

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



Site Monitoring Report of

San Juan Counseling Center

Local Authority Contracts #122352 and #122351

Review Date: April 15th, 2014

For Official Use Only

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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 San Juan Counseling Center (also referred to in this report as SJCC 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 San Juan Counseling Center on April 15th, 2014. 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 3	13 - 15
<i>Adult Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None 1 None	17 - 18
<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 4	22 - 23

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health conducted its annual monitoring review at San Juan Counseling Center (SJCC) on April 15th, 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; SJCC 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. Detailed service, operating and travel expenditures were examined for proper approval and supporting documentation for the months of March and April of 2014. All selected expenditures were found to be properly approved and were supported with adequate documentation.

The CPA firm Smuin, Rich & Marsing performed the Center's financial statement audit for the year ending December 31, 2012 and issued a report dated July 1, 2013; the auditors' opinion was unqualified. As a part of the review, they examined specific items at the Division's request, including executive travel, personnel and allowability of costs reported. In their opinion these items are accurately presented and no findings or issues were discovered.

Follow-up from Fiscal Year 2013 Audit:

No findings were issued.

Findings for Fiscal Year 2014 Audit:

FY14 Major Non-compliance Issues:

None

FY14 Significant Non-compliance Issues:

None

FY14 Minor Non-compliance Issues:

- 1) During the Division's review, it was found that one subcontractor file was missing a signed contract. The other reviewed subcontractor files were found to be in order; this issue appears to be merely an oversight. However, the absence of a valid contract for an active provider could potentially result in a significant liability for the Center. Note: A new contract was signed and provided to the auditor shortly after the site visit.

Center's Response and Corrective Action Plan:

As mentioned above, the missing contract has been replaced with a new one. The contract was in place when I reviewed files prior to the site visit but has since gone AWOL. There is no one

to blame but myself. I must have misplaced it, but I have yet to find where I put it. I will do my best to see that it does not happen again. Slap my hand! Files are reviewed regularly for compliance to documentation requirements. An annual review is conducted to ensure compliance. It was done this year prior to the site monitoring visit and a summary included in each file. At the time of the review, the missing contract was not missing. We will (continue to) review files at least annually to ensure documentation compliance.

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 San Juan Counseling Center on April 15th, 2014. 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 the FY13 audit findings and 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; Mental Health Early Intervention funding; civil commitment; compliance with Division Directives and the Center's provision of the ten mandated services as required by Utah Code 17-43-301.

From our review, San Juan Counseling Center is compliant with eight of the nine mandated services for children and youth.

Follow-up from Fiscal Year 2013 Audit

FY13 Minor Non-compliance Issues:

- 1) The Youth Outcome Questionnaire (YOQ) is not being administered at the required frequency and rate.

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) The number of children and youth being served by SJCC has decreased each year since FY10. Since FY10, the number of children served has decreased by 22.9%. The trend can be seen in the following table:

Reduction in Children Receiving Services				
Fiscal Year	FY10	FY11	FY12	FY13
Number of Children/Youth Served	170	163	153	131

Center's Response and Corrective Action Plan:

We have lost one of our therapists who was trained and provided therapy for children. We are currently working on having another therapist trained to specialize in therapy for children. We have qualified staff, but recognize the need to improve our ability to provide these services. Our increased presence in schools was expected to increase services to children and youth, however the majority of these clients are substance disorder clients. SJC has recently hired a clinical psychologist who will come on board later this summer. It is expected that his ability to test and provide services will increase the number of services provided.

- 2) The Youth Outcome Questionnaire (YOQ) was being administered at a rate of 18.5% in FY13 instead of the required rate of 50%. The frequency the YOQ was being administered is at an average of three times per calendar year, which is lower than the required frequency of once every 30 days. There is evidence that the YOQ is being addressed in the clinical process when a red flag is presented. It should also be noted that during the first half of FY14 (July 2013 – December 2013), SJCC has improved the rate the YOQ has been administered to 36.5%.

Center's Response and Corrective Action Plan:

Recent improvement in YOQ administration is a result of the following plan that has been and will continue to be implemented:

1. A new report being utilized by SJC keeps the front desk informed of the status of clients who have scheduled appointments each day. This report alerts the desk to administer a YOQ.
2. Additional training for front desk staff regarding YOQ administration.
3. One of the challenges faced at SJC is that parents often drop children off without accompanying them into the building. In addition, children sometimes walk to our office from the nearby elementary school. Since children under 12 are unable to complete YOQ this has created difficulty in having parents complete the YOQ. Front desk will begin informing parents that a YOQ is due when they call to remind them of appointments.
4. Coordination between therapists and front desk will be improved to decrease the possibility of clinical staff inviting clients to their office prior to completing the YOQ.
5. The clinical team will discuss their role in assuring that YOQs are administered. Increased awareness of YOQ status for clinical staff and better communication with front office staff is expected to further increase the rate of YOQ administration.

