



Site Monitoring Report of

Utah County's Department of Drug and Alcohol Prevention and  
Treatment

Local Authority Contract #160080

Review Date: January 10<sup>th</sup>, 2017

## Table of Contents

<b>Section One: Site Monitoring Report</b> .....	3
Executive Summary .....	4
Summary of Findings.....	5
Governance and Fiscal Oversight .....	6
Substance Abuse Prevention.....	10
Substance Abuse Treatment.....	12
<b>Section Two: Report Information</b> .....	17
Background .....	18
Signature Page.....	21

## **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 Utah County's Department of Drug and Alcohol Prevention and Treatment (also referred to in this report as UCaDDAPT or the County) on January 10<sup>th</sup> 2017. The focus of the review was on governance and oversight, fiscal management, 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 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	None	7 - 8
	Significant Non-Compliance	None	
	Minor Non-Compliance	1	
	Deficiency	None	
<i>Substance Abuse Prevention</i>	Major Non-Compliance	None	10
	Significant Non-Compliance	None	
	Minor Non-Compliance	1	
	Deficiency	None	
<i>Substance Abuse Treatment</i>	Major Non-Compliance	None	13 - 14 14 - 15
	Significant Non-Compliance	None	
	Minor Non-Compliance	3	
	Deficiency	2	

## **Governance and Fiscal Oversight**

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review at Utah County's Department of Drug and Alcohol Prevention and Treatment (UCaDDAPT). The Governance and Fiscal Oversight section of the review was conducted on January 10<sup>th</sup>, 2017 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. This monitoring process is new this year and there are several changes, when implemented, which will help this process become more useful going forward. Utah County Substance Abuse has committed to:

1. Capture all costs incurred for treatment within the Credible system.
2. Change the way the Cost Report is done to reflect the total cost as well and be able to account for Residential, Detox, Jail, and Drug Testing, & Prevention services.
3. Change the rate ordinance to be more in line with the cost report cost by service.
4. Change the rates in Credible to the new ordinance rates after approval from the Commission.

As far as it was possible, 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 Gilbert & Stewart performed an independent financial statement audit of Utah County for the year ending December 31<sup>st</sup>, 2015. The Substance Abuse Block Grant was tested specifically as a major program during the review. The Independent Auditors' Report issued on June 27<sup>th</sup>, 2016 stated that there were no findings or deficiencies identified during the audit and issued an unqualified opinion.

### **Follow-up from Fiscal Year 2016 Audit:**

#### **FY16 Minor Non-compliance Issues:**

- 1) UCaDDAPT's FY15 cost per client is outside of Division Directive standards at 131.2% more than the statewide average.

**This issue has not been resolved and is continued in FY17; see Minor Non-compliance Issue #1.**

**FY16 Deficiencies:**

- 1) UCaDDAPT has not submitted timely billings as required by contract. The Local Authorities are contractually required to submit each billing within 30 days. The State average for billing submissions is 32 days, UCaDDAPT is more than twice that at an average of 79. The billing process should be reviewed to identify areas of improvement to be brought into compliance.

**This issue has been resolved. UCaDDAPT has improved the timeliness of submitted billings considerably, the Center is now in compliance.**

**Findings for Fiscal Year 2017 Audit:**

**FY17 Major Non-compliance Issues:**

None

**FY17 Significant Non-compliance Issues:**

None

**FY17 Minor Non-compliance Issues:**

- 1) UCaDDAPT's FY16 cost per client 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." UCaDDAPT's FY16 cost per client is 99.6% more than the statewide average. This has been an ongoing finding and has been treated as a data issue in the past. A review of year-end data shows that UCaDDAPT's Residential and Intensive Outpatient service costs contribute most to their overall cost per client. Please provide an explanation for the higher costs, including an analysis of specific activities or services that may be affecting the overall cost per client and also if the outcomes of these services justify the higher costs.

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

There are several different explanations to why our cost per case would be outside the allowable variance. The first is a system structure issue. UCaDDAPT offers a complete continuum of care from GOP through short and long term residential treatment. From the balanced score card, you can see that we admit 27% of new treatment admissions to residential treatment. The next three closest LSAAs admit 21%, 14% and 10%. Six of the thirteen LSAAs report no residential treatment admissions at all, and nine of the 13 report 5% or fewer residential admissions. We feel strongly that our cost per case should not be compared to centers that do not offer a complete

continuum of care. Since most centers do not have access to residential treatment, this is not a fair comparison.

In addition to residential admissions, we would refer you to the DSAMH annual report. UCaDDAPT transfers 46% of all treatment admissions between one or more different ASAM levels of care within the same treatment episode. By comparison, Salt Lake County only transfers 18% between levels of care. This means that we transfer clients between programs whereas it would appear that Salt Lake County providers discharge then admit to a different provider to accomplish the same objective.

During the past SFY, we had three major program restructuring events that decreased treatment admissions and thus increased cost per case. The OUT program at the Utah County Jail lost the majority of its staff which gave us an opportunity to convert it from a 30 day program to a 90 day program. A 90 day LOS is more consistent with research into better treatment outcomes than a 30 day program. So, in SFY 2016, costs per case could have been higher than SFY 2015 because of staff cost differences. In SFY 2017, costs per case will be higher because the LOS will triple in the jail.

Youth outpatient treatment had a similar experience with our largest youth outpatient provider closing its doors in April, requiring us to create a youth outpatient treatment program from scratch. With a full complement of staff on the payroll and a slow buildup of admissions, the cost per case was higher than if we had been at full census all year.

House of Hope in Provo also had internal turmoil with executive director turnover and staff turnover in the Provo program. Census numbers were very low, but LOS went from a 90 day average to over 120. Cost per case for House of Hope was also high because of this unusual artifact.

UCaDDAPT has its own in-house drug testing lab. We made this change after the September 11<sup>th</sup> terrorist attack when we were unable to send drug testing samples to the contract lab while airlines were grounded. This gives us the ability to quickly change the drug testing panel to add emerging drugs without having to go through a contract amendment. For instance, we added fentanyl to our drug testing panel at the end of 2016 when it began to be more available in Utah. However, our cost per test is roughly \$21 where others might be spending \$12. This means that our drug testing costs are nearly twice what other programs spend. This was a conscious decision, and one we feel appropriate to maintain.

How does DSAMH count OMT treatment for data purposes? It would be very helpful to know what percent of clients are in OMT treatment by center. Nearly 20% of all our treatment capacity is in OMT. This factors into our cost per case. The majority of the centers in our state do not have access to OMT, just as they don't have access to residential treatment, creating even more of an unfair comparison.

The same question can be asked for detoxification services. If only two centers in the state are providing detoxification services and 15% of our admissions are for detox, then how is this cost factored into our total cost per case?

The most obvious place where we could correct our treatment continuum capacity is in GOP. We have the lowest rate of GOP admissions in the state. This should be our highest percentage of treatment admissions. We are discussing how to accomplish this with our management team right now. Expect to see an increase in GOP capacity this current year.

**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. UCaDDAPT completed their walk-through before the site visit and shared a summary of the testing. The results of the walk-through were positive and showed that all minimum access standards were being met. The tester felt that the staff were very cordial, friendly and welcoming. Confidentiality was emphasized and provided very clear recommendations. The tester found areas for improvement, including helping clients to understand their financial liability and explaining the entire process upfront.

## **Substance Abuse Prevention**

Amy Frandsen, Program Manager, conducted the annual prevention review Utah County Department of Drug and Alcohol Prevention and Treatment on January 10<sup>th</sup>, 2017. 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 2016 Audit**

#### **FY16 Deficiencies:**

- 1) In FY15, UCaDDAPT saw a decrease in the number of Eliminating Alcohol Sales to Youth (EASY) compliance checks. In FY14, Utah County completed 463 checks. In FY15, 389 checks were completed with 90.50% compliance.

**This issue has been resolved. UCaDDAPT and the police department conducted 526 EASY checks as compared to 389 checks last year, an increase of 137 more than in the previous year.**

- 2) UCaDDAPT failed to submit an annual report to DSAMH, per the Division Directives.

**This issue has been resolved. UCaDDAPT submitted an annual report to DSAMH as required.**

### **Findings for Fiscal Year 2017 Audit**

#### **FY17 Major Non-compliance Issues:**

None

#### **FY17 Significant Non-compliance Issues:**

None

#### **FY17 Minor Non-compliance Issues:**

- 1) In FY2016 UCaDDAPT underspent their Prevention Block Grant Funds by \$117,055.

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

Reasons we underspent the prevention allocation this past year is because we were unable to fill the Prevention Coordinator position from August of 2015 until May of 2016 – so 10 of 12 months. Additionally, some school districts did not bill us for prevention services provided and delivered, and the Provo CTC contract was also not billed timely.

#### **FY17 Deficiencies:**

None

**FY17 Recommendations:**

None

**FY17 Division Comments:**

- 1) UCADDAPT began a Community Assessment in October 2016. They completed a Strategic Plan January 2017.
- 2) UCADDAPT is working on partnering with the Intermountain Hospital in Provo to implement Prevention Strategies.
- 3) UCADDAPT has implemented or assisted in implementing Why Try and Prevention Dimensions programs in all school districts in Utah County.
- 4) All UCADDAPT Prevention staff have received the SAPST (Substance Abuse Prevention Specialist Training) and Communities That Care (CTC) training.
- 5) UCADDAPT reports that they currently engage with four coalitions within the county: Eagle Mountain/Saratoga Springs, Payson, Provo, and SMART Coalition. Three of these utilize the CTC model.
- 6) All program staff in Utah County are properly trained to teach their programs with fidelity.
- 7) UCADDAPT has provided technical assistance (TA), including CTC coaching, to all coalitions.
- 8) UCADDAPT continues to work on building infrastructure that is sustainable in the County. This includes building capacity by providing training on Guiding Good Choices, Strategic Prevention Framework, Substance Abuse Prevention Specialist Training, CTC, and completing readiness surveys.
- 9) UCADDAPT has received the Prescription Drug Overdose grant from the Utah Health Department and they have applied for the Strategic Prevention Framework for Prescription Drugs mini-grant from the Division of Substance Abuse and Mental Health.
- 10) UCADDAPT is collaborating with the Health Department in e-cigarette prevention and participating in Outrage.

## **Substance Abuse Treatment**

Shanel Long, Program Administrator, and Thomas Dunford, Program Manager, conducted the review of Utah County Department of Drug and Alcohol Prevention and Treatment on January 10<sup>th</sup>, 2017. The site visit focused on compliance with Division Directives, clinical practices, consumer satisfaction, and performance on outcome measures. Block Grant and Division Directives compliance were evaluated through a review of program policies and guidelines; and discussions with staff members. Consumer satisfaction was evaluated through interviews with clients in services, tours of the physical facilities, and by reviewing Consumer Satisfaction Survey results. Outcome measures were evaluated by reviewing DSAMH Scorecards. Clinical practices were evaluated by reviewing client charts.

### **Follow-up from Fiscal Year 2016 Audit**

#### **FY16 Minor Non-compliance issues:**

UCaDDAPT continues to under-serve the adolescent population in Utah County. DSAMH data indicates that there are 1,796 adolescents in Utah County in need of treatment services. UCaDDAPT served 38 adolescents or two percent of those in need. The other Local Authorities treat twelve percent of adolescents in need. Utah Code 17-43-201 requires the local authorities to “annually prepare and submit to the division a plan approved by the county legislative body for funding and service delivery that includes: (i) provisions for services...for adults, youth, and children. According to UCaDDAPT's area plan, the budgeted amount for adolescent treatment was \$944,294 with an estimated 304 youth to be served in FY15. However, UCaDDAPT included children receiving preventative services whose parents were in treatment in the Area Plan and budget. The Treatment Episode Data Set Directives state these children should be entered as codependents, and are not considered treatment clients. At year end, UCADDAPT had only expended a total of \$137,935 for adolescent treatment services which is 89.5% less than budgeted.

**This issue has partially been resolved and will be continued in FY16; see Minor Non-compliance Issue #1. UCaDDAPT no longer identifies codependent children in their Treatment Episode Data Set as treatment clients.**

### **Findings for Fiscal Year 2017 Audit:**

#### **FY17 Major Non-compliance issues:**

None

#### **FY17 Significant Non-compliance issues:**

None

#### **FY17 Minor Non-compliance issues:**

- 1) UCaDDAPT served 69 adolescents in FY16 or 3% of those in need. This is an increase from FY15. However, the number of adolescents served is below State and National averages. Utah Code 17-43-201 requires the local authorities to “annually prepare and submit to the division a plan approved by the county legislative body for funding and service delivery that includes: (i) provisions for services...for adults, youth, and children.

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

Please note that we doubled youth served from 38 in the previous year to 69 in the most recent year. This represents 3.8% of youth needing treatment. Please note that UCaDDAPT provides 64% of all prevention services delivered in the state even though Utah County has 27% of the youth population. Also, EASY arrests totaled 208 in the past year, and marijuana arrests totaled 198. A significant percentage of these were the same individuals. We would suggest that the Division’s estimate of incidence and prevalence of 1,796 youth needing treatment in Utah County is high.

In addition to building our youth treatment capacity, we have been cultivating referrals by visiting Vantage Point youth receiving center, WMH Youth Treatment Program Supervisors, the school districts, DCFS, JJS, and juvenile court. These visits are resulting in increased referrals. We have treated almost three times the number adolescents from July 1, 2016 – March 27 (three times the number served last year). Additionally, Grandview Youth Services have restructured their schedule to increase service hours. We are in contract discussions with JJS to become an outpatient treatment provider for them. We have also been an active participant in the Systems of Care work group since its inception.

- 2) The FY16 Utah Substance Abuse Treatment Outcomes Score Card shows:

- a) The percent of clients retain in treatment for more than 60 days decreased from 67.0% in FY15 to 48.1% in FY16 respectively. This is less than the required 70% retention rate.

*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.*

- b) The percent of clients completing treatment successfully decreased from 67.1% in FY15 to 46.4% in FY16 respectively. This is less than the required 60% completion rate.

*Local Substance Abuse Authorities will meet or exceed their FY2015 Successful Treatment Episode Completion rates in FY2016 and will work towards achieving a goal of 60%. Local Substance Abuse Authorities whose FY2015 completion rate was over 60% are required to meet or exceed a 60% completion rate in FY2016. 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:**

We will look at our own data report to determine what percentage of clients fall in the various TEDS discharge statuses, then drill down to see if particular programs or staff account for the rate. The state TEDS definitions are as follows: *“There is only one initial admission per episode. Therefore, if a client in the midst of a single episode of treatment changes services/modalities or providers, this event is considered a “transfer” rather than a new initial admission. For example, a client who has been in detoxification may complete this level of service and be transferred to a residential setting within the same treatment episode. This transaction should be reported as a transfer, not a new initial admission. A treatment episode should be assumed to have ended, and the client officially discharged from the treatment episode.”* Changes in services/modalities have been counted as transfer to another facility per the above definition. Treatment completed is used when individuals have left our services. These definitions continue to be confusing and likely explain lower completion rates and lower retention rates. We will be adding a more through definition in the EHR. We will also make this a focus of our QA activities this year and documentation training this year. The last time we did training on discharge documentation was June 28, 2015, and more than half of our treatment staff has turned over since then. In addition, we plan to offer peer support services geared specifically to treatment retention and completion.

- 3) Data from the FY16 Consumer Satisfaction Surveys shows:
  - a) The percent of clients sampled for the collection rate for Youth Family Satisfaction Survey was 6.8%, which is below the required 10%.

