

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



Site Monitoring Report of

Wasatch County Family Clinic

Local Authority Contracts #122282 and #122283

Review Dates: November 19<sup>th</sup> and 20<sup>th</sup>, 2013

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## **Section One: Report Information**

## **Background**

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

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

In accordance with these and other instructions, the Division of Substance Abuse and Mental Health (also referred to in this report as DSAMH or the Division) conducted its annual program audit and review of Wasatch County Family Clinic (also referred to in this report as WCFC or the Center).

## Non-Compliance Issues, Action Plans and Timelines

This report is organized into individual sections, in which inadequacies will be identified and discussed. Inadequacies are assigned a level of severity based on the combined judgment of the monitoring team. In order to fully understand the degree of severity, a short discussion of the inadequacy levels follows.

A **major non-compliance issue** is non-compliance in contract requirements which affect the imminent health, safety, or well being of individuals. In cases of non-compliance at this level, a written corrective action plan must be completed by the Local Authority immediately and compliance must be achieved within 24 hours or less.

It should be noted that in extreme cases where, in the professional opinion of the monitoring team, an elevated threat of imminent health, safety, or well being of individuals exists, contract payments may be suspended indefinitely.

A **significant non-compliance issue** is either 1) non-compliance with contract requirements that do not pose an imminent danger to clients but that result in inadequate treatment or care that jeopardizes the well being of individuals; OR 2) non-compliance in required training, paperwork, and/or documentation that are so severe or pervasive as to jeopardize the effectiveness of services and continued contract funding. This type of finding will also require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 10 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 30 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **minor non-compliance issue** results when the reviewers identify a performance inadequacy that is relatively small in scope and does not impact client well being or jeopardize funding. This type of finding will require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 15 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 60 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **deficiency** results when the contractor is not in full compliance, but the deficiency discovered is not severe enough to require a formal action plan. However, the monitoring team may request action to fix the problem by a given date.

A **recommendation** occurs when the contractor is in compliance. The Division is simply making a best practice or technical suggestion. The contractor is encouraged to implement the suggestion but not required.

In rare instances, a non-compliance issue from a previous year may continue unresolved at the time of the monitoring site visit. A recurring non-compliance issue will be prominently displayed in the current monitoring report and will require special attention by the Local Authority to ensure its immediate resolution.

## **Section Two: Site Monitoring Report**

## **Executive Summary**

In accordance with Utah Code Section 62A-15-103, the Division of Substance Abuse and Mental Health conducted a review of Wasatch County Family Clinic on November 19<sup>th</sup> & 20<sup>th</sup>, 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

<b>Programs Reviewed</b>	<b>Level of Non-Compliance Issues</b>	<b>Number of Findings</b>	<b>Page(s)</b>
<i><b>Governance and Oversight</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None 2	10 - 12
<i><b>Child, Youth &amp; Family Mental Health</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None 2	15 - 16
<i><b>Adult Mental Health</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None None	
<i><b>Substance Abuse Prevention</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None 1	21
<i><b>Substance Abuse Treatment</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None 2	25 - 26

## **Governance and Fiscal Oversight**

The Division of Substance Abuse and Mental Health conducted its annual monitoring review at Wasatch County Family Clinic (WCFC) on November 19<sup>th</sup> & 20<sup>th</sup>, 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; WCFC was found to be within the client cost standards provided in the DSAMH Division Directives. Personnel and subcontractor files were examined for 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 CPA firm Hawkins, Cloward & Simister performed the County's financial statement audit for the year ending December 31, 2012. The Independent Auditor's Report dated June 6, 2013 expressed an unqualified opinion and did not include any findings with regards to the Mental Health or Substance Abuse programs.

### **Follow-up from Fiscal Year 2013 Audit:**

#### **FY13 Minor Non-compliance Issues:**

- 1) The personnel files reviewed during the site visit did not include any documentation that HIPAA training was provided for the Center's staff.

**This finding has been resolved.**

- 2) Executive travel and purchase reimbursements were approved with inadequate supporting 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) Subcontractor files were found to be missing current insurance documentation. The Center was able to obtain and provide current proof of insurance from each of the reviewed contractors during the week of the site visit. The Center should ensure that current

documentation is maintained in each file to meet contract requirements. The DHS Contract states the following:

*“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:**

Wasatch Mental Health will obtain insurance documentation from all subcontractors as contracts are initiated and annually thereafter. This documentation will be kept on file with Wasatch Mental Health. All insurance documentation has now been received and this plan has been initiated immediately.