- 3) SJCC did not provide/report any Psychosocial Rehabilitation services in FY13 or during the first two quarters of FY14. The rural average for Psychosocial Rehabilitation is 18.0% and the state average is 18.4%. This is a mandated service.

Center's Response and Corrective Action Plan:

FRFs and other case managers will be better trained to provide Psychosocial Rehabilitation Services. Case managers and therapists will identify children who are in need of Psychosocial Rehabilitation Service and see that services are provided.

FY14 Deficiencies:

- 1) SJCC provided Respite services at a lower rate than the rural and state averages. In FY13, Respite services were provided at 0.8%, with the rural averages of 9.3% and the state average of 7.7%. In the first two quarters of FY14, SJCC has not provided any Respite services. It is recommended that SJCC increase access to this mandated service for children and youth.

FY14 Recommendations:

- 1) SJCC provided Case Management services at a lower rate than the rural and state averages. Case Management services were provided at a rate of 4.6% compared to the rural average of 32.7% and the state average of 25.1%. SJCC has a strong commitment to Peer Support/Family Resource Facilitation and access to that service may have reduced the need for Case Management. It is recommended that SJCC ensure that all families who need Case Management have access to this mandated service for children and youth.
- 2) Civil Commitment Paperwork for juveniles needs to be completed consistent with State statute 62A-15-703 utilizing the proper forms for children's civil commitment procedures located on the DSAMH website at <http://dsamh.utah.gov/provider-information/civil-commitment/>.
- 3) It is recommended that SJCC utilize the Wraparound to Fidelity Index (WFI) 4.0 and the documentation review tools to review the wraparound process internally. This can help to better understand the wraparound process. It is also recommended that SJCC look for opportunities to provide training to all staff to understand the role of the FRF.

FY14 Division Comments:

- 1) *School Based-Mental Health Services:* An administrator from Whitehorse High School reported that the partnership with SJCC is working well. It allows for children to access services who would normally need to travel long distances. The administrator also stated that SJCC gives students an alternative method for handling expulsion related to substance abuse.
- 2) *Family Feedback:* Family feedback was collected by the Utah Family Coalition from nine completed questionnaires. Parents responded that staff at SJCC are supportive and caring. They feel the services provided are helpful. One parent stated that "the practitioner always values and responds to my concerns" and parents overall believe they are an important part of their children's recovery planning process.
- 3) *Wraparound and Family Resource Facilitator (FRF):* SJCC is providing Wraparound to fidelity as defined by the Utah Family Coalition. The Family Resource Facilitators do well with families and the families reported an appreciation of the FRF's duties. During the

wraparound interview, the caregiver noted, “If we would not have had this support, my child would have entered the Juvenile Justice Services (JJS) system and placed out of the community.”

Adult Mental Health

The Division of Substance Abuse and Mental Health, Adult Mental Health team conducted its annual monitoring review of San Juan Counseling Center on April 15th, 2014. The monitoring team included LeAnne Huff, Program Manager Adult Mental Health and Michael Newman, Recovery and Resiliency Peer Program Manager. The review included discussions with clinical leaders and management teams, chart reviews, mental health scorecard review, and site visits to Blanding day treatment and administrative offices. During the discussions, audit findings from the previous year were reviewed and San Juan leadership shared highlights of their Center. A focus group was held at the day treatment center in Blanding to gather consumer feedback.

Based on our review, San Juan Counseling Center is fully compliant with the ten mandated services, although not compliant with the Division Directives on the Outcome Questionnaire.

Follow-up from Fiscal Year 2013 Audit

FY13 Significant Non-compliance Issues:

- 1) *Division Directives on Outcome Questionnaire (OQ) Administration:* DSAMH requires at least 50% OQ administration rates to clients served. According to the Mental Health Scorecard SJCC rates are significantly lower (14.6%) than the 50% requirement.

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

FY13 Minor Non-compliance Issues:

- 1) *Documentation:* During the FY13 Audit a number of problems existed with documentation, including a lack of individualized notes (appeared notes were copied and pasted to consumers electronic record) missing treatment plans, and some existing treatment plans lacked a diagnosis. During the FY14 monitoring visit, charts contained individualized notes addressing goals, objectives and progress during the session. Treatment plans were in all charts reviewed. In addition, no identifying information was found in the group notes as was found in the previous year.

This finding has been resolved.

Findings for Fiscal Year 2014 Audit

FY14 Major Non-compliance Issues:

None

FY14 Significant Non-compliance Issues:

- 1) *OQ Administration:* SJCC OQ administration rates have steadily declined from FY11 to FY13, with a rate of 26%, 24.1%, and 14.6% respectively. In accordance with the Division

Directives, it is required to administer the OQ every 30 days or every visit (whichever is less) for each consumer. There is evidence of OQ administration in the small sample of charts reviewed during the FY14 audit, so it is unclear if the low numbers are a data reporting error. SJCC leadership reported they have installed an OQ reminder in the electronic record to alert providers and are continuing to address the problem.