*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.*

#### **Center’s Response and Corrective Action Plan:**

The data reflected in this sample was collected during the transition of youth treatment services from LEC to UCaDDAPT. During this period client numbers were low. We have increased client numbers and have been successful in obtaining increased survey response. This year we submitted 18 Youth YSS and 8 Parent YSSF which should be well above 10%.

#### **FY17 Deficiencies:**

- 1) Client goals and objectives did not include target or completion dates. Several charts had goals with target dates scheduled six months in advance rather than a time frame appropriate for the goal. There was also no indication when goals and objectives had been completed. Objectives should be measureable, time limited and achievable. Goals and target dates should be updated on a regular basis and charts should identify when goals and objectives have been completed.

#### **Center’s Response and Corrective Action Plan:**

Most aDDAPT’s Program Managers are new to their positions. We also have multiple new clinical staff. There is a current work group composed of Program Managers, Therapists, and

Case Managers developing a department wide, systematic approach to address accuracy and consistencies in documentation, consultation and supervision. Additionally, quality assurance efforts are targeting this area in regular reviews.

- 2) Assessments are not being updated on a regular basis or completed for every client. One chart was missing an assessment for a client who was involved in treatment services. Assessment should be ongoing and completed for all clients. (Chart #'s 314588, 271336, 277369, 279604, 314276 and 314979).

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

The assessment, ASAM and treatment plan are considered pieces of the overall comprehensive assessment. ASAM/new level of care assessments are completed continuously throughout a treatment episode. The ASAM is used as an assessment update. Additionally, in our EHR, progress or lack of progress is documented directly to the treatment plan. Our documentation protocol requires that specifically progress or lack of progress be identified. This also provides an update to both the treatment plan and the assessment.

We are currently exploring options of building in mandatory assessment updates into our EHR. This was a feature in our former EHR. Additionally, as previously mentioned, improving in documentation is a department goal for us and we are in the process of developing consistent, systematic record reviews that will address assessment and assessment updates. Regarding the assessment that was missing, we agree that this is an egregious error and it is an anomaly. We were able to identify a small handful of staff members who were responsible for this finding. Those responsible no longer work here.

### **FY17 Recommendations:**

- 1) UCaDDAPT should work on increasing DORA participation. Currently, the DORA program client count for FY16 is 24 which are below the UCaDDAPT established client program cap of 39 clients.
- 2) UCaDDAPT may be under-reporting the number of clients who are "compelled" to treatment by the justice system. DSAMH has directed local authority programs to report clients as "compelled" if treatment is ordered or required in any of the following situations:
  - A plea in abeyance (Including Drug Court),
  - Participation in a diversion program,
  - Criminal Court Order,
  - Release from jail,
  - A condition of a sentence or a probation or parole agreement.
- 3) 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](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) Over the past year, UCaDDAPT reduced the number of old open cases from 2% in FY15 to .2% in FY16. They have implemented procedures to correct data issues and now hold weekly quality assurance meetings. UCaDDAPT continues to demonstrate commitment to improving data.
- 2) *Community Relations:* UCaDDAPT is currently conducting outreach to increase participation in adolescent treatment. Staff has been attending several community partnership meetings within the community, including to local school districts to provide information on available services.
- 3) *Medication Assisted Therapy (MAT) Services:* UCaDDAPT contracted with a Doctor who is providing Buprenorphine for their clients. This will expand MAT services to individuals with opioid use disorders in their community.
- 4) *Intake Staff Interviews:* DSAMH conducted interviews with the CIS staff to identify their knowledge of the SAPT block grant requirements for identifying priority populations. It was evident staff understood the priority populations and the need for prioritizing treatment placement.

## **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 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.

## Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Utah County's Department of Drug and Alcohol Prevention and Treatment and for the professional manner in which they participated in this review.

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

The Division of Substance Abuse and Mental Health

Prepared by:

Chad Carter  Date June 6, 2017  
Auditor IV

Approved by:

Kyle Larson  Date June 6, 2017  
Administrative Services Director

Brent Kelsey  Date June 6, 2017  
Assistant Director Substance Abuse

Doug Thomas  Date June 6, 2017  
Division Director