2) Wasatch County was not able to provide documentation or evidence of oversight over mental health and substance abuse services. The County Manager conducts quarterly meetings with Wasatch Mental Health regarding the services provided at Wasatch County Family Clinic; however, no minutes were taken in any of the meetings. The County is unable to demonstrate the level of oversight provided without recorded and documented minutes. Wasatch Mental Health is the contracted service provider, but Wasatch County is the contracted Local Authority and is ultimately accountable to the State for the use of state and federal funds and for the level of services provided. Per Utah Code, the County should also provide avenues for Wasatch County citizens to provide direct input regarding services. This could possibly be added as a function to some of these quarterly meetings. Utah Code Title 17, Chapter 43, Sections 201 & 301 provide the following:

*(3) (a) Each local substance abuse/mental health authority is accountable to the department, the Department of Health, and the state with regard to the use of state and federal funds received from those departments for substance abuse services, regardless of whether the services are provided by a private contract provider.*

*(b) Each local substance abuse/mental health authority shall comply, and require compliance by its contract provider, with all directives issued by the department and the Department of Health regarding the use and expenditure of state and federal funds received from those departments for the purpose of providing substance abuse programs and services. The department and Department of Health shall ensure that those directives are not duplicative or conflicting, and shall consult and coordinate with local substance abuse authorities with regard to programs and services.*

*(4) Each local substance abuse authority shall:*

*(g)/(vii) establish mechanisms allowing for direct citizen input;*

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

WCFC staff and the Wasatch Mental Health Executive Director meet with the Wasatch County Manager at a minimum of once per quarter. Minutes will be kept of these meetings going forward. Additionally, a written monthly report has been and will continue to be provided to the Wasatch County Manager. WCFC and Wasatch Mental Health representatives have and will continue to make periodic appearances before the full Wasatch County Council. Citizen feedback will continue to be provided through existing Wasatch County processes. This plan will be effective immediately.

**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 Wasatch County Family Clinic November 19<sup>th</sup>, 2013. The monitoring team consisted of Dinah Weldon, Program Administrator; Eric Tadehara, Program Manager; and Lori Cerar, Utah Family Coalition (Allies for Families). The review included the following areas: record reviews, discussions with clinical supervisors and management, case staffing, program visits, and feedback from families through questionnaires and a discussion group. During the 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, Wasatch County Family Clinic is compliant with eight of the nine mandated services that apply to children and youth and are not compliant with one of the mandated services (Psychotropic Medication Management).

### **Follow-up from Fiscal Year 2013 Audit**

#### **FY13 Significant Non-compliance Issues:**

- 1) WCFC is non-compliant in providing Case Management Services to children/youth receiving mental health treatment. Data submitted in FY12 indicates children/youth in Wasatch County received Case Management Services at a rate of 3%. This is a slight improvement from FY11 at 2.4%, however this rate is significantly below the State Average of 27.3%. This finding is continued from FY09.

**Due to progress made, this finding has been reduced to a recommendation in FY14; see Recommendation #1.**

#### **FY13 Minor Non-compliance Issues:**

- 1) WCFC has not provided access to the full continuum of care for children/youth and families. Services such as medication management and psychosocial rehabilitation have been lacking. It is recognized increased access to medication management began with the transition in providers in January 2013. This finding is continued from FY11.

**Due to progress that has been made, the full continuum element of this finding has been resolved. Psychosocial rehabilitation has been reduced to a recommendation in FY14; see Recommendation #2. Medication management will be continued as a finding in FY14; see Minor Non-compliance Issue #1.**

- 2) WCFC has not provided Wraparound to fidelity as defined by the Utah Family Coalition (UFC). The UFC reports, “All of the elements of Wraparound were present, with the exception of a transition plan. However these elements were not structured as formal wraparound teams in the cases that were identified and monitored. The UFC recommends for the Family Resource Facilitator, to formalize implementing all the phases and activities in wraparound, including the documentation. Also work to ensure the youth/family voice is central in the Wraparound process and make every effort to include/involve informal supports. This finding is continued from FY12.

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

### **Findings for Fiscal Year 2014 Audit**

#### **FY14 Major Non-compliance Issues:**

None

#### **FY14 Significant Non-compliance Issues:**

None

#### **FY14 Minor Non-compliance Issues:**

- 1) WCFC has not provided medication management at a rate close to the state or rural average of 23.0% or 15.5% respectively. WCFC experienced a slight decrease in the percent of children/youth receiving medication management from FY12 to FY13. In FY12 the rate of medication management was 6.7% and in FY13 the rate dropped to 4.4%.

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

WCFC has contracted with a psychiatrist to provide medication management services. As demand increases the contracted amount of hours will also increase. WCFC also can utilize medical staff from Utah County as needed to provide services. Outreach services to the community including schools, community medical providers and the community as a whole to advertise available services. This plan will begin immediately with outreach efforts being conducted monthly.

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

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

WCFC staff does not provide FRF services directly. WCFC contracts with New Frontiers to provide this service. This contract allows the FRF to be a more effective family voice. A new FRF was hired January 2014 and they will complete the FRF training January 17, 2014. WCFC will work directly with the new FRF and their mentor to provide Wraparound to fidelity. This will be effective immediately.

**FY14 Deficiencies:**

- 1) WCFC did not administer the Youth Outcome Questionnaire (YOQ) at the required rate of 50% unduplicated children/youth during FY13. The rate dropped from 56.4% in FY12 to 31.6% in FY13 and was likely affected by the closing of clients prior to transitioning providers. Although the rate decreased, the frequency of administration for open clients was at the required 30 day occurrence standard. Additionally, the incorporation into the clinical process, and documentation of that process in the chart, was excellent.

**FY14 Recommendations:**

- 1) It is recommended that WCFC continue to increase the percent of children/youth who receive case management services. The percentage has already increased from 3.0% in FY12 to 18.1% in FY13. WCFC is encouraged to continue to increase case management services for children/youth to move closer to the state rural average of 32.0%.
- 2) It is recommended that WCFC continue to increase the amount of psychosocial rehabilitation services provided. The percentage has already increased from 3.7% in FY12 to 10.0% in FY13. WCFC is encouraged to continue to increase psychosocial rehabilitation services for children/youth to move closer to the state rural average of 18.0%.

**FY14 Division Comments:**

- 1) *Family Feedback:* The Utah Family Coalition collected feedback from eight families. Families reported that WCFC and the staff are friendly, helpful, and knowledgeable. The families stated that the center is supportive and acts as a partner in providing services. One mother communicated that she was grateful with WCFC because they allow her to have a say in the treatment of her child, which includes the ability for her child to maintain a relationship with a private therapist he saw prior to being in services at WCFC.
- 2) *Community Partnerships:* WCFC is involved in partnerships with the Children's Justice Center, the Division of Child and Family Services, Juvenile Probation, and several schools in Wasatch County. Feedback from the community partners was positive. Especially strong is the partnership with schools, which enables WCFC to provide treatment for children, youth and their families in locations that are close to their home.
- 3) *Assessing Trauma:* WCFC, by utilizing the shared electronic medical record with Wasatch Mental health, has done an excellent job assessing childhood trauma. In the assessment, there are two specific sections which identify trauma; one focuses on history and the other identifies the child's current response to the trauma and other significant information related

to the trauma. Identifying unresolved trauma is critical to treatment and WCFC is to be commended for their efforts.

## **Adult Mental Health**

The Adult Mental Health monitoring team consisted of Jeremy Christensen, Program Administrator, Robert Snarr, Program Manager, Michael Newman, Recovery and Resiliency Peer Program Manager and LeAnne Huff, Program Manager. The review included: record reviews; discussions with clinical supervisors and management teams at the Wasatch County Family Clinic. During this review, visits were made to the Wasatch County Sheriff's office and the IHC Hospital in Heber. Focus groups were conducted at WCFC to obtain feedback from consumers. During the discussions, the monitoring team reviewed the FY13 audit findings and center responses; statistics, including the Mental Health Scorecard; area plans; Outcome Questionnaires' and the Center's provision of the ten mandated services.

Based on our review, WCFC is fully compliant with the ten mandated services and the Division Directives.

