

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



Site Monitoring Report of

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

Local Authority Contract #122419

Review Dates: January 7th, 2014

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Section One: Report Information

Background

Utah Code Section 62A-15-103 outlines duties of the Division of Substance Abuse and Mental Health. Paragraph (2)(c) states that the Division shall:

- Consult and coordinate with local substance abuse authorities and local mental health authorities regarding programs and services,
- Provide consultation and other assistance to public and private agencies and groups working on substance abuse and mental health issues,
- Receive, distribute, and provide direction over public funds for substance abuse and mental health services,
- Monitor and evaluate programs provided by local substance abuse authorities and mental health authorities,
- Examine expenditures of any local, state and federal funds,
- Monitor the expenditure of public funds by local substance abuse authorities and mental health authorities,
- Contract with local substance abuse authorities and mental health authorities to provide a continuum of services in accordance with division policy, contract provisions, and the local plan
- Assure that these requirements are met and applied uniformly by local substance abuse authorities and mental health authorities across the state,
- Conduct an annual program audit and review of each local substance abuse authority and mental health authority in the state and its contract provider in a review and determination that public funds allocated to by local substance abuse authorities and mental health authorities are consistent with services rendered and outcomes reported by them or their contract providers,
- Each local substance abuse authority and each mental health authority is exercising sufficient oversight and control over public funds allocated for substance abuse and mental health programs and services, and
- Other items determined by the division to be necessary and appropriate.

In accordance with these and other instructions, the Division of Substance Abuse and Mental Health (also referred to in this report as DSAMH or the Division) conducted its annual program audit and review of Utah County's Department of Drug and Alcohol Prevention and Treatment (also referred to in this report as UCaDDAPT or the County).

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 Utah County's Department of Drug and Alcohol Prevention and Treatment on January 7th, 2014. 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 County'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 County's data and its compliance with established programmatic and operational objectives. Additionally, the review included an examination, through sampling, of the County's efficient and appropriate use of financial resources.

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

Summary of Findings

Programs Reviewed	Level of Non-Compliance Issues	Number of Findings	Page(s)
<i>Governance and Oversight</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None 2	10 - 11
<i>Substance Abuse Prevention</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None None	
<i>Substance Abuse Treatment</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None 1	14 - 15

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health conducted its annual monitoring review at Utah County's Department of Drug and Alcohol Prevention and Treatment (UCaDDAPT) on January 7th, 2014. The Governance and Fiscal Oversight section of the review was conducted by Chad Carter, Auditor IV. Overall cost per client data was analyzed and compared to the statewide Local Authority average. Personnel and subcontractor files were examined for compliance with state licensing laws and adherence to contractual requirements, as well as the County's own policy. Detailed service, operating and travel expenditures were examined for proper approval and supporting documentation for the months of March and April of 2013. All selected expenditures were found to be properly approved and were supported with adequate documentation.

The CPA firm Gilbert & Stewart performed an independent audit of Utah County for the year ending December 31, 2012 and issued an unqualified opinion in their report issued on June 24, 2013. No significant deficiencies were identified during the audit specific to the Utah County's Department of Drug and Alcohol Prevention and Treatment.

Follow-up from Fiscal Year 2013 Audit:

FY13 Minor Non-compliance Issues:

- 1) UCaDDAPT is not adequately updating personnel and subcontractor files. In reviewing files for County employees, it was found that several files were missing, or contained outdated copies of signed Code of Conduct forms, harassment and HIPAA trainings. Subcontractor files were found to be missing documentation for current licensing or insurance.

All reviewed personnel files included the required documentation, this part of the finding has been resolved. Subcontractor files were still found to be missing current insurance documentation, this part of the 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) Two of the reviewed subcontractor files ([REDACTED]) included outdated and expired insurance documentation. The Local Authority contracts states:

“On an annual basis and upon request from DHS/DSAMH, the Local Authority shall obtain from its non-governmental subcontractor and shall provide to DHS/DSAMH, evidence that the subcontractor has the insurance coverage required by this Contract”.

Center’s Response and Corrective Action Plan:

The contracts specified in the finding are small Access to Recovery contracts. The contractors are relatively new to UCaDDAPT and are small providers. The principle contact at Arcadia is no longer employed there. In fact, we were just notified that the Director at Arcadia was arrested and charged with insurance fraud, so this contract has been terminated. Be that as it may, we have requested updated insurance information from Steps.

- 2) UCaDDAPT’s 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 FY13 cost per client is 127.3% more than the statewide average and 49.4% more than their previous year. The problem appears to be more of a data issue as their reported client counts are very low, negatively affecting their cost per client average.

Center’s Response and Corrective Action Plan:

This finding is directly related to the variance between our client data reported to DSAMH, and the data DSAMH identifies as successfully reported. The Actual client year end count data from DSAMH shows that we reported 2,108 clients served, but that SAMHIS showed 964. If the cost per client were based on our actual client count, our average expenditure per client would be \$3,133, or within 4% of the state average. UCaDDAPT will work aggressively with DSAMH to resolve the data reporting issues.

FY14 Deficiencies:

None

FY14 Recommendations:

None

Substance Abuse Prevention

Ben Reaves, Prevention Program Manager, conducted the annual prevention review of Utah County Department of Drug and Alcohol Prevention and Treatment on January 7th, 2014. 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.

