

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



Site Monitoring Report of

Wasatch County Family Clinic

Local Authority Contracts #122282 and #122283

Review Date: December 2nd, 2014

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 Wasatch County Family Clinic (also referred to in this report as WCFC 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 Wasatch County Family Clinic on December 2nd, 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 2	11 - 12
<i>Child, Youth & Family Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None None	
<i>Adult Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None None	
<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 None 3	23 - 23

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review at Wasatch County Family Clinic (WCFC) on December 2nd, 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, all expenditures included appropriate documentation and approval. Detailed service and operating expenditures were examined for proper approval and supporting documentation. All selected expenditures were also found to be properly approved and were supported with adequate documentation.

The CPA firm Larson & Company, PC performed the County's financial statement audit for the year ending December 31, 2013. The Independent Auditor's Report and the Independent Auditors' Report on Compliance for the Major Federal Award Programs, both dated October 24th, 2014, expressed an unqualified opinion and did not include any findings or deficiencies.

Follow-up from Fiscal Year 2014 Audit:

FY14 Minor Non-compliance Issues:

- 1) Subcontractor files were found to be missing current insurance documentation.

Each reviewed subcontractor file contained a current insurance certificate as required by the DSAMH Local Authority Contract.

This issue has been resolved.

- 2) Wasatch County was not able to provide documentation or evidence of oversight over mental health and substance abuse services.

For FY14, Wasatch County began taking minutes in their quarterly meetings with Wasatch Mental Health. The minutes demonstrate Wasatch County's involvement and oversight over services, staffing and invoices.

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:

- 1) In a sample of four WCFC clinical employee files, one was found to have an expired BCI background check and another had a hire date of 5/19/14 without a completed BCI check.

Center's Response and Corrective Action Plan:

Wasatch Mental Health (WMH) has examined its internal processes to assure compliance with the BCI background check requirements. The HR department, where the BCI background check process is located, has experienced staff turnover at the director level. The new HR director has taken a conscientious approach to carefully review internal processes and identified the following:

Failure Root Cause

- HR Department did not check BCI status often enough
- BCI Form changes required resend to several staff which caused delays
- Timing of getting BCI checks from accounting to process the BCI inquiries have led to additional delays on a few occasions
- High new hire turnover rate

Corrective Action Plan

1. HR will check BCI status every Friday and update accordingly
2. Program managers to be included when employee delays BCI reporting. This will assist in getting BCI renewal inquiries completed in a timely manner
3. A new system to pay for BCI service inquiries has been implemented to significantly reduce any possible delays
4. Notification of renewal sent out 2 months in advance to employees
5. BCI process and expectations will be reviewed with program managers on a regular basis

- 2) WCFC's client cost for Substance Abuse Treatment has increased more than 25% from the previous year. DSAMH Division Directives state, "The Local Authority shall meet an overall client cost within fifty (50) percent of the statewide Local Authority overall average cost per client and with-in twenty-five (25) percent of their previous year actual cost per client." The Center's costs have increased by 26.7% going from \$1,539 per client in FY13 to \$1,950 in FY14. It is noted that WCFC's total cost per client is below the State average. It is also noted that Wasatch Mental Health took over as the contracted provider in January of 2013 and had some difficulties obtaining correct data from the previous provider. This may have affected the accuracy of the FY13 cost per client data. Please provide further clarifications for the increase in costs.

Center's Response and Corrective Action Plan:

Wasatch Mental Health believes that there are two main issues affecting the cost per client for FY 2014 that resulted in the above finding:

1. Wasatch Mental Health began providing services in Wasatch County in January 2013, which means for FY2013 services were delivered by the old Heber Valley Counseling for six months and by WMH for six months. Reportedly, Heber Valley Counseling was challenged with providing accurate service or financial data, as per the Heber Valley Counseling DSAMH audit report (contracts #092215 and #092214; audit conducted February 14-16th, 2012) and a “Notice of Intent to Seek Remedy for Contract Non-Compliance” issued by DSAMH June 8th 2-10. Subsequently, no actual data were available for the first six months of FY 2013. However, for reporting purposes for FY 2013, WMH was asked to prepare an annual report using **estimates** for the six months that we didn’t deliver services. The client costs for FY2013 may be affected by the necessary use of estimates. The impact of the use of estimates for half of the year and the transition from one provider entity to a new one on the calculated client cost could easily exceed the 1.7% cost exception. Also, as noted, the total cost per client was below the state average.
2. Wasatch Mental Health believes that the increase in cost per client is a positive outcome, as it is reflective of an increase in services per client. The DSAMH report finding cites an increase in cost per client, but not an increase in cost per services. In this context, it is important to note that the above cited previous audits of Heber Valley Counseling reported a lack of treatment coordination, a lack of access to the full continuum of mental health services, and a lack of (or poor) documentation of services provided. These findings suggest that the increase of **appropriate and necessary services** would be a desired outcome for the clients served in Wasatch County. As the cost increase per client is not reflective of a cost increase per services, WMH believes that the observed variance is a positive outcome in the desired direction.

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, and Families team conducted its annual monitoring review at Wasatch County Family Clinic on December 2nd, 2014. The monitoring team consisted of Dinah Weldon, Program Administrator; Eric Tadehara, Program Manager; and Tracy Johnson, Utah Family Coalition (New Frontiers for Families). The review included the following areas: record reviews, discussions with clinical supervisors and management, case staffing, program visits, and feedback from families through questionnaires and a discussion group. During the visit, the monitoring team reviewed 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; juvenile civil commitment; compliance with Division Directives; and the Center's provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 2014 Audit

FY14 Minor Non-compliance Issues:

- 1) WCFC has not provided medication management at a rate close to the state or rural average of 23% or 15.5% respectively. WCFC experienced a slight decrease in the percent of children/youth receiving medication management from FY12 to FY13. In FY12 the rate of medication management was 6.7% and in FY13 the rate dropped to 4.4%.

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

- 2) WCFC has not provided Wraparound to fidelity as defined by the Utah Family Coalition (UFC). The UFC reports that records indicate some of the elements of wraparound are present, but are not structured as formal wraparound teams. The UFC also notes that the previous Family Resource Facilitator (FRF) had a hard time moving to the 'team' approach for wraparound. WCFC had displayed a culture that is supportive of family involvement and has undertaken the search for a new FRF.

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:

None

FY15 Deficiencies:

- 1) *Juvenile Civil Commitment:* One record did not have the required form Notice of Proceeding of Child for Commitment of Physical Custody to the Local Mental Health Authority. To be in compliance with Utah Code Annotate 62A-15-703, WCFC should ensure all of the appropriate Juvenile Civil Commitment forms are completed when they are indicated and that copies are kept by the LMHA. Juvenile Civil Commitment forms are available on the DSAMH website at <http://dsamh.utah.gov/provider-information/civil-commitment/>.

FY15 Recommendations:

- 1) *Medication Management:* WCFC is encouraged to continue to work to inform community members that medication management services are available for children, youth and families at WCFC. WCFC is also encouraged to ensure that all families seeking this service are provided timely access at the clinic in Heber City and that access for children, ages 12 and under, is also available. WCFC provides Medication Management at a rate of 5.3%. This is the lowest rate in the state and is significantly below the state average of 23.1% and below the rural average of 14.5%. Wasatch County's Medicaid Contract allows for multiple Medication Management providers, not just WCFC. Some families receiving mental health treatment services at WCFC and Medication Management with their Primary Care Physician (PCP) indicate that WCFC and their PCP communicate regularly. Other families provided feedback suggesting that getting prescriptions refilled through WCFC is challenging at times because the prescriber is only available at most once a week.

FY15 Division Comments:

- 1) *Family Feedback:* The Utah Family Coalition collected feedback from 15 families. Families and caregivers reported that WCFC and the staff are caring and compassionate. Families are grateful for the many services provided by WCFC. One family stated, "thank you so much for this helpful, economic, and supportive service."
- 2) *Wraparound and Family Resource Facilitators:* WCFC provides Wraparound to fidelity as defined by the UFC. The Family Resource Facilitator is an integral and valued part of the service delivery system. The FRF is providing important services throughout the community. The families who receive FRF services commented that the FRF is helpful and provides support and is "someone who is on my side."
- 3) *Community Involvement:* WCFC is proactively involved throughout the community. WCFC has partnerships with various community agencies, including the Health Department, the Division of Child and Family Services, Juvenile Probation, the local hospital, and multiple schools throughout the County. Feedback from community agencies indicates that WCFC is a strong community partner.
- 4) *Question, Persuade, and Refer (QPR):* WCFC's efforts to train individuals throughout the community in QPR are commendable. WCFC has taught ten QPR classes; they are

providing the trainings to the local schools and youth groups (e.g., church-based groups), including training two school counselors.

Adult Mental Health

The Division of Substance Abuse and Mental Health Adult Monitoring Team conducted its annual monitoring review at Wasatch County Family Clinic on December 2nd, 2014. The monitoring team consisted of Pam Bennett, Program Administrator, LeAnne Huff, Program Manager, and Michael Newman, Recovery and Resiliency Program Manager. The review included the following areas: record reviews, and discussions with clinical supervisors and management teams. Visits were conducted to the Wasatch County Jail and outpatient services. Focus groups were held at WCFC. During the discussions the team reviewed the FY14 Monitoring Report; statistics, including the mental health scorecard; area plans; outcome questionnaires; the Division Directives; and the Center's provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 2014 Audit

No findings were issued in FY14.

Findings for Fiscal Year 2015 Audit

FY15 Major Non-compliance Issues:

None

FY15 Significant Non-compliance Issues:

None

FY15 Minor Non-compliance Issues:

None

FY15 Deficiencies:

None

FY15 Recommendations:

- 1) *Crisis Safety Plan:* Division Directives state that records must contain a safety/crisis plan when clinically indicated. WCFC has created a tab for entering Safety Plans into the Electronic Medical Record (EMR). Three out of ten charts reviewed (1034735, 1031064, 1032872) where individuals had suicidal ideation or other risk factors, including a suicide attempt of parent, crisis safety plans were not entered in the EMR. However, there was documentation of safety planning with each individual in the notes. DSAMH recommends having a safety plan filled out for individuals when a safety plan is indicated.

FY15 Division Comments:

- 1) *Documentation:* DSAMH recognizes and appreciates WCFC's excellent documentation in the EMR. Assessments were up to date, contained all relevant information, were strength

based and person centered. Progress notes clearly identified situation, intervention, plan and progress clients were making. Goals and objectives were measurable and attainable.

- 2) *Crisis Intervention Team (CIT)*: DSAMH commends WCFC efforts in establishing CIT into their community. WCFC hosted a CIT Academy last March and are hosting another this coming spring. Approximately two thirds of Wasatch County's Police department have been trained as CIT officers. DSAMH also recognizes the excellent partnership that has been created between WCFC and the Sheriff's department. The Wasatch County Sheriff went through the training himself and his dedication and belief in CIT has resulted in over 90% of his staff being trained as CIT officers.
- 3) *Suicide Prevention*: WCFC received funding from the National Alliance on Mental Illness (NAMI) through Prevention by Design. With this funding they have advertised suicide prevention in movie theatres, in the local paper, local radio and formed a suicide prevention coalition. The coalition is attended by the heads of school districts, law enforcement, NAMI, Department of Health and community members. WCFC has provided 18 QPR classes and have two more scheduled next week with two Church of Jesus Christ of Latter-day Saints Wards.
- 4) *Community Collaboration*: The County Commissioner attended the opening discussion and emphasized that the WCFC interaction with the community is a major strength and has served to improve community relations. The commissioner also reported that his office had not received any complaints regarding mental health services in the last year, which is a significant improvement over past years.
- 5) *Program Participant Feedback*: Individuals in recovery were interviewed by Michael Newman, Recovery and Resiliency Program Manager, DSAMH. Individuals reported feeling supported and were pleased with their treatment at WCFC. Participants expressed that they felt supported with transportation, housing, employment opportunities and in their spiritual health.