### **Follow-up from Fiscal Year 2013 Audit**

#### **FY13 Minor Non-compliance Issues:**

- 1) *Outpatient Services, Treatment Plan Documentation Errors:* in FY13, the monitoring team found ongoing documentation concerns in treatment plans and progress notes for services that occurred prior to the reorganization of WCFC. These concerns include multiple diagnoses, a lack in coordination of care, missing/inadequate interventions, lack of person-centered planning, lack of transitional/discharge planning and could result in inadequate treatment or care that might jeopardize the well-being of individuals. Specifically, our concerns about multiple diagnoses include a lack of clinical differentiation and justification for diagnosis based on duration and severity of symptoms. In charts reviewed at this site visit, numerous, concurrent similar diagnoses (i.e. Dysthymia, Cyclothymia and Major Depressive Disorder) were noted for some clients. WCFC response and corrective action plan has been successful and the above documentation concerns have been addressed. WCFC has implemented a peer review process and training for all clinical staff specifically in the area of diagnosing and appropriate use of the DSM-IV.

**This finding has been resolved.**

#### **FY13 Deficiencies:**

- 1) *Psychosocial Rehabilitation Services (PRS):* In FY13, low rates of PRS were evident from the scorecard and chart review, this failed to meet the minimum contract requirements. In FY12 the scorecard showed eight people served; in FY13 the number of people served went up to 13 people. During FY14 monitoring visit WCFC has made progress in addressing PRS and are offering groups twice a week and in addition transporting consumers to the Clubhouse in Provo.

**This deficiency has been resolved.**

- 2) *Targeted Case Management (TCM)*: In FY13 the scorecard reported low rates of case management services being provided and was not meeting the minimum contract requirements. In FY12 the scorecard indicated 29 people were served with TCM and in FY13 76 individuals were served which has brought WCFC close to state average. WCFC has hired a full time Case Manager position and has significantly increased the number of people being served with TCM.

**This deficiency has been resolved.**

- 3) *Community Supports*: WCFC has improved efforts to increase community supports through collaboration in partnerships with the County and local organizations, including the Heber Police Department for Crisis Intervention Training (CIT) in their community, the Health Department to provide suicide prevention training, and the Heber Valley medical Center to provide crisis intervention. Score card went from one person being served in FY12 to ten being served in FY13.

**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:**

None

#### **FY14 Deficiencies:**

None

#### **FY14 Recommendations:**

- 1) *Psychosocial Rehabilitation Services*: DSAMH Recognizes WCFC efforts in providing improved PRS to their community. DSAMH recommends continuing efforts to provide psychosocial rehabilitation, including vocational rehab and skills development. DSAMH also recommends offering continued collaboration with consumers while they continue to adapt to the changes in WCFC.
- 2) *Outpatient Services*: DSAMH recognizes WCFC accomplishments in improved assessments, diagnosis, and person centered planning, recovery focus and treatment plan documentation. However, in one chart review out of 12, the assessment did not justify the diagnosis. In at least two other chart reviews the treatment plan stated the client did not sign

or receive the plan. DSAMH Recommends continued improvement in documentation of outpatient services.

- 3) *Peer Support Services:* DSAMH encourages WCFC to incorporate Peer Support Services into their treatment by hiring a Certified Peer Support Specialist. It is also recommended that WCFC encourages consumers to become certified as peer specialists to increase the consumer movement and create a more recovery-based culture at WCFC by having more peers involved.

**FY14 Division Comments:**

- 1) *Crisis Intervention Training:* WCFC has developed a collaborative working relationship with Heber City Police Department and DSAMH recognizes and appreciates their efforts in providing CIT training to Law Enforcement officers. WCFC reports all but two officers in Heber have been CIT trained and according to the local Sheriff, the training has been very positive for their officers. The director at WCFC is the regional coordinator for the CIT program and together with a CIT instructor from the police department will be providing a full CIT academy in March of next year.
- 2) *Collaboration with Community Partners:* DSAMH commends WCFC efforts in partnering with the Health Department in efforts to provide Question Persuade Refer (QPR) suicide prevention training to their community. WCFC reports a good relationship with their school district and have been part of the training in Parent Seminars addressing suicide prevention and children's mental health.
- 3) *Crisis Response:* WCFC has developed a positive relationship with Heber Valley Medical Center and is providing crisis coverage in the Emergency Room as well as Heber County Jail. WCFS-WMH provides 24 hour crisis and emergency services to Wasatch County residents and is triaged through the crisis center in Provo.
- 4) *Suicide Prevention:* WCFC is working with the Health Department to certify individuals in QPR as well as looking at piloting the Columbia-Suicide Severity Rating Scale (CSSR-S) at the ER in Heber Valley Medical Center.
- 5) *Consumer Feedback:* Individuals in recovery that were interviewed reported that they felt supported in many areas of their lives. Many enjoyed the social aspects of groups that were available. Some consumers expressed disappointment from the changes in services since WCFC started managing services, such as the frequency of dining out and the changes in individuals' mental health providers.

## **Substance Abuse Prevention**

Ben Reaves conducted the annual prevention review of Wasatch County and Wasatch County Family Clinic on November 19th, 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 Deficiencies:**

- 1) WCFC showed a slight decrease in the states tobacco compliance rates. They went from 86.8% to 86.6% compliance. When compared to the average state rate of compliance at 94.4% for FY12, WCFC has the highest rate of noncompliance. A compliance rate of 90% is the expected outcome.

**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) Per federal block grant requirement, a local assessment should be completed no less than every three years. WCFC completed their last assessment in 2009.

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

The WCFC has already requested technical assistance from DSAMH. A community assessment will be completed and data will be utilized in the development of the area plan. This will be completed by May 1, 2014.

#### **FY14 Deficiencies:**

- 1) WCFC has not completed any EASY compliance checks for FY14. Wasatch County and WCFC are pursuing opportunities to collaborate with the local police department and the County Sheriff, but has been informed that the officer, who was conducting the EASY checks at the Heber City Police Department, was laid off. The Sheriff Department informed

WCFC that they are over-committed and cannot commit to the EASY checks at this time. WCFC is still engaged in discussion with law enforcement and is currently looking for other personnel within those departments to assist in the EASY checks.

DSAMH recommends Wasatch County and WCFC continue its efforts to assist local law enforcement in conducting EASY checks throughout their county area and concentrate efforts on the areas that are willing to commit resources at this time to complete the EASY checks. DSAMH is available for technical assistance as needed.

**FY14 Recommendations:**

None

**FY14 Division Comments:**

None

## **Substance Abuse Treatment**

David Felt, Program Administrator, and Becky King, Program Manager, conducted the site visit on November 19<sup>th</sup> & 20<sup>th</sup>, 2013. The review focused on Substance Abuse Prevention and Treatment (SAPT) block grant compliance, consumer satisfaction and compliance with Division Directives and clinical practices. Block grant and other program compliance were evaluated through a review of program policies and guidelines and discussions with staff members and attendance at a drug court staffing and hearing. Compliance with Division Directives was evaluated by reviewing program outcome measures against DSAMH standards. Clinical practices were evaluated by reviewing client charts and staff interviews. Consumer satisfaction was evaluated through client interviews and reviewing the Consumer Satisfaction Survey.

Due to the change in providers on January 1<sup>st</sup>, 2013, and the retirement of clinical records from the old provider, the focus of the clinical review was on records being maintained by the new provider agency. Likewise, the program review focused on current policies, even as it is recognized that Wasatch Family Clinic has a new provider who is in the process of changing and updating policies and procedures.

### **Follow-up from Fiscal Year 2013 Audit**

#### **FY13 Significant Non-compliance Issues:**

- 1) WCFC was not providing intensive outpatient (IOP) services in accordance with Division requirements. This year, WCFC has increased their hours in IOP services to at least 9 hours a week, which is now in compliance with Division Guidelines.

**This finding has been resolved.**

#### **FY13 Minor Non-Compliance Issues:**

- 1) Currently, the amount of hours spent in treatment for drug court clients were dictated by the phase of drug court, rather than the assessed level of care indicated by American Society of Addiction Medicine (ASAM). Treatment levels of care should be based on the ASAM PPC-2R, not on the drug court Phase.

This year it was noted that WCFC continues to use drug court phases to determine the number of hours clients spent in treatment rather than individualizing their services. It also appeared that additional treatment hours were used as a sanction. Treatment should be based on assessed need and hours should not be increased or decreased as a sanction or incentive.

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

- 2) Clients report that after they complete phase I of drug court, they were allowed to choose which groups they attended each week. Since each group has a different clinician and

purpose, the group clients attend should be dictated by their treatment plan objectives, not by their choice.

This year, clients did not mention that they are choosing their own groups, and group attendance is determined by ASAM Level and Treatment Plan Objectives.

**This finding has been resolved.**

- 3) Clients were not being treated in accordance with the indicated level of ASAM. There appeared to be a general lack of knowledge about what ASAM levels of treatment really meant. (This is a repeat finding from FY11.)

This year, ASAM documentation improved, but staff need additional training in the use and documentation of the ASAM placement criteria.

**This finding has not been resolved and is continued in FY14 as a deficiency; see Deficiency #1.**

- 4) The WCFC Drug Court fee policy had not been submitted to DSAMH. The Drug Court Contract states that: "All fees (Treatment, case management, drug testing, Drug Court, etc) shall be assessed on a sliding fee scale. No participant shall be refused entry into a Drug Court because of inability to pay. The Contractor shall have a fee reduction policy for its drug court programs."
  - a. Heber Valley Counseling had submitted a fee schedule, but the new provider, WCFC was still establishing policies and procedures for their operation of the Drug Court.
  - b. WCFC had established a fee policy, but were still developing a sliding scale and a fee reduction policy.

This year, the Drug Court fee policy has been submitted to DSAMH and the County Commissioner for their approval.

**This finding has been resolved.**

**FY13 Deficiencies:**

- 1) Consumer surveys showed that WCFC did not meet the Division standards for Treatment Planning and Family Connectiveness on the Youth Satisfaction Survey-Family (YSS-F).
  - a. The FY12 Division Directives state that agencies should meet the standard of 75% of the state average on the YSS-F.
  - b. WCFC achieved a score of 54% on Treatment Planning with a state average of 87%.
  - c. WCFC achieved a score of 62% on Social Connectiveness with a state average of 83%.

Due to administrative errors in the FY13 measures, the statistical results for the Youth Satisfaction Survey-Family (YSS-F) were deemed invalid and not used to measure results this year.

**This deficiency has not been resolved, but will not be continued in FY14 due to the reasons discussed above.**

- 2) Progress notes, while improved from FY11 were inconsistent in quality and format.
  - a. Some notes related to goals; some to objectives; some, while listing a goal or objective, did not address the client's work or lack of work on the listed item. Progress notes should reflect the client's work on their treatment plan, not simply state what happened in group.
  - b. Few notes showed any clinical assessment of the client's progress, or the clinician's plan for future interventions or work.
  - c. Progress notes should not list one client's name in another client's chart. This is a potential violation of 42 CFR.
  - d. Recovery Plan objectives that cite assignments, readings and other clinician designated work should be supported by notes that detail what the assignment or designated work is and the clinician's assessment of the client's progress on that objective.

This year, the progress notes were individualized, improved significantly and now meet Division guidelines.

**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) The amount of hours spent in treatment for Drug Court clients continues to be dictated by the phase of Drug Court, rather than the assessed level of care indicated by ASAM. Treatment levels of care should be based on the ASAM PPC-2R, not on the Drug Court Phase. It also appeared that additional treatment hours were used as a sanction. Treatment should be based on assessed need and hours should not be increased or decreased as a sanction or incentive. Changes in level of care for treatment should be based on the assessment of the client's indicated level of care in the ASAM Assessment Review. While progress, or lack of progress in Drug Court is one measure of their status, their progress on treatment goals and objectives and an evaluation of their status on the ASAM dimensions should be used to increase or decrease their level of treatment.

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

WCFC staff has rewritten the drug court handbook for participants that reinforce the difference between drug court phases and treatment levels. WCFC agrees that treatment levels should be based on ASAM PPC-2R criteria and not on drug court phase. WCFC will provide ASAM training and will request technical assistance from DSAMH to assist. Initial training has been completed since this report was issued and additional training with DSAMH will be completed by April 1, 2014 and will be scheduled with DSAMH staff.

- 2) WCFC has the lowest rate of Percent Completing Treatment Episodes in the state, and decreased from a completion rate of 38.8% in FY12 to 16.7% in FY13. While some of this may be due to clients being coded as “transfer” clients when the old provider closed its records, the data available from the first two months of FY14 is actually 11%, significantly lower than the FY12 rate.

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

Some data process issues were identified and have been resolved. Training has also been provided to staff regarding proper completion of data elements in the medical record. This training was completed and data issues resolved in December 2013.

**FY14 Deficiencies:**

- 1) WCFC made improvements to the ASAM this year, but staff members continue to have difficulty in correctly documenting and justifying the ASAM ratings. (*ASAM Chart Examples:* [REDACTED]. *Other charts reviewed:* [REDACTED]. [REDACTED]. An ASAM overview should be provided to WCFC staff, which can be provided by DSAMH.
- 2) WCFC’s outcome report shows that the percent of individuals retained in treatment decreased from 78.8% in FY12 to 68.2% in FY13. The FY14 DSAMH Directive states that: “...agencies will equal or improve their percentage of clients retained in treatment from FY12 to FY13”. Data should be checked for accuracy, and if necessary, develop a plan to improve the number of clients retained in treatment.
- 3) The FY13 Adult Consumer Satisfaction Survey for SA Clients reflects that WCFC did not collect any surveys this year (0.0%), which did not produce any data results in this area. Data should be checked for accuracy, and if necessary, develop a plan to submit the Adult Consumer Satisfaction Surveys to DSAMH with a minimum sample rate of 10%.
- 4) It was noted in the clinical charts and client interviews that the treatment plans appeared to be “generic” and not individualized. For example, several clients reported that there goals were to “get a job,” “stay clean,” “complete Drug Court,” etc. Treatment plan goals should be

individualized and meaningful to the client. Additionally, treatment goals often used words like “begin”, “start”, “initiate”, “identify” and similar words that indicate an event. Even after those “events” had occurred, goals weren’t updated. (Chart #'s: [REDACTED])

[REDACTED]. Individualized treatment plans and treatment goals should be developed that are meaningful to the client and reflect the client’s progress through treatment. Treatment principles in documentation practices should also be implemented.

**FY14 Recommendations:**

- 1) WCFC should increase efforts to publicize and fully implement Recovery Plus in Wasatch County. Clients reported that they were not aware of the “Recovery Plus Program” or being provided with education or counseling on tobacco cessation. The clinical charts did not reflect that education or counseling on tobacco cessation was being provided to clients, or that nicotine addiction was being addressed as a treatment issue.
- 2) Clients reported that they have a difficulty receiving drug tests in the jail. Often, clients wait for one to two hours to receive a drug test because jail staff will test the inmates before testing clients. The other concern was that there is not always a female staff available to test female clients, so clients are required to call the jail first to find out if a female staff will be available to provide them with a test. It is recommended that WCFC address the drug testing problems at the jail and develop a resolution. If the jail is not a suitable place for drug testing, then other drug testing facilities should be considered.
- 3) As DSAMH staff left the building around 6:00 p.m., it was noticed that the parking lot was dimly lighted and extremely dark. This raised concern regarding the safety of clients (particularly female clients) and staff that leave the building in the evening. It is recommended that the lighting issue in the parking lot be addressed and some type of resolution be developed to improve the lighting.

**FY14 Division Comments:**

- 1) WCFC is making a good effort to reach out to the community, network and develop collaborative partnerships. For example, their crisis services have significantly improved with the partnership developed with hospital systems and other community groups. WCFC is working closely with the health department on joint projects, which have expanded services for clients. Finally, WCFC has created partnerships with the Police Department and other community agencies to enhance the CIT Program.
- 2) WCFC is making progress on incorporating medication assisted treatment (MAT) into the program and recently hired a psychiatrist and nurse to provide MAT services for their clients. The Drug Court Judge and Team Members have also made improvements in their acceptance of MAT.
- 3) WCFC has made improvements to their clinical services. Although they have a small staff, they are working diligently to meet the needs of their clients and community. Clients reported that they like WCFC staff and feel that they are very supportive. They also feel that the services provided by WCFC are helpful.

## Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Wasatch County Family Clinic and for the professional manner in which they participated in this review.

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

The Division of Substance Abuse and Mental Health

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