



State of Utah

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DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

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SUBSTANCE ABUSE AND MENTAL HEALTH

February 22, 2017

Commissioner Darin Bushman
Piute County Commission
PO Box 135
Marysvale, Utah 84750

Dear Commissioner Bushman:

In accordance with Utah Code Annotated 62A-15-103, the Division of Substance Abuse and Mental Health has completed its annual review of Central Utah Counseling Center and the final report is enclosed. The scope of the review included fiscal management, children, youth, family and adult mental services, substance abuse treatment and prevention services, and general operations.

The center has many strengths; however, this report by its nature focuses on the exceptions and areas in need of improvement. The Division has approved all corrective action plans submitted by the Center/County in response to each reported finding, which have been included in the final report. If you have any questions, please contact Chad Carter (801)538-4072

We appreciate the cooperation and assistance of the staff and look forward to a continued professional relationship.

Sincerely,

Doug Thomas
Division Director

Enclosure

cc: Commissioner Rick Carlton, Juab County Commission
Commissioner Wayne Jackson, Millard County Commission
Commissioner Claudia Jarrett, Sanpete County Commission
Commissioner Ralph Brown, Sevier County Commission
Commissioner Dennis Blackburn, Wayne County Commission
Brian Wipple, Director of Central Utah Counseling Center



Site Monitoring Report of

Central Utah Counseling Center

Local Authority Contracts #160046 and #160047

Review Dates: November 15th, 16th & December 1st 2016

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Section One: Site Monitoring Report

Executive Summary

In accordance with Utah Code Section 62A-15-103, the Division of Substance Abuse and Mental Health (also referred to in this report as DSAMH or the Division) conducted a review of Central Utah Counseling Center (also referred to in this report as CUCC or the Center) on November 15th, 16th, & December 1st 2016. 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; Division Directives; 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 Deficiency	None None 1 None	7
<i>Child, Youth & Family Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 1 None	10
<i>Adult Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i>Substance Abuse Prevention</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 2 2	14 - 15 15 - 16
<i>Substance Abuse Treatment</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 3 1	18 19

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review at Central Utah Counseling Center (CUCC). The Governance and Fiscal Oversight section of the review was conducted on November 15th, 2016 by Chad Carter, Auditor IV and Kyle Larson, Administrative Services Director. 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 to ensure they were appropriate and that no personal benefit has been gained. Board minutes were reviewed and discussions were conducted to determine if an appropriate level of involvement and financial oversight was provided by the governing board and/or the contracted County.

As part of the site visit, the most recent version of the Medicaid Cost Report was reviewed. This report is a cost study conducted by the Local Authority and then reviewed/approved by the Department of Health (DOH), Medicaid Division. This report establishes the center's cost allocation plan as it pertains to overhead/administrative costs and spreads these costs across the Current Procedural Terminology (CPT) billing codes used by the Center that year. This allows the Division to fairly incorporate these overhead/administrative costs into the payments sent for services that qualify for funding found on the Center's contract allocation letter. During the site visit review, a sample of billings submitted by the Center were pulled and verified that the costs charged were consistent with the Medicaid Cost Report and also met the requirements established for the funding source.

The CPA firm Kimball & Roberts performed an independent audit of Central Utah Counseling Center for the year ending June 30th, 2016. At the time of the site visit, the Auditor's Report had not been finalized. The CPA office did confirm by telephone that they would issue an unqualified opinion on CUCC's financial statements.

Follow-up from Fiscal Year 2016 Audit:

No findings were issued in FY16

Findings for Fiscal Year 2017 Audit:

FY17 Major Non-compliance Issues:

None

FY17 Significant Non-compliance Issues:

None

FY17 Minor Non-compliance Issues:

- 1) CUCC's FY16 Substance Abuse Treatment cost per client has increased to a level that is outside of Division Directive standards. 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.*" CUCC's FY15 Substance Abuse Treatment cost per client was \$2,469; this has increased by 39.2% in FY16 with a cost per client of \$3,436, which is outside of the 25% maximum standard. After speaking with CUCC and looking into reported client counts, it appears that there was a data issue in FY15 that caused the cost per client to be lower. The data issue was corrected by CUCC, however it was done after the Division deadline to make year-end corrections. Please provide an explanation for this issue.

Center's Response and Corrective Action Plan:

CENTER RESPONSE: For the 2015 year end report CUCC used a client served count that was accurate at the time but was later inaccurate based on closing open admits in SAMHIS. This inflated client count caused the cost per client to be lower than it actually was. After the discharges were submitted the client count was reduced by 64 clients. The 2016 cost per client was not the outlier in our data, the 2015 cost per client was the outlier. After the discharges were submitted the 2015 cost per client falls in line with 2014 and 2016. This finding was a result of our not discharging clients from the "Open Admit" list in a timely manner. CUCC will review the open admits before the end of each fiscal year and discharge clients that meet discharge criteria.

RESPONSIBLE EMPLOYEE: Richard Anderson

FY17 Deficiencies:

None

FY17 Recommendations:

None

FY17 Division Comments:

- 1) FY17 Division Directives require that each Local Authority conduct a walk-through testing of their adherence to access standards prior to their scheduled site visit. CUCC completed their walk-through before the site visit and discussed the results in the opening meeting for the site visit. The results of the walk-through were positive and showed that all minimum access standards were being met. The Center found areas for improvement, including the amount of time spent completing paperwork for the clients. When clients stop coming to the Center for services, their initial paperwork is kept on file so that it doesn't need to be re-done if they come back for services again.

Mental Health Mandated Services

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

Inpatient Care

Residential Care

Outpatient Care

24-hour Emergency Services

Psychotropic Medication Management

Psychosocial Rehabilitation (including vocational training and skills development)

Case Management

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

Consultation and Education Services

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

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

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

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

Child, Youth and Family Mental Health

The Division of Substance Abuse and Mental Health Children, Youth, & Families team conducted its annual monitoring review at Central Utah Counseling Center on November 15th & 16th, 2016. The monitoring team consisted of Eric Tadehara, Program Administrator; Tiesha Cohen, Program Manager; and Laura Adams, Utah Family Coalition (Allies with Families). The review included the following areas: record reviews, discussions with clinical supervisors and management, case staffing, program visits, allied agency visits, and feedback from families through questionnaires and a focus group. During the visit, the monitoring team reviewed the Fiscal Year 2016 audit; statistics, including the Mental Health Scorecard; Area Plans; Youth Outcome Questionnaires; family involvement; Family Resource Facilitation (Peer Support); High Fidelity Wraparound; 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 2016 Audit

FY16 Deficiencies:

- 1) *Objectives* – Recovery Plan objectives are difficult to achieve and remained stagnant during treatment.

This deficiency has not been resolved and will be continued in FY17; see Min Non-compliance Issue #1.

- 2) *Youth Outcome Questionnaires* – CUCC is not administering the Youth Outcome Questionnaire (YOQ) at the frequency required by DSAMH.

This deficiency has been resolved. In the chart review, CUCC is administering the YOQs at least once every month, with many children and youth receiving the YOQ each visit.

- 3) *Juvenile Civil Commitment* – CUCC is missing the “Notice of Discharge from Commitment” form for the children and youth who have been discharged from civil commitment. For one child, the “Petition for Commitment” and the “Commitment of Physical Custody” were completed by the same clinician, even though they must be completed by separate parties.

This deficiency has been resolved. CUCC is utilizing the “Notice of Discharge from Commitment” forms; the “Petition for Commitment” and the “Commitment of Physical Custody” forms were completed by different clinicians.

Findings for Fiscal Year 2017 Audit

FY17 Major Non-compliance Issues:

None

FY17 Significant Non-compliance Issues:

None

FY17 Minor Non-compliance Issues:

- 1) *Objectives:* The recovery plan objectives did not meet the Division Directives criteria for clinical objectives and this was listed as a deficiency in FY16. Of twelve charts that were reviewed, seven contained objectives that lacked measurable, achievable, or a time oriented focus. Examples include: “The family will be following a behavioral plan that matches the school plan”; and the “client will discuss abuse allegations for the next month.” These objectives are vague and difficult to achieve. Division Directives require that objectives be “measureable, achievable and within a timeframe.”