Center’s Response and Corrective Action Plan:

The following plan that has been, and will continue to be, implemented:

1. A new report being utilized by SJC keeps the front desk informed of the status of clients who have scheduled appointments each day. This report alerts the desk to administer na OQ.
2. Additional training for front desk staff regarding OQ administration.
3. Coordination between therapists and front desk will be improved to decrease the possibility of clinical staff inviting clients to their office prior to completing the OQ.
5. The clinical team will discuss their role in assuring that OQs are administered. Increased awareness of OQ status for clinical staff and better communication with front office staff is expected to further increase the rate of administration.

It is possible that data reporting errors account for some of the poor numbers. It might be helpful for SJC staff to meet with Division personnel to determine how these numbers are obtained and to assure that data is being properly entered and interpreted.

FY14 Minor Non-compliance Issues:

None

FY14 Deficiencies:

None

FY14 Recommendations:

- 1) *Suicide Prevention:* DSAMH recognizes and appreciates SJCC’s efforts in suicide prevention by getting Question Persuade and Refer (QPR) train the trainer certification for designated staff. DSAMH encourages SJCC to utilize the support of NAMI and partnerships with Utah Navajo Health Systems to increase education, awareness, and suicide prevention efforts in their community.
- 2) *Peer Support:* DSAMH encourages SJCC to hire Certified Peer Support Specialists. SJCC has shown an interest and agreed to receive staff training from the DSAMH Recovery and Resiliency Peer Program Manager, on incorporating and utilizing certified Peer Support Specialists in their programming.
- 3) *Case management (CM) and Psychosocial Rehabilitation Services (PRS):* In reviewing the Mental Health Scorecard, SJCC data reports lower than state average services in CM and

PRS being provided. The state average for rural areas in CM is 28.3% and the SJCC rate of CM services is 8.9%. The state average for PRS is 10.7% and SJCC is at a rate of 6.7%. DSAMH recommends that SJCC explore ways to provide and document these mandated services. DSAMH recognizes that the plan of hiring a new case manager will most likely increase the number of CM services provided.

FY14 Division Comments:

- 1) *Day Treatment:* DSAMH recognizes the current challenges faced by SJCC due to losing two therapists and commends their plan of hiring a case manager to do outreach in the community, in an effort to provide needed support, connect individuals to day treatment and to develop viable psychosocial rehabilitation services groups.
- 2) *Recovery Plus:* SJCC continues to make considerable efforts on implementing Recovery Plus and encouraging tobacco free facilities as evidenced by the tobacco cessation signs posted throughout their facilities.
- 3) *Documentation:* DSAMH appreciates SJCC's commitment to incorporate Credible into their electronic medical record. SJCC leadership has provided trainings to staff that have resulted in improved documentation and treatment planning. It was evident in the chart reviews that training had taken place; many notes began addressing progress and reviewing goals in session. DSAMH commends SJCC's efforts in improving documentation, listing strengths and barriers in the treatment plan and including their goal of decreasing the amount of time between when a service was provided and subsequently documented.
- 4) *Community Relationships:* DSAMH recognizes and appreciates SJCC's established community partnerships as evidenced in their participation at health fairs, developing partnerships with their schools, the Utah Navajo Health System and reaching out to religious leaders.
- 5) *Residential Care:* DSAMH commends SJCC's efforts in contracting with outside agencies to provide residential care to San Juan County residents in need of these services. In addition, SJCC utilizes their Day Treatment center to offer additional support and provide intensive wrap around services in an effort to maintain individuals in their own environment if possible.
- 6) *Consumer Feedback:* Individuals in recovery were interviewed in a group at the Gateway day treatment program. Individuals reported that their treatment was going well. Participants were grateful for staff, especially their case managers. Individuals felt supported in employment and volunteer opportunities; transportation and in their housing. They also felt that they were supported in achieving good physical and spiritual health.

Substance Abuse Prevention

Susannah Burt, Program Manager, conducted the annual prevention review of San Juan Counseling Center Prevention on April 15th, 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.

SJCC 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.

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:

- 1) During the site review, it was identified that San Juan Counseling Center is not currently participating on a local coalition. Leslie Wojcik, Prevention Coordinator for SJCC, stated that they were looking to collaborate with the Domestic Violence Prevention coalition in the community. It was also identified that since SJCC did not have a coalition, the assessment component of the Strategic Prevention Framework (SPF) was not done adequately. SJCC lacks in capacity as evidenced by a lack of at least one substance abuse prevention coalition. Ms. Wojcik also stated that SJCC would identify opportunities for capacity after an assessment was completed.

FY14 Recommendations:

None

FY14 Division Comments:

None

Substance Abuse Treatment

David Felt, Program Administrator, and Becky King, Program Manager, conducted the substance abuse treatment review of San Juan Counseling Center on April 15th, 2014. The review 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, contract requirements and Drug Court requirements were evaluated by a review of policies and procedures, interviews with clients, a discussion with SJCC staