

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



Site Monitoring Report of

Central Utah Counseling Center

Local Authority Contracts #122254 and #122253

Review Dates: October 1st and 2nd, 2013

For Official Use Only

Table of Contents

Section One: Report Information	3
Background	4
Non-Compliance Issues, Action Plans and Timelines	5
Section Two: Site Monitoring Report	7
Executive Summary	8
Summary of Findings	9
Governance and Fiscal Oversight	10
Mental Health Mandated Services	12
Child, Youth and Family Mental Health.....	13
Adult Mental Health.....	15
Substance Abuse Prevention	18
Substance Abuse Treatment.....	20
Signature Page.....	25

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 Central Utah Counseling Center (also referred to in this report as CUCC 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 Central Utah Counseling Center on October 1st & 2nd, 2013. The focus of the review was on governance and oversight, fiscal management, pediatric and adult mental health services, substance abuse prevention and treatment services and general operations.

The nature of this examination was to evaluate the Center's compliance with: State policies and procedures incorporated through the contracting process; State mandated mental health services; and Preferred Practice Guidelines. During the examination, the review teams evaluated: the reliability and integrity of the Center's data and its compliance with established programmatic and operational objectives. Additionally, the review included an examination, through sampling, of the Center's efficient and appropriate use of financial resources.

Any program or operational inadequacies are identified in this report as non-compliance issues. The chart on the following page provides a quick reference to locate any non-compliance issues identified by the monitoring team. A detailed description of the issues can be found in the body of this report.

Summary of Findings

Programs Reviewed	Level of Non-Compliance Issues	Number of Findings	Page(s)
<i>Governance and Oversight</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None 1	10 - 11
<i>Child, Youth & Family Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None None	
<i>Adult Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None 1	16
<i>Substance Abuse Prevention</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None 1	18 - 19
<i>Substance Abuse Treatment</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None 3	21 - 23

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health conducted its annual monitoring review at Central Utah Counseling Center (CUCC) on October 1st and 2nd, 2013. 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; CUCC was found to be within the client cost standards provided in the DSAMH Division Directives. 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. Detailed service, operating and travel expenditures were examined for proper approval and supporting documentation. All selected expenditures were found to be properly approved and were supported with adequate documentation.

The Center is in the process of completing their independent financial statement audit for the most recent fiscal year and the report is not yet available. The audit for the fiscal year ending June 30, 2012 was reviewed and no deficiencies were identified during the audit of the financial statements.

Follow-up from Fiscal Year 2013 Audit:

FY13 Minor Non-compliance Issues:

- 1) CUCC is not adequately updating subcontractor files. Subcontractor files were found to be missing current licensing and insurance documentation.

This finding has been resolved.

Findings for Fiscal Year 2014 Audit:

FY14 Major Non-compliance Issues:

None

FY14 Significant Non-compliance Issues:

None

FY14 Minor Non-compliance Issues:

- 1) The Center has not provided complete year-end data as required in Division Directives. The FY14 Division Directives state:

All Local Authorities shall complete specific year-end reports that must be submitted to the Division no later than August 30, 2013. The forms will be provided to the Local Authorities no later than 45 days prior to the due date. The reports must be completed with the most recent actual fiscal data available.

Although CUCC did provide the majority of the required data on September 5, 2013; the submitted report was missing the completed Form A(1) Actual Cost and Clients Served by Population. Despite several attempts to obtain the missing data, including several telephone calls and emails, the information was not provided until December 17, 2013. This issue is included as a finding as the data is more than 30 days past due and was not available for the Division's scheduled site visit on October 1st and 2nd, 2013. This negatively affected the Division's ability to monitor in the areas of Governance and Oversight; Child, Youth and Family Mental Health and Adult Mental Health.

Center's Response and Corrective Action Plan:

This form has been resubmitted. For FY2015 Farrel Marx will be responsible for completing all financial forms. Nathan Strait will be responsible for the clinical descriptions and plans for the upcoming year. These will be submitted according to the given time-frames in the future.

Farrel Marx is the contact person for this finding, 435-283-8400.

FY14 Deficiencies:

None

FY14 Recommendations:

None

FY14 Division Comments:

None

Mental Health Mandated Services

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

Inpatient Care

Residential Care

Outpatient Care

24-hour Emergency Services

Psychotropic Medication Management

Psychosocial Rehabilitation (including vocational training and skills development)

Case Management

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

Consultation and Education Services

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

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

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

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

Child, Youth and Family Mental Health

The Division of Substance Abuse and Mental Health Children, Youth & Families team conducted its annual monitoring review at Central Utah Counseling Center October 1st and 2nd, 2013. 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 staff, program visits, and feedback from families through questionnaires and a discussion group. During the discussions, the monitoring team reviewed FY13 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; Early Intervention Building Block programs; civil commitment; compliance with Division Directives and the Center's provision of the ten mandated services as required by Utah Code 17-43-301.

From our review, Central Utah Counseling Center is in full compliance with mandated service provisions.

Follow-up from Fiscal Year 2013 Audit

FY13 Minor Non-compliance Issues:

- 1) Crisis and Safety Plans were not present or accessible in three of five charts where Crisis/Safety Plans were clinically indicated. It is noted CUCC has recently transitioned medical record systems, and some records are still in the process of being updated. It is important that crisis and safety plans be easily accessible during a crisis.

This finding has been resolved.

Findings for Fiscal Year 2014 Audit

FY14 Major Non-compliance Issues:

None

FY14 Significant Non-compliance Issues:

None

FY14 Minor Non-compliance Issues:

None

FY14 Deficiencies:

None

FY14 Recommendations:

- 1) It is recommended that CUCC input the Family Resource Facilitator (FRF) Crisis/Safety Plans into the Electronic Medical Record (EMR). In two of the charts audited, Crisis/Safety Plans were later located through the FRF charts, but were not accessible in the EMR.
- 2) It is recommended that CUCC add other FRF documents into the EMR for clients who are currently open at CUCC.

FY14 Division Comments:

- 1) *Family Feedback:* The Utah Family Coalition (UFC) collected 17 questionnaires, 12 from the Nephi office and five from the Ephraim office. The UFC also held a family feedback group that four families attended. Family feedback indicated that CUCC staff and therapists are caring, helpful, and diligent. Families report that CUCC knows the children and their families with one parent stating, “The center knows the kids names and this helps them feel cared about.” Another parent was so grateful for the work being done, they stated, “I adore and appreciate all of the indispensable staff at CUCC.”
- 2) *Family Resource Facilitator and Wraparound:* CUCC is providing Wraparound to fidelity as defined by the Utah Family Coalition. CUCC has supported and promoted family involvement. The FRFs have partnered with community resources, schools, and other agencies to improve supports for the children, youth and families they serve. One mother and son reported that they are able to have a relationship again, thanks to the FRF and the Wraparound services they are receiving.

Adult Mental Health

The Adult Mental Health team consisted of Rick Hendy, Program Administrator, Michael Newman, Recovery and Resiliency Peer Program Manager, and LeAnne Huff, Adult Mental Health Program Manager. The review included: record reviews; discussions with clinical supervisors and management teams. During this monitoring visit, site visits were conducted at the Sanpete County Jail, residential crisis services in Mount Pleasant; adult residential housing in Nephi, Mount Pleasant and Central Utah Counseling Center (CUCC) administrative offices and focus groups were conducted through the Central region to obtain feedback from consumers. During the discussions, the site visit team reviewed the FY13 audit findings and center responses; statistics, including the mental health scorecard; area plans; outcome questionnaires; Multi-Agency Coordinating Committee; and the Center's provision of the ten mandated services.

Based on our review, CUCC is in full compliance with the mandated services provisions.

Follow-up from Fiscal Year 2013 Audit

FY13 Deficiencies:

- 1) *Person-Centered Planning in accordance with the Division of Wellness Directive:* The Wellness directive requires consumers to be screened for nicotine use and dependence, and when criteria are met to be documented on Axis 1 of multi-axial diagnosis. In addition, the Wellness Directive also requires the medical record include documentation of weight, diabetes and medical condition screening.

DSAMH recognizes and appreciates CUCC's positive efforts of recording and documenting physical health concerns and issues in the medical record. However, tobacco cessation is still not being actively addressed and will be continued as a deficiency in FY14 as a shared finding with Substance Abuse Treatment. Please see Substance Abuse Treatment FY14 Deficiency #1.

- 2) Collection of Adult Consumer Satisfaction Surveys was less than 10% of the number served by CUCC for FY12 and significantly less than the state average. Division Directives require Consumer Satisfaction Surveys to be given to at least 10% of clients served. CUCC has significantly increased the collection of Adult Consumer Satisfaction Surveys to approximately 21%.

This deficiency has been resolved.

Findings for Fiscal Year 2014 Audit

FY14 Major Non-compliance Issues:

None

FY14 Significant Non-compliance Issues:

None

FY14 Minor Non-compliance Issues:

- 1) *Services to Persons Incarcerated in County Jail or Other County Correctional Facility:* In accordance with the provision of Title 62A, chapter 15-103 (4) (b) (x) the local mental authority shall include services to persons incarcerated in a county jail or other county correctional facility. During the site visit to the Sanpete County Jail, The Jail Captain and staff reported on at least two separate occasions emergency mental health services were requested and CUCC did not intervene. It was clear from the discussion that no formal agreement, protocols or arrangements were in place and the Jail did not understand how to appropriately access services. During the site visit discussion CUCC made a commitment to provide emergency mental health services in the future. Please provide an appropriate corrective action plan.

Center’s Response and Corrective Action Plan:

Follow up has been completed on three separate occasions following the site visit by the Center to make sure that the jail is aware of how to obtain emergency services. CUCC furthermore has trained staff on the agreement between the jail and the center to provide emergency services. This training took place in October at a Team Staff Meeting where all therapists were present. Phone numbers with the local team leader has been exchanged with the jail Captain.

Mark Metekingi LCSW is the contact person for this finding, 435-283-4065.

FY14 Deficiencies:

- 1) *Promoting a Nicotine Free Environment:* This is a shared deficiency with Substance Abuse Treatment, please see Substance Abuse Treatment FY14 Deficiency #1.

FY14 Recommendations:

None

FY14 Division Comments:

- 1) *Consumer Feedback:* Individuals interviewed in focus groups responded that they felt supported in their treatment, transportation, housing, and in their physical and spiritual health. They expressed appreciation for the staff members and felt that they could always turn to them.
- 2) *Peer Services:* The DSAMH appreciates CUCC dedication to developing strong peer support in their communities. Since the Division’s last site visit, CUCC hired two Certified Peer Support Specialists to run groups to support wellness and recovery in Ephraim. Their goal is to expand the peer support program to other counties.

- 3) *Crisis Services:* CUCC has made a positive commitment to address the high number of consumer emergency room visits and inpatient hospitalizations by hiring a full time person to oversee Crisis services, providing after hours on call rotation of staff to respond to crisis in the community, and providing a 24 hour crisis line. In addition CUCC has increased crisis resources by establishing three beds at the Residential Support in Mt. Pleasant to promote crisis stabilization and prevent hospitalization. CUCC reports they received a grant by IHC to help decrease ER visits by providing medication management and outpatient therapy to the unfunded population.
- 4) *Supported Housing:* CUCC is providing safe, clean, and well maintained supported housing to consumers in two different facilities, Acute Treatment Facility (ATF) housing located in Mt. Pleasant and Transitional Housing Unit (THU) located in Nephi. Consumers reported feeling safe in their housing and appreciated having a licensed staff member living at the facility for additional support.
- 5) *Access to Services:* CUCC is dedicated to improving access to services as evidenced by hiring two new therapists, one in Ephraim and one in Fillmore. CUCC has successfully implemented a Mental Health Court into their system which has been operating for the last year. CUCC hired a new drug court coordinator resulting in improved collaboration with Sanpete County Jail and mental health services. CUCC is actively addressing suicide prevention and have two trained QPR instructors (Question, Persuade, and Refer) to train their diverse communities on how to recognize the warning signs of suicide and persuade individuals at risk of suicide to get help.
- 6) *Training:* The Division would like to offer their support of local area training by a Peer Support Specialist based on feedback received from the “Recovery Self-Assessment Survey” that was administered among CUCC’s administrative staff. Michael Newman is available to present with CUCC staff regarding recovery-based topics such as, “Integrating Peer Specialists in the Workplace”, “Recovery-Based Language”, “Trauma Informed Care”, and any other topics that CUCC may be interested in.

Substance Abuse Prevention

Ben Reaves, Prevention Program Manager, conducted the annual prevention review of Central Utah Counseling Center on October 1st, 2013. The review focused on the requirements found in State and Federal law, Division Directives, and contracts. In addition, the review evaluated the services described in the annual prevention area plan, and evaluated the data used to establish prevention priorities.

Follow-up from Fiscal Year 2013 Audit

FY13 Minor Non-compliance Issues:

- 1) CUCC is not engaged in the Eliminate Alcohol Sales to Youth (EASY) alcohol compliance checks with local law enforcement for FY13. CUCC prevention staff has engaged in discussion with local law enforcement, but no plans have evolved to complete the EASY checks.

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

Findings for Fiscal Year 2014 Audit

FY14 Major Non-compliance Issues:

None

FY14 Significant Non-compliance Issues:

None

FY14 Minor Non-compliance Issues:

- 1) CUCC is not engaged in the Eliminate Alcohol Sales to Youth (EASY) alcohol compliance checks with local law enforcement for fiscal year 2014. CUCC prevention staff reports they have repeatedly talked with law enforcement, have trained the local sheriff's department and city police on the procedure, but there still hasn't been any checks completed. Law enforcement has some difficulty recruiting Covert Underage Buyers (CUBS). Law enforcement also stated there are some personal challenges with extra work on top of police work, and conflicts with part time jobs. No plans have evolved to implement or complete the EASY checks.

DSAMH Recommends CUCC continue its efforts to assist local law enforcement in conducting EASY checks throughout their six county area and concentrate efforts on the county or city that is most ready to implement the EASY checks. DSAMH is available for technical assistance as needed.

Center's Response and Corrective Action Plan:

CUCC will continue its efforts to assist local law enforcement in conducting EASY checks throughout the six county area and concentrate efforts on the county or city that is most ready to implement the EASY checks.

Sharron Lopez is the contact person for this finding, 435-896-8236.

FY14 Deficiencies:

None

FY14 Recommendations:

None

FY14 Division Comments:

- 1) Prevention staff was trained in Question, Persuade, Refer (QPR), a suicide prevention gatekeeper training that teaches skills of recognizing warning signs of suicide and offers hope through a referral process. Prevention staff have also been training community organizations, including the Boy Scouts and local churches. CUCC is planning on a collaborative effort to have a suicide prevention town hall meeting as well.

Substance Abuse Treatment

Dave Felt, Program Administrator, and Becky King, Program Manager, conducted the annual review of Central Utah Counseling Center which focused on Substance Abuse Treatment (SAPT) block grant compliance, drug court program compliance, clinical practice and compliance with contract requirements. Clinical practices and documentation were evaluated by reviewing client charts and discussing current practices. Adherence to SAPT block grant requirements and contract requirements was evaluated by a review of policies and procedures; interviews with clients and discussion with CUCC staff. Treatment schedules, policies and other documentation were viewed. Client satisfaction was measured by reviewing records, Consumer Satisfaction Survey data, and the results of client interviews conducted at the Ephraim Center.

Follow-up from Fiscal Year 2013 Audit

FY13 Minor Non-Compliance Issues:

- 1) In FY13, 14.8% (57 cases) of clients served in this fiscal year remained open before 2011, which exceeded the Division Directive of 4%. In FY14, CUCC showed 14.9% of old open admissions still active, which continues to exceed the Division Directive of 4%.

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

- 2) DSAMH recognized that CUCC's new Electronic Health Record (EHR) was still under development; however, it appeared that the new system was being designed with some of the inadequacies of the old system and the following patterns need to be addressed as CUCC develops the new system going forward.

The concerns were:

- a) Initial Assessment- There was a lack of continuity among the assessment, American Society of Addiction Medicine (ASAM), treatment plan, and treatment plan/ASAM reviews. Moreover, the ASAM was not consistently part of the initial DLA 20 assessment.
- b) Treatment plans were not clearly connected to the ASAM reviews and were not person-centered. Plans were written in clinical language rather than in the clients' words, and did not contain measurable, specific, and time limited goals and objectives.
- c) The ASAM severity ratings, and level of care (LOC) recommendations often appeared unrelated to each other and ASAM justifications for severity and LOC were incongruent.

Upon review of the chart records this year, the assessment, treatment plans and ASAM were significantly improved.

This finding has been resolved

- 3) Data Findings:

- a) Outcome measures for *Increased Employment* decreased from 16.9% in FY11 to 7.2% in FY12. CUCC not only decreased to 7.2% in FY12, but was also less than half the state rural average of 15.2%. In FY13, outcome measures for *Increased Employment* decreased from 7.2% to -0.6%, which continues to be below the state rural average of 8.9%.

This finding has not been resolved and is continued in FY14 as a finding; see Minor Non-compliance Issue #2.

- b) Collection of Adult Consumer satisfaction surveys was 7.9%, which was below the 10% data collection rate required by the Division Directives. In the FY13, the collection rate increased to 14.5%, which now meets Division requirements.

This finding has been resolved

Findings for Fiscal Year 2014 Audit:

FY14 Major Non-compliance issues:

None

FY14 Significant Non-compliance issues:

None

FY14 Minor Non-compliance issues:

- 1) In FY14, CUCC showed 14.9% of old open admissions still active, which continues to exceed the Division Directive requirements of 4%.

Recommendation:

- CUCC should review policies and practices for closing cases and provide staff with training on timeframes and reasons for which cases should be closed. In addition, CUCC needs to establish ongoing internal quality assurance (QA) and follow up to ensure cases are closed in a timely manner.

Center's Response and Corrective Action Plan:

Discharging clients has been an issue in part due to having the admission in one system (Profiler) and the needed discharge in another (Credible). The other issue involved in this is that providers often have not understood the importance of timely discharging clients. Training has been completed at each team in October and November around this issue.

Regarding the employment status of clients, there are similar issues as stated above and the training in October and November focused upon this issue along with other data reporting requirements. On-going training and monitoring will continue throughout this year. CUCC will

also be adding the definitions of the data specs to the forms so that the providers can clearly understand how the elements are defined.

Protocols and reports will be established in January 2014 around quality assurance.

Nathan Strait is the individual responsible for the training and adding the definitions to the forms, 435-283-8385.

2) FY13 Data Findings:

- a) Outcomes measures for *Increased Employment* decreased from 7.2% to -0.6% from FY12 to FY13 respectively, which is below the state rural average of 8.9%.
- b) Outcomes measures for *Decreased Criminal Justice Involvement* went from 73% to 19.4% from FY12 to FY13 respectively.
- c) *Tobacco use* increased from 69.9% at admission to 72.1% at discharge. Division Directives require that tobacco use decreases from admission to discharge.
- d) The rate for a *Successful Treatment Episode Completion* went from 37.7% to 32.8% from FY12 to FY13 respectively. Division Directives require that Local Authorities meet or exceed their previous year's rate of completion, with a goal of a 60% successful episode completion rate.

Recommendation:

- CUCC should review data collection and submission procedures to ensure accurate reporting.
- If necessary, develop a plan to address employment issues, criminal involvement in the justice system and improving successful treatment episode completion rates.
- Implement a plan to address tobacco cessation at CUCC.

Center's Response and Corrective Action Plan:

Data issues:

Employment issue addressed above.

Decreased Criminal Justice Involvement and Successful Treatment Episode Completion issues are related to the above issues and the same Corrective Action Plan of adding definitions and training will be followed to address and resolve these issues.

Tobacco use will also be addressed and monitored throughout this year. Training on the importance of accurate data reporting will be included.

Nathan Strait is the individual responsible for the training and adding the definitions to the forms, 435-283-8385.

- 3) Recovery Plans were not current, specifically, objectives in the Plans are not being terminated and new objectives developed. While the new electronic health record is significantly improved and allows the progress of the client to be tracked, we were unable to find a single example where a recovery objective had been closed, even when the documentation clearly showed it had been achieved. Objectives were kept active for extended periods without any new objectives developed, even when it was clear that the client's situation had changed and new issues were being addressed. (*Charts Reviewed:* [REDACTED])

Recommendation:

- The Recovery Plans should be reviewed and updated on a regular basis and kept current. This could be accomplished by allowing the clinician to close the objective and develop new objectives through the progress note process, just as the current system allows clinicians to review progress on objectives through the progress note. They can be reviewed in individual sessions, in group or as needed.

Center's Response and Corrective Action Plan:

CUCC has been moving away from an old set of Recovery Plans that made some of these issues difficult and time consuming. Currently clinicians can do exactly as described above in the recommendations. They can enter new objectives and expire current or outdated objectives. Training has been completed on the importance of expiring objectives and establishing new ones. This training emphasized the importance of short term objectives. This training was completed in October and November for the various teams. On going auditing will be maintained to assure quality assurance.

Nathan Strait completed the training. He is the individual responsible for the CAP and can be reached at 435-283-8385.

FY14 Deficiencies:

- 1) According to the information provided in client interviews and from a review of clinical charts, CUCC is not actively addressing tobacco cessation or providing any emphasis on the Recovery Plus Tobacco Cessation Program. There was no evidence that addiction to tobacco was being discussed in group or individual sessions or that tobacco cessation education was being provided as a routine part of the treatment process. CUCC is to be commended for the number of Recovery Plus Signs and Posters in their buildings, but does not seem to be doing anything beyond this minimal effort. This is a shared deficiency with Adult Mental Health.

Recommendation:

- Increase emphasis among administration and clinical staff on the importance of incorporating tobacco cessation into the overall wellness program.

- Develop a plan to address tobacco cessation in all areas of the program (intake, individual sessions, group therapy, educational classes and other opportunities).
- Provide clients with Recovery Plus resources through education, discussion and distribution of pamphlets in the lobby and offices.
- This should be completed by the FY15 Site Visit.

FY14 Recommendations:

- 1) *Drug Court:* Client feedback from several group interviews indicated that jail is the primary sanction used in the area's drug courts. While all agreed that jail was a useful sanction in many cases, they cited numerous instances where other sanctions would be more effective. They also reported that the only incentives used were when a person changed phases. While it is recognized that this input may not represent the totality of the sanctions and incentives, it is the prevailing understanding by drug court participants. It is recommended that CUCC work with the drug court teams to expand the incentives and sanctions and individualize the use of each based on the client's situation rather than a one size fits all approach.

FY14 Division Comments:

- 1) *Documentation:* CUCC has made significant and noticeable improvement in the quality of their group and individual documentation with the new Electronic Health Care Record (*Credible*). They are planning to continue improving clinical documentation through training and clinical supervision.
- 2) *Client Feedback:* Clients reported that they have not been receiving a copy of their treatment plan. Clients should receive a copy of their plan to ensure that they are a part of the planning process and understand their treatment goals. Overall, clients reported their appreciation for the stability and support system in place at CUCC.
- 3) *Client Engagement:* CUCC is working on engagement techniques to improve program practices and client outcomes. They are planning to be more "client centered" at intake and begin making follow-up phone calls after discharge.
- 4) *Clinical Supervision:* CUCC should continue in their efforts in providing consistent clinical supervision.
- 5) *Drug Court:* Last year, the Risk and Needs Triage (RANT) screening document was only found in one chart. This year, the RANT was found in all the charts reviewed. Client interviews indicated a need for the expansion of sanctions and rewards in the Drug Court Program.

Signature Page

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

Prepared by:

Chad Carter _____ Date _____
Auditor IV

Approved by:

Paul Korth _____ Date _____
Administrative Services Director

Brent Kelsey _____ Date _____
Assistant Director Substance Abuse

Doug Thomas _____ Date _____
Division Director