this service, but data is not being captured in the client's record or submitted to the Substance Abuse and Mental Health Information System (SAMHIS). It is recommended that SJCC increase access to this mandated service for children and youth and those services are submitted via SAMHIS.
- 2) *Case Management* - SJCC provided Case Management services at a lower rate than the rural and state averages. Case Management services were provided at a rate of 7.7% compared to the rural average of 32.1% and the state average of 24.8%. SJCC has a commitment to Peer Support/Family Resource Facilitation and access to that service may have reduced the need for Case Management. It is recommended that SJCC ensure that all families who need Case Management have access to this mandated service for children and youth.
- 3) *Wraparound and Family Resource Facilitator* - SJCC is providing Wraparound to fidelity as defined by the Utah Family Coalition. The Family Resource Facilitators (FRF) are an integral part of the service delivery system; the services they provide are valued by families and agency partner. During the wraparound interview, the caregiver noted "the team helps me feel me supported and important, it has helped my child find success in school". The team member reported "the team has helped the child to feel important and see their accomplishments, it's important for them to know they have strengths. Wraparound was a great experience". It is recommended that SJCC work to make sure youth are involved in their wraparound teams, and that they provide opportunities to help the youth find their voice. It is also recommended that that SJCC look for opportunities to provide training to all staff to understand the role of the FRF and the wraparound process.

FY15 Division Comments:

- 1) *Family Feedback* - Family feedback was collected by the Utah Family Coalition from nine completed questionnaires. Parents responded that staff at SJCC care about them and their children. Some of the services that families specifically noted that they are grateful for include wraparound, medication management, family support group "hearts in recovery", and family resource facilitation. Families feel that they have access to care and quality programs.
- 2) *Family Support Conference* - SJCC, in conjunction with their local Systems of Care (SOC) committee, sponsored a family support conference on April 15, 2015. Approximately 130 families and their children participated in the conference. This year's theme focused on Overcoming Barriers to Success and Offering Hope for the Future. The conference also

hosted an extensive resource fair, which included both formal and informal resources/supports in San Juan County. SJCC's commitment to supporting families is commendable.

Adult Mental Health

The Division of Substance Abuse and Mental Health Adult Monitoring Team conducted its annual monitoring review at San Juan Counseling Center on April 14th, 2015. The monitoring team consisted of Pam Bennett, Program Administrator 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 the discussions, the site visit team reviewed the FY14 monitoring report; statistics, including the mental health scorecard; area plans; outcome questionnaires; 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 Significant Non-compliance Issues:

- 1) *Division Directives on Outcome Questionnaire (OQ) Administration:* DSAMH requires at least 50% OQ administration rates to clients served. According to the Mental Health SJCC Scorecard rates are significantly lower (29.1%) than the 50% requirement.

This finding has not been resolved and is continued in FY14; see Significant Non-compliance Issue #1.

Findings for Fiscal Year 2015 Audit

FY15 Major Non-compliance Issues:

None

FY15 Significant Non-compliance Issues:

- 1) *OQ Administration:* SJCC OQ administration rates have increased from 14.6% to 29.1%, from FY13 to FY14. This is a marked improvement after three years of declining rates. However, in accordance with the Division Directives, DSAMH requires at least 50% OQ administration rates to clients served. Therefore, this remains as a Significant Non-compliance Issue.

County's Response and Corrective Action Plan:

SJCC staff will work to increase the OQ administration rate. SJCC staff that provide services outside of the main SJCC building will work to improve administration rates by providing more paper OQs due to limited internet access at area schools/hospitals. SJCC is also in the process of implementing OQ access on SJCCs local website (in development). SJCC admin will monitor administration rates and continue to look at ways to improve administration.

FY15 Minor Non-compliance Issues:

- 1) *Case management (CM):* In reviewing the Mental Health Scorecard, SJCC data reports lower than state average services in CM provided. The state average for rural areas in CM is 25.9% and the SJCC rate of CM services is 14.5% (increased from 8.9% in FY14). DSAMH recognizes and appreciates the increase in CM, and recommends that SJCC continue to explore ways to provide and document this mandated service.

County's Response and Corrective Action Plan:

SJCC will continue to explore ways to provide this mandated service. In FY2015 we hired a case manager to work more outside of the day treatment facility to serve more clients within the community. We anticipate this rate will increase and continue to increase over the next several years. SJCC staff will continue to look for appropriate clients to provide case management for. SJCC Administration will also monitor services and documentation to insure that the services are being documented when they are provided.

FY15 Deficiencies:

None

FY15 Recommendations:

- 1) *Peer Support:* DSAMH recommends that SJCC continue the process of hiring (a) peer support specialist(s) to assist individuals in recovery using lived experience. DSAMH acknowledges SJCC's attempts to hire Certified Peer Support Specialists over FY15 and appreciates the continued efforts despite barriers.
- 2) *Recovery Plus:* SJCC has made considerable efforts to implement Recovery Plus and encourage tobacco free facilities as evidenced by the tobacco cessation signs posted throughout their facilities. However, zero of the three individuals interviewed that used tobacco (outside of ceremonial use) were offered tobacco cessation services. DSAMH encourages SJCC to remind clinical staff to offer cessation services to clients who use tobacco.
- 3) *Inpatient Services:* In reviewing the Mental Health Scorecard, SJCC data reports lower than state average services in Inpatient Services being provided. The state average for rural areas is 3.1% and the SJCC rate is 1.0%. DSAMH recommends that SJCC explore ways to provide and document this mandated service.

FY15 Division Comments:

- 1) *Documentation:* DSAMH commends SJCC for excellent documentation which included crisis/safety plans when indicated, recovery-focused goals, measurable and attainable objectives, interventions that included frequency and duration of treatment and evidence of coordination across the treatment team.

- 2) *Program Participant Feedback:* Individuals in recovery were interviewed by Michael Newman, Recovery and Resiliency Program Manager, in a group format with Blanding Day Treatment, Pathways and Montezuma Creek Day Treatment participants. Individuals in recovery reported that overall their treatment was going well, and they felt they had a fair amount of choice. Actual comments around treatment and care were, "I feel relief and less stressed" and "I like what I do here". Individuals cited SJCC's therapists and case managers as strengths for the programming. Some noted areas of improvement were around more transportation for clients to get to treatment, outdoor group activities at local parks and alternative treatment options, such as funding for a medicine man.
- 3) *Services to Incarcerated Persons:* DSAMH recognizes SJCC's established relationship with San Juan County Jail and appreciates recent efforts to increase communication with the jail regarding procedures for forensic evaluation and/or State Hospital placement.

Substance Abuse Prevention

Susannah Burt, Program Manager, conducted the annual prevention review of San Juan Counseling on April 14th, 2015. 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

There were no findings from FY2014.

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) SJCC does not have an active Area Plan entered into the WITS data collection system. This prohibits any data collection in the system. A plan for FY15 and data needs to be entered into the system by June 30, 2015.
- 2) SJCC prevention staff has not attended a Substance Abuse Prevention Specialist Training (SAPST). Staff needs to attend a SAPST by August 2015.
- 3) SJCC didn't complete any Eliminating Alcohol Sales to Youth (EASY) compliance checks. Staff reported that they are working with local law enforcement to complete EASY checks for this year.

FY15 Recommendations:

- 1) It is recommended that SJCC completes a full community assessment, including a Community Readiness and data review, by February 2016 with a report as evidence of the completed assessment.
- 2) It is recommended that SJCC trains the San Juan County Domestic Violence and Prevention coalition (coalition identified for Prevention) in Communities that Care and/or the Strategic Prevention Framework.

- 3) It is recommended that SJCC Prevention staff be retrained on the WITS data collection system.
- 4) It is recommended that SJCC has a full Strategic Plan, with community involvement, completed by June 2016.
- 5) It is recommended that SJCC staff, Prevention Coordinator and Clinical Director, attend one of the WITS trainings offered by the DSAMH.
- 6) It is recommended that SJCC increases the number of programs that are considered evidence based. Currently 60% of all prevention programming are evidence based, the goal for FY15 is 100%. Increase the number of evidence based strategies through the Strategic Prevention Framework process with participation from the community coalition.
- 7) It is recommended that SJCC follow up with Parents Empowered and their Regional Director for additional measures of media campaigns and awareness.

FY15 Division Comments:

- 1) SJCC has sent their Clinical Director to a SAPST. This is the first area to send an administrator to a full training.
- 2) SJCC has improved their working relationship with Law Enforcement and media.
- 3) SJCC has worked at raising awareness for the need of Prevention in their community. This is evidenced by the integration of prevention in the community coalition.

Substance Abuse Treatment

Becky King, Program Manager, conducted the substance abuse treatment review of San Juan Counseling Center on April 14th, 2015. The review focused on Substance Abuse Treatment (SAPT) Block Grant Compliance, Drug Court Program compliance, clinical practice and compliance with contract requirements. Clinical practices and documentation were evaluated by reviewing client charts and discussing current practices. Adherence to SAPT Block Grant requirements, contract requirements and Drug Court requirements were evaluated by a review of policies and procedures, interviews with clients, a discussion with SJCC staff and a review of program schedules and other documentation. SJCC performance was evaluated using Utah Substance Abuse Treatment Outcomes Measures Scorecard and Consumer Satisfaction Survey Data. Client satisfaction was measured by reviewing records, Consumer Satisfaction Survey data and results from client interviews.

Follow-up from Fiscal Year 2014 Audit

FY14 Minor Non-compliance issues:

- 1) The FY13 Utah Substance Abuse Outcomes Measures Scorecards shows that tobacco use from admission to discharge increased from 55.2% to 60.9% respectively. In FY14, tobacco use decreased from 47.7% (FY13) to 45.5% (FY14), which now meets Division requirements.

This issue has been resolved.

- 2) In FY13, the percent of abstinence for drug use increased from 13.8% to 27.2% respectively, which continues to be below the standard of 44.9%. In FY14, the drug abstinence rate increased to 100.3%, which now meets Division requirements.

This issue has been resolved.

- 3) In FY13, the percentage of clients retained in treatment 60 or more days decreased from 71.7% to 55.2% from FY12 to FY13 respectively. In FY14, the percentage of clients retained in treatment 60 days or more increased to 70.5%, which now meets Division requirements.

This issue has been resolved.

- 4) The FY13 Adult Consumer Satisfaction Survey (*for Substance Use Disorder clients*) showed that the sample collection rate for the surveys was 3.2%. The collection rate for the Youth Satisfaction Survey's was 8.5% and 9.3% for the Youth Satisfaction Family Surveys, which are all below the Division standard of 10%. In FY14, the collection rate for the Youth Satisfaction Survey was 37.8% and Youth Family Satisfaction Survey was 17.6%, which now meet Division requirements. However, the FY14 collection rate for the Adult Satisfaction Survey was 8.1%, which continues to be below the standard of 10%

The issue regarding the collection rate for Adult Satisfaction Surveys has not been resolved and will be continued in FY15; see Significant Non-compliance Issue #1.

FY14 Deficiencies

- 1) The objectives in the treatment plan are not specific or measureable. The goals and objectives in the treatment plan in the new electronic health care system (*Credible*) do not change, are not specific or measureable.

This issue has not been resolved and will be continued in FY15; see Minor Non-Compliance Issue #1.

Findings for Fiscal Year 2015 Audit:

FY15 Major Non-compliance issues:

None

FY15 Significant Non-compliance issues:

- 1) The FY14 collection rate for the Adult Satisfaction Survey was 8.1%, which continues to be below the standard of 10%. A minimum sample rate of 10% of the number of annual unduplicated clients served for the prior year is required by all providers.

Center's Response and Corrective Action Plan:

SJCC will train front desk staff to administer the Adult Satisfaction Survey to all clients during the administration period. The staff will be trained to focus all range of clients to obtain the minimum requirement. SJCC Administration will monitor the Adult Satisfaction Survey administration numbers to help with compliance.

FY15 Minor Non-compliance issues:

- 1) The goals and objectives in the treatment plan in the new electronic health care system (EHR) (*Credible*) do not change and are not specific or measureable. SJCC reported that they have not learned how to change the goals and objectives in the new EHR yet, but are planning to obtain training with the Developers of Credible on this issue this year. (*Chart #'s 82216, 82549, 9435, 80443, 80373, 73982*).

SJCC should continue working on improving and refining the goals and objectives in the treatment plan. Goals have an observable and measureable end result, which have one or more objectives that are achieved in a specific time frame. Objectives, on the other hand, are specific, measureable and have a defined completion date. Training and technical assistance is available through DSAMH upon request.

Center's Response and Corrective Action Plan:

SJCC staff will do regular reviews with the clients to make sure their goals and objectives are specific and measureable. Additionally an upcoming training to be held in August has been designated for staff to work on the issue of how to change goals and objectives in our new EHR. During this training staff will also be trained/encouraged to write measureable objectives and goals.

- 2) According to the FY14 Utah Substance Abuse Treatment Outcomes Measures Scorecard, the percent of clients completing a treatment episode successfully decreased from 68.7% (FY13) to 38.6% (FY14), which does not meet Division Directives. This is a significant decrease and is a matter of concern.

Local Substance Abuse Authorities will meet or exceed their FY2013 Successful Treatment Episode Completion Rates in the FY2014 and will work towards achieving a goal of 60%. Local Substance Abuse Authorities who FY13 completion rate was over 60% are required to meet or exceed a 60% completion rate in the 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.

Center's Response and Corrective Action Plan:

SJCC believes that this is an error (on our part) in data reporting. SJCC staff have been trained on timely closures of Substance Abuse services in order to more accurately reflect actual results. We are hopeful that the data will correct itself and this will not be a continued finding. SJCC Administration will continue to monitor and take appropriate action as needed.

- 3) Employment decreased from 16.4% (FY13) to 0.0% (FY14) from admission to discharge, which is below the National Average of 20.4%.

Center's Response and Corrective Action Plan:

SJCC believes that this is an error (on our part) in data reporting. SJCC staff have been trained on timely closures of Substance Abuse services in order to more accurately reflect actual results. SJCC staff have also been trained on including the correct data at discharge. We are hopeful that the data will correct itself and this will not be a continued finding. SJCC Administration will continue to monitor and take appropriate action as needed.

- 4) SJCC had 5.8% of old open admissions for standard outpatient and/or intensive outpatient treatment, which does not meet Division requirements of 4%. SJCC also has not submitted any data since the first two months of the fiscal year.

Center's Response and Corrective Action Plan:

With the addition of the new EHR SJCC staff were behind in their initial submissions for state reporting. This has been corrected and all data to date has been submitted. SJCC staff will continue to work on closing of old open admissions. These open admits will continue to be monitored.

FY15 Deficiencies:

None

FY15 Recommendations:

- 1) *Drug Court*: SJCC does not have a sanction matrix for Drug Court. Sanctions are determined in the Drug Court Staff meeting prior to court. SJCC uses the RANT for screening potential participants, which is currently located in the paper chart. It is recommended that SJCC work with their Drug Court Team to develop a Sanction and Rewards Matrix to provide consistent and equitable sanctions for participants. In addition, SJCC should start scanning and saving the RANT in their electronic health care record (*Credible*).
- 2) *Adolescent Substance Use Disorder (SUD) and/or Co-Occurring SUD and MH Services*: SJCC is currently serving very few adolescents in their treatment program. Most adolescents enrolled at SJCC are provided services off site in the school districts or juvenile correctional facilities. The majority of adolescents in the area are involved in the criminal justice system or Division of Child and Family Services, who are referred to private programs in other areas of the state. It is recommended that SJCC develop a plan to increase the number of adolescents served in their program and develop services that can be provided in their facility to this population.

FY15 Division Comments:

- 1) *Staff Support*: SJCC has experienced turn-over in leadership and staff over the years, which has been difficult for clients. However, the team members that have been selected this past year have expressed plans to remain employed at SJCC until they retire. Clients reported that they appreciate the new staff and feel supported by them.
- 2) *SUD Treatment Services*: SJCC is planning to develop an evening group to accommodate the schedule of working clients. They are using Seeking Safety in individual and group therapy and working on improving services in other areas as well.
- 3) *Drug Court Team and Services*: Clients reports that the new Drug Court Team and Judge have been supportive and excellent to work with. They stated that the Drug Court Program provides them with the support they need to maintain their sobriety and succeed in life.

Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of San Juan 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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