UCaDDAPT was compliant with all contractual prevention requirements according to Utah Code 17-43-301 and the Division of Substance Abuse and Mental Health Directives.

Follow-up from Fiscal Year 2013 Audit

No findings were issued in FY13.

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:

None

FY14 Division Comments:

- 1) Previously a rise was noted in Parental Attitudes Favorable to Anti Social Behavior (ASB) in all grades that showed an increase from 31% in 2009 to 40% in 2011. Favorable Attitudes to ASB has been shown in prevention research to be a strong indicator for substance abuse. UCaDDAPT recently implemented county-wide parenting classes to address this issue. UCaDDAPT also resolved this issue by sustaining and further implementing programs, policies and practices that addressed parental attitudes through a data driven process. UCaDDAPT continued to sustain the evidenced-based parenting project by collaborating with the Payson Communities That Care (CTC) to run the Strengthening Families Program, (Kumpfer). UCaDDAPT's strategic plan also included collaborating with Wasatch Mental Health, Division of Children and Family Services, Springville CTC, and the school districts

to assist in this effort. As a result, Parental Attitudes Favorable to Antisocial Behavior decreased from 40.2% in 2012 to 25.5% on the 2013 Student Health and Risk Prevention Survey.

Substance Abuse Treatment

Dave Felt, Program Administrator, and Becky King, Programs Manager, conducted the review of Utah County Department of Drug and Alcohol Prevention and Treatment on January 7th, 2014. 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; observation of a Family Drug Court team staffing and court process; 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. Program outcome measures were evaluated by reviewing the outcome measures against DSAMH standards. Clinical practices were evaluated by reviewing client charts.

Follow-up from Fiscal Year 2013 Audit

FY13 Significant Non-compliance Issues:

- 1) UCaDDAPT is not closing old admissions in a timely manner, which distorts their performance data and is not in compliance with Division requirements. This was also a finding in FY12. During the past year, UCaDDAPT started reviewing old admissions in their weekly staff meetings and provided training to staff on closure procedures, which has resolved this problem.

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 FY13 Utah Substance Abuse Treatment Outcomes Measures Scorecard reflects that from FY12 to FY13, the percent of clients completing a treatment episode successfully decreased from 53.1% to 45.7% respectively. This does not meet the standard outlined in the FY13 Division Directives that states: "Local Substance Abuse Authorities will meet or exceed their FY2012 Successful Treatment Episode Completion rates in FY2013 and will work towards achieving a goal of 60%."

Center's Response and Corrective Action Plan:

Our performance on this standard still exceeds the state and state urban averages for this performance standard. We will look at our data by both program and staff member as we have done in years past and try to identify the source of the problem. This also may be a data artifact similar to the finding in Governance and Oversight above. In past years, this has been a training issue, so a refresher training may be in order and will be provided at a quarterly staff meeting in April.

FY14 Deficiencies:

None

FY14 Recommendations:

- 1) In some client interviews, it was mentioned that the treatment is “program based” rather than “individualized”. For example, some individuals in the Promise South Program reported that they are all required to do two “AA” meetings per week, attend treatment for a year and quit working while in Drug Court. These program requirements impede and/or interfere with the client’s ability to succeed in other areas of their life. Treatment lengths, content and intensity should be tailored to client needs rather than based on a structured program. While it is recognized that UCaDDAPT has made significant progress in this area, it is recommended that UCaDDAPT review this feedback and continue to improve their focus on providing “individualized” treatment in all of their services.
- 2) Clients reported that everyone now has a case manager, which some do not feel is necessary. They stated that their therapist usually provides them with everything that they need and would prefer to have the option choosing to have a case manager, rather than automatically being assigned to one. It is recommended that UCaDDAPT evaluate the client’s need for case management services prior to assigning a case manager to them, ensure that services are not duplicated, and ensure clients understand the role that case managers play in their recovery.

FY14 Division Comments:

- 1) In the Dependency Drug Court, it was observed that Drug Court levels are not tied to the level of treatment services, which is excellent. UCaDDAPT is doing an excellent job of keeping Drug Court requirements and treatment services separate.
- 2) UCaDDAPT is doing a good job in providing counseling and education on tobacco cessation. They offer classes in their program and refer clients to the Health Department for additional classes; they discuss tobacco cessation in therapy sessions and groups and have a tobacco free campus; and they have posters on tobacco cessation in the lobby and are working on addressing nicotine dependence in the assessment. Client interviews reflected that UCaDDAPT is providing effective tobacco cessation education and counseling.
- 3) UCaDDAPT excels in researching and implementing “cutting edge” practices in their program. They recently hired the Advocates for Human Potential (AHP) to do an evaluation

of their program to determine what needs to be done to be ready for the Affordable Care Act and to implement their recommendations.

- 4) UCaDDAPT continues to be a leader in the area of medication assisted recovery (MAR). They have a long standing partnership with Project Reality and have ongoing efforts to improve MAR through the Behavioral Health Consortium.
- 5) UCaDDAPT is currently in the process of expanding Foothill Residential Treatment by constructing another building with 16 beds in American Fork, which is an area in need of residential services. UCaDDAPT appears to be committed to expanding and enhancing services in their community.
- 6) UCaDDAPT recently reduced the size of their groups, and clients reported that they prefer smaller therapy groups and enjoy the gender specific services for men and women. It is recommended that UCaDDAPT continue to offer smaller therapy groups, and expand their gender specific programming services.

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 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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