Center’s Response and Corrective Action Plan:

CENTER RESPONSE: CUCC provided training in November regarding objectives on treatment plans. We acknowledge the need for further improvement in this area of treatment planning and will continue to address this in FY 2017 through further training and monitoring.
RESPONSIBLE EMPLOYEE: Nathan Strait

FY17 Deficiencies:

None

FY17 Recommendations:

- 1) *Case Management and Respite Services:* CUCC is encouraged to further evaluate, and as need is determined, seek more opportunities to expand services for Case Management and Respite to continue to meet the needs of the children and youth in the catchment area. For FY16, CUCC maintained their rate of 6.3% for Case Management, while decreasing slightly to 3.2% for Respite. The rural averages are 25.8% for Case Management and 8.2% for Respite.

FY17 Division Comments:

- 1) *Family Feedback:* The Utah Family Coalition (UFC) collected feedback from 26 families who completed the UFC survey. Several families report that the staff at CUCC are “always ready to help and so nice.” When the families were asked about challenges to receiving services they said, “None.” All of the families report that they are included and valued in the treatment planning process.
- 2) *Family Resource Facilitation and Wraparound:* CUCC is providing High Fidelity Wraparound as defined by the UFC. CUCC continues to support and promote family involvement. Families report that the Family Resource Facilitators (FRFs) at CUCC foster hope, are non-judgmental and are supportive. One family reported, the FRF “gave me hope.” Another reported, “they gave me confidence to be a good parent.” The FRFs have partnered with community resources, schools, and other agencies to improve supports for the children, youth, and families they serve.

It is recommended that CUCC continue to look for opportunities to clarify the role of the FRF and to continue to work with staff and clients to better understand the FRF's role as family voice and the importance of High Fidelity Wraparound.

- 3) *Community Involvement:* CUCC is actively involved a variety of Local Interagency Councils (LICs) and Multi-Agency Coordinating Councils (MACCs) throughout the catchment area. CUCC meets with agencies including Child Welfare, Juvenile Justice and Courts, the education system, and the Western Region Systems of Care committee.

Adult Mental Health

The Division of Substance Abuse and Mental Health conducted its annual monitoring review at Central Utah Counseling Center on November 15th, 2016. The DSAMH Adult Monitoring Team consisted of Pam Bennett, Program Administrator, LeAnne Huff, Program Manager and Eric Tadehara, Program Administrator. An on-site visit was conducted in the Sevier County Jail by Eric Tadehara on November 15th, 2016. The monitoring team conducted the monitoring review at the DSAMH offices on December 1st, 2016. The review included the following areas: record reviews and a discussion with the management team. During this monitoring visit, charts were reviewed from Sevier, Juab, and Sanpete Counties. During the discussions, the site visit team reviewed the Fiscal Year 2016 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 2016 Audit

FY16 Deficiencies:

- 1) *Treatment Documentation:* CUCC should consider training for staff, so that charts reflect what happens during the session in more detail (more than one or two sentences). Without adequate documentation, it is not possible to determine if treatment is individualized and adjusted according to feedback and concerns of the client, as required by Division Directives. This was a recommendation in FY15.

This issue has been resolved. A review of the charts demonstrated that 12 of 14 charts contained progress notes with adequate documentation. These charts included the client's response to the intervention and a plan.

- 2) *Adult Peer Support Services:* DSAMH encourages CUCC to expand the use of their Adult Peer Support Services provided by Certified Peer Support Specialists. CUCC is also encouraged to consider having Adult Certified Peer Support Specialists in other areas of the Local Mental Health Authority (LMHA), particularly during transitions from a higher level of care. This was a recommendation in FY15.

This issue has been resolved. CUCC has hired a second adult Certified Peer Support Specialist and has expanded the availability of peer support services for their clients.