Substance Abuse Prevention

Susannah Burt, Program Manager, conducted the annual prevention review of Wasatch County Family Clinic on December 2nd, 2014. The reviews focused on the requirements found in State and Federal law; Division Directives and contracts. In addition, the reviews evaluated the services described in the annual prevention area plan and evaluated the data used to establish prevention priorities.

Follow-up from Fiscal Year 2014 Audit

No findings were issued in FY14.

Findings for Fiscal Year 2015 Audit

FY15 Major Non-compliance Issues:

None

FY15 Significant Non-compliance Issues:

None

FY15 Minor Non-compliance Issues:

None

FY15 Deficiencies:

- 1) Currently WCFC does not meet the 80% minimum of evidence-based strategies. The Division Directives require a goal of 100% with no more than 20% of implemented strategies being considered a two or lower on the PART tool (see tool on www.dsamh.utah.gov). 70% of WCFC's implemented strategies are considered evidence-based.

FY15 Recommendations:

- 1) WCFC should formalize the use of the Strategic Prevention Framework. This would include creating a community profile during their comprehensive assessment; a formal strategic plan that outlines the highlights from the assessment and what capacity needs to be built; and a written evaluation plan. The evaluation plan can be drafted in part from the logic model questions and outcomes. This also includes any plans from coalitions.
- 2) WCFC should build capacity with additional coalitions within Wasatch County and members of the agency should sit on the coalitions as participants.
- 3) WCFC should continue to build capacity within the community by educating other agencies and community partners on prevention best practices and evidence-based strategies.

- 4) WCFC should review the Activities that Promote Prevention (APP) program for ways to bring it to the evidence-based standard. It is also recommended that WCFC propose alternatives to Mock Driving under the Influence (DUI) Crash events, due to the fact that those events are not evidence-based as well.

FY15 Division Comments:

- 1) WCFC has made progress in the field of prevention over the past two years. Since the transition, new staff has been trained in Substance Abuse Prevention Specialist Training, multiple evidence based Parenting classes, certified and recertified in Prime for Life, QPR, and Communities that Care.
- 2) WCFC completed a Community Readiness Assessment in April 2014, as part of the assessment process.
- 3) Wasatch has three coalitions within the county. Caring Community Coalition, Wasatch Suicide Prevention Coalition and Safe Kids Coalition. Safe Kids Coalition only meets twice a year. Currently, there isn't a formal or firm structure to the coalitions.
- 4) WCFC would like to improve and collaborate more with the local schools, high risk adult populations who have children, and an underage drinking campaign that addresses the Hispanic youth/parent population.
- 5) WCFC has greatly improved the relationships between the County and other agencies. This is evidenced by the collaboration and joint projects such as the Dinner in the Park event. Mental Health, Substance Abuse Treatment, Health Department, and Prevention all worked together for the event as well as on the Wasatch Suicide Prevention Coalition. The relationship with the increasing Hispanic population is improving, in large part to the work with Juan Morales. Mr. Morales has guided WCFC and the Caring Community Coalition on appropriate events, outreach and identified some additional needs of the specific population.
- 6) WCFC increased their number of Eliminating Alcohol Sales to Youth (EASY) compliance checks as well as increased the percent of compliance to 100%. This is due to the positive relationship with law enforcement and community support for the initiative.
- 7) WCFC is also proud that they were awarded the Prevention by Design Grant. During the grant period, Wasatch Counseling trained more people in QPR than required by the grant.
- 8) During the visit a number of technical assistance opportunities were identified. DSAMH will schedule with WCFC time to address the following technical assistance needs:
 - Training coalitions on measurable outcomes and using logic models as a component of evaluation.
 - Training WCFC staff on drafting better logic models
 - Training WCFC staff on how to use the data from the Student Health and Risk Prevention (SHARP) survey more effectively and as a tool.

- Technical assistance on finding creative ways to fund a member of the Hispanic community to attend a Love and Logic Training and who can then provide the training in a culturally and linguistically appropriate environment.
- Technical assistance on more evidence based strategies to impact prioritized protective factors.
- Technical assistance on evidence based strategies to replace Mock DUI Crash.

Substance Abuse Treatment

David Felt, Program Administrator, and Becky King, Program Manager, conducted the site visit on December 2nd, 2014. The review focused on Substance Abuse Prevention and Treatment (SAPT) block grant compliance, consumer satisfaction and compliance with Division Directives and clinical practices. Block grant and other program compliance were evaluated through a review of program policies, guidelines, discussions with staff members and attendance at a drug court staffing and hearing. Compliance with Division Directives was evaluated by reviewing program outcome measures against DSAMH standards. Clinical practices were evaluated by reviewing client charts and staff interviews. Consumer satisfaction was evaluated through client interviews and reviewing the Consumer Satisfaction Survey.

Follow-up from Fiscal Year 2014 Audit

FY14 Minor Non-compliance issues:

- 1) The amount of hours spent in treatment for Drug Court clients continues to be dictated by the phase of Drug Court, rather than the assessed level of care indicated by the American Society of Addiction Medicine (ASAM).

Over the past year, WCFC has been using ASAM to determine the level of treatment rather than allowing the Drug Court phases to dictate treatment. In addition, efforts have been made to individualize treatment.

This issue has been resolved.

- 2) WCFC has the lowest rate of Percent Completing Treatment Episodes in the state, and decreased from a completion rate of 38.8% in FY12 to 16.7% in FY13.

In FY14, the percent of clients that completed a treatment episode successfully increased to 42.9%, which now meets Division Directives.

This issue has been resolved.

FY14 Deficiencies:

- 1) WCFC made improvements to the ASAM this year, but staff members continue to have difficulty in correctly documenting and justifying the ASAM ratings.

Over the past year, WCFC made improvements in documenting and justifying the ASAM ratings, which now meet Division Guidelines.

This deficiency has been resolved.

- 2) WCFC's outcome report shows that the percent of individuals retained in treatment decreased from 78.8% in FY12 to 68.2% in FY13.

In FY14, the percent of individuals retained in treatment decreased to 51.9%, which still does not meet Division Directives.

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

- 3) The FY13 Adult Consumer Satisfaction Survey for SA Clients reflects that WCFC did not collect any surveys this year (0.0%), which did not produce any data results in this area.

In FY14, WCFC collected 37 Adult Consumer Satisfaction Surveys, which now meets Division Directives.

This deficiency has been resolved.

- 4) It was noted in the clinical charts and client interviews that the treatment plans appeared to be “generic” and not individualized.

Over the past year, WCFC made significant improvements to the treatment plans, which are now individualized.

This deficiency has been resolved.

Findings for Fiscal Year 2015 Audit:

FY15 Major Non-compliance issues:

None

FY15 Significant Non-compliance issues:

None

FY15 Minor Non-compliance issues:

- 1) WCFC’s outcome report shows that the percent of individuals retained in treatment decreased from 68.8% in FY13 to 51.9%% in FY14. Division Directives state:

“Local Substance Abuse Authorities will meet or exceed their FY2013 treatment retention in FY2014 and will work towards achieving a goal of 70%. Local Substance Abuse Authorities whose FY2013 retention rate was over 70% are required to meet or exceed a 70% retention rate in FY2014. Retention is defined as the percentage of clients who remain in treatment over 60 days.”

Center’s Response and Corrective Action Plan:

Staff training on client engagement was conducted on 2/2/15. Client engagement will continue to be stressed throughout the treatment episode. Additionally, WCFC will begin assigning trackers

to help follow clients and make contact when they have not followed up with treatment. WCFC also plans to review this metric quarterly to ensure progress and data integrity. We expect this finding to be resolved prior to the next monitoring visit.

- 2) WCFC collected 6.7% of Youth (Family) Satisfaction Surveys in FY14, which is below the required amount of 10%. Division Directives state:

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

Center’s Response and Corrective Action Plan:

WCFC is currently administering the YFSS questionnaires. They are being offered through paper and electronic versions. Case Managers and our FRF will also assist in gathering surveys from families. WCFC will monitor the number of surveys received to ensure the 10% minimum is collected. We anticipate that this issue will be resolved by April 1, 2015 when the monitoring period for the YFSS is closed.

- 3) WCFC’s outcomes report showed that the percent of individuals involved in social support recovery decreased from 17.4% in FY13 to -5.9% in FY14. Division Directives state:

“Local Substance Abuse Authorities’ Scorecard will show that the percent of clients participating in social support recovery activities increased from admission to discharge by at least 10%. Participation is measured as those participating in social support recovery activities during the 30 days prior to discharge minus percent of clients participating in social support of recovery activities in 30 days prior to admission.”

Center’s Response and Corrective Action Plan:

WCFC provided training to staff regarding social support recovery on 2/2/2015. Additionally, a voluntary alumni group held at WCFC has been started that is led by peers. Some of the decrease is explained by staff not recording other social support recovery programs in addition to AA and NA.

FY15 Deficiencies:

None

FY15 Recommendations:

- 1) Clients reported that there is not enough structure or focus on a therapeutic topic in group. They stated the group discussion often consists of casual conversation not related to

treatment. In addition, it was reported that the “client check ins,” often dominate the entire group session, which does not allow individuals with assignments to share them with the group. It is recommended that WCFC try to include a therapeutic topic for each group session; limit the amount of “non-treatment related” discussion in group; and limit time allocated for check-in with group members to allow time for individuals that have assignments to share with the group.

- 2) Clients reported that Drug Court sanctions vary from person to person and at times “favoritism” seems to dictate the type of sanction that is issued. While there is a sanctions and incentive matrix, both Drug Court Clients and staff stated the matrix is used only as a guide and sanctions are adjusted based on the situation, individual and offense. Research shows that consistent use of a sanctioning matrix where clients are aware of and understand the consequences of different behaviors makes for effective drug courts. It is recommended that WCFC develop and follow a Sanctioning Matrix that has fair, equitable and consistent sanctions that match the severity of the behavior.

FY15 Division Comments:

- 1) WCFC has made good progress with tobacco cessation efforts through screening, assessment, education and providing Recovery Plus resources to clients. This has been evident in data outcomes measures, which has resulted in a decrease in tobacco use over the past year.
- 2) WCFC is the one of very few Local Authorities where the County Manager/Local Authority attends the opening session of the site visit every year. This demonstrates dedication and commitment from the highest level of local government to their local treatment programs.
- 3) Clients reported that they feel supported by staff and appreciate the services provided at WCFC. Drug Court clients also reported that they appreciate the ongoing support they receive from Judge Pullan.
- 4) WCFC has increased the number and type of groups provided in their program, which has expanded services to the community, provided opportunities to match the type and intensity of services to the individual client’s needs.
- 5) WCFC has made significant improvements with their progress notes, goals and objectives in the electronic charting system over the past year. The electronic charting system is now “user friendly” and efficient.

Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Wasatch County Family Clinic 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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