Findings for Fiscal Year 2017 Audit

FY17 Major Non-compliance Issues:

None

FY17 Significant Non-compliance Issues:

None

FY17 Minor Non-compliance Issues:

None

FY17 Deficiencies:

None

FY17 Recommendations:

- 1) *Documentation:* Division Directives state that the objectives should be “behavioral changes that are measurable, short-term and tied to the goals.” The clearer and more measurable goals are, the easier it is for the client and treatment provider to perform and evaluate progress. Six of fourteen charts reviewed included objectives that are not measurable (i.e. “will participate”, “explore thinking”, “process complex feelings”), which is an improvement in documentation when compared to FY16. In addition, three charts reviewed demonstrate ongoing updates to the objectives, with evidence that the objectives are being used as a tool to set and meet smaller goals. DSAMH recommends that CUCC continue to train clinicians to develop measurable goals and objectives.

FY17 Division Comments:

- 1) *Supported Housing:* DSAMH recognizes and appreciates CUCC's commitment to providing housing to individuals and families in their community by building a new supported housing facility in Richfield Utah. This new facility has added an additional eight living spaces to their supported housing program.
- 2) *Community partnerships:* DSAMH commends CUCC's efforts in working with their community partners to implement the Justice Reinvestment Initiative Program, designed to help individuals with a mental illness and/or substance abuse issue be assessed and directed into treatment. Through this partnership, CUCC and the Sanpete County Jail have improved relationships, and are effectively working together to address system gaps and improve the quality of care to those incarcerated.
- 3) *Integrated Health:* CUCC has demonstrated a commitment to integrated mental health, substance use and physical health care. This is reflected in their innovative community partnership with IHC, new programming (Team Solutions and Solutions for Wellness) and in the review of client charts.
- 4) *Telehealth Services:* CUCC uses telehealth extensively to provide medication management to clients. This appears to be a cost-effective method of providing medication management in rural areas.

Substance Abuse Prevention

Susannah Burt, Program Manager, conducted the annual prevention review of Central Utah Counseling Center on November 16th, 2016. 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 the data used to establish prevention priorities.

Follow-up from Fiscal Year 2016 Audit

FY16 Deficiencies:

- 1) No Eliminating Alcohol Sales to Youth compliance checks occurred in FY2015. CUCC continues to offer training to the communities, but no checks have been completed.

This deficiency has not been resolved and will be continued in FY17; see Deficiency #2.

- 2) Per the Division Directives, it is a goal to provide 100% of Evidence Based Strategies, with no more than 20% being innovative or non-evidence based strategy. Currently only 78.5% of CUCC are considered Evidence Based.

This deficiency has not been resolved and will be continued in FY17; see Minor Non-compliance Issue #2.

- 3) CUCC has not completed a Community Readiness Assessment since 2008. DSAMH will provide Technical Assistance as requested on this Assessment. CUCC did attempt to do a Community Readiness Assessment, but it was not completed and no data is available.

This deficiency has not been resolved and will be continued in FY17; see Minor Non-compliance Issue #1.

Findings for Fiscal Year 2017 Audit

FY17 Major Non-compliance Issues:

None

FY17 Significant Non-compliance Issues:

None

FY17 Minor Non-compliance Issues:

- 1) No assessment was completed. CUCC will work with coalitions and use existing data to assess community needs, prioritized populations and readiness.

The Division Directives require each local authority to assess local prevention needs based on epidemiological data. This assessment shall include the most current Student Health and Risk Prevention Survey (SHARP) data and additional local data.

1. Assessments shall be done at minimum every three years.

2. Resources that shall be used to perform the assessment include, but are not limited to:

(a) <http://bach-harrison.com/utsocialindicators.html>

(b) <http://ibis.health.utah.gov>

(c) Communities that Care, Community Assessment Training (CAT)

<http://www.communitiesthatcare.net/getting-started/ctc-training/>.

Center's Response and Corrective Action Plan:

CENTER RESPONSE: CUCC will work with coalitions and use existing data to assess community needs, prioritized populations and readiness in the completion of the assessment.
RESPONSIBLE EMPLOYEE: Gay Hansen
ESTIMATED COMPLETION DATE: 05/01/2017

2) Currently 69% of CUCC strategies are considered Evidence Based. This is a decrease from last year and below the Division Directive goal of 80%.

Center's Response and Corrective Action Plan:

CENTER RESPONSE: CUCC strategies will be reviewed and corrected to bring goal to 80% evidence based, as per Division Directive.
RESPONSIBLE EMPLOYEE: Gay Hansen

FY17 Deficiencies:

1) CUCC did not have a strategic plan, this is in part due to the lack of assessment. CUCC will work with the Regional Director to complete this.

Center's Response and Corrective Action Plan:

CENTER RESPONSE: CUCC will work with the Regional Director to complete this.
RESPONSIBLE EMPLOYEE: Gay Hansen
ESTIMATED COMPLETION DATE: 06/01/2017

2) No Eliminating Alcohol Sales to Youth compliance checks occurred in FY2106. CUCC continues to invite law enforcement agencies to trainings and coalition meetings.

Center's Response and Corrective Action Plan:

CENTER RESPONSE: CUCC will continue to encourage local law enforcement agencies to complete these. CUCC will also complete the following:

1. Arrange to meet with general area law enforcement Chief and/or Sheriff.
2. Explain the importance of completing EASY compliance checks.
3. Find out what obstacles exist; training, time, money, CUB, scheduling, etc.?
4. See if they can schedule the checks? (Assign a couple of officers etc.)

5. Provide training, contact information for help, questions and forms.

RESPONSIBLE EMPLOYEE: Gay Hansen

FY17 Recommendations:

- 1) It is recommended that CUCC works with existing data to identify appropriate measures for Juab County. No Student Health and Risk Prevention data is available for Juab County.

FY17 Division Comments:

- 1) CUCC works with coalitions in Juab (Juab Unites Motivates Prevention), Delta/Millard (Delta Community First), East Millard (East Millard Prevention Coalition – Fillmore, Scipio, Kanosh), and Sevier, Wayne and Piute (Tri-County Coalition).
- 2) CUCC has worked with the communities to provide Family Nights. In North SanPete they served 750 people; in Richfield they served 650 people; and in Delta they served 750 people.
- 3) CUCC provides the evidence based strategy, Guiding Good Choices, in Nephi, Delta, Fillmore and Ephraim. They continually serve 7-14 families every cycle.

Substance Abuse Treatment

Brent Kelsey, Assistant Director, for Substance Use Disorder Services, conducted the review of Central Utah Counseling Center on November 15th, 2016. The review focused on compliance with State and Federal law, Substance Abuse Treatment (SAPT) Block Grant regulations, and adherence to DSAMH directives and contract requirements. Clinical records interviewing clinical managers, reviewing client charts, data submitted to DSAMH, and policies and procedures. The review consisted of an interview with program staff, a review of clinical records and an evaluation of agency policy and procedures. In addition, performance and client satisfaction was measured using the Utah Substance Abuse Treatment Outcomes Measures Scorecard and Consumer Satisfaction Survey Data.

Follow-up from Fiscal Year 2016 Audit

FY16 Minor Non-compliance Issues:

- 1) The objectives in the treatment plan were not specific, measureable or achievable within a specific time frame. The objectives looked more like a statement rather than an objective (*Chart #'s: 81952, 81767, 80333, 80791, 80441, 80635, 80554, 66336*). The FY15 Division Directives state that for both Substance Use Disorder (SUD) and Mental Health (MH) records: “Short term goals/objectives are measureable, achievable and within a timeframe.”

This issue has been resolved. In 2016, CUCC modified the electronic health record treatment plan and provided training to all clinical staff. The training included training on documenting client goals and objectives.

- 2) From FY14 to FY15, the Substance Abuse Outcomes Measures Scorecard showed a *decrease in Criminal Justice Involvement* from 49.4% to 28.3% respectively.

This issue has been resolved. The 2016 Scorecard shows a 72.3% percent decrease in number of CUCC clients arrested prior to admission compared to prior to discharge. This now exceeds the national average.

- 3) While CUCC’s initial assessments are appropriately focused on engagement rather than thoroughness, they are not being updated as new information is available. This fails to meet the requirements that assessments be ongoing and current.

This issue has been resolved. CUCC implemented a new treatment plan format that includes a new section for on-going assessment information. In addition, CUCC clinical staff provided training and monitored ongoing assessment practices throughout 2016.

Findings for Fiscal Year 2017 Audit:

FY16 Major Non-compliance Issues:

None

FY16 Significant Non-compliance Issues:

None

FY16 Minor Non-compliance Issues:

- 1) The 2016 Substance Abuse Treatment Scorecard shows that the percent of clients retained in treatment for 60 or more days declined from 87.45 in 2015 to 69% in 2016.

Local Substance Abuse Authorities will meet or exceed their FY2015 treatment retention in FY2016 and will work towards achieving a goal of 70%. Local Substance Abuse Authorities whose FY2015 retention rate was over 70% are required to meet or exceed a 70% retention rate in FY2016. Retention is defined as the percentage of clients who remain in treatment over 60 days.

Center’s Response and Corrective Action Plan:

CENTER RESPONSE: CUCC will monitor and train on the importance of engagement in the initial stages of treatment. In FY2017 CUCC is planning on training a number of employees in Motivational Interviewing. Details for this training are still being worked out.
RESPONSIBLE EMPLOYEE: Nathan Strait

- 2) The 2016 Substance Abuse Treatment Scorecard shows that the percent of clients reporting a decrease in tobacco use from admission to discharge declined from 2.5% in 2015 to .0.9% in 2016.

Local Substance Abuse Authorities’ scorecard will show that the percent of clients who use tobacco will decrease from admission to discharge by 5%.

Center’s Response and Corrective Action Plan:

CENTER RESPONSE: CUCC will monitor the use of tobacco while clients are in treatment and emphasize the importance of tobacco cessation in overall treatment success.
RESPONSIBLE EMPLOYEE: Nathan Strait

- 3) As of, November 10, 2016, 56.8% of Treatment Episode Data Set (TEDS) submissions for the first two months of FY17 do not indicate whether clients have been “compelled to treatment” by the criminal justice system. A maximum of 10% of clients can be unknown for this field according to the 2017 data specifications. This information is necessary to track outcomes related to Utah’s Justice Reinvestment Initiative.

Center’s Response and Corrective Action Plan:

CENTER RESPONSE: CUCC has incorporated “compelled to treatment” into its mandated state reporting process. Since November these numbers have improved as these errors on the state reporting both in November and again in December.
RESPONSIBLE EMPLOYEE: Richard Anderson

FY16 Deficiencies:

- 1) As of November 10, 2016, 94.8 % of Treatment Episode Data Set (TEDS) submissions do not identify clients criminogenic risk level. This field is optional for 2017 but is critical to evaluating Utah's Justice Reinvestment Initiative.

Center's Response and Corrective Action Plan:

CENTER RESPONSE: CUCC has incorporated "compelled to treatment" into its mandated state reporting process. Since November these numbers have improved as these errors on the state reporting both in November and again in December.

RESPONSIBLE EMPLOYEE: Richard Anderson

FY17 Recommendations:

- 1) DSAMH recommends CUCC increase counseling and education designed to help clients identify and avoid the harms associated with interavenous (IV) drug use. The percent of clients reporting IV drug use has increased at CUCC from 7.6% of all clients in 2010 to 17.6% of all clients in 2016. In addition to increase the risk of overdose, IV drug use places individuals at a higher risk of diseases such as Hepatitis C or HIV. DSAMH is also available to provide technical assistance if desired
- 2) DSAMH recommends additional training for staff on language that furthers public understanding of addictive disorders as a medical issue to reduce stigma and stereotyping. Use of terms like "clean" and "dirty" were often found in clinical charts. One excellent resource that could be distributed to staff can be found at: https://www.naabt.org/documents/NAABT_Language.pdf. Another excellent resource can be found online at: <https://www.whitehouse.gov/ondcp/changing-the-language-draft>. DSAMH is also available to provide technical assistance if desired.

FY17 Division Comments:

- 1) CUCC has developed written drug testing policy and procedure consistent with DSAMH directive. The policy addresses the purpose for testing, establishes process for collection and testing of specimens and the process for having a contested drug screen sent for laboratory confirmation.
- 2) CUCC has invested in the implementation of evidence-based practices such as Moral Reconciliation Therapy(MRT) and Seeking Safety.
- 3) CUCC has trained staff and distributed 20 Naloxone kits.

Section Two: 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.

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 be categorized as a non-compliance issue. A written corrective action plan is required without a formal timeline. 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.

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

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

The Division of Substance Abuse and Mental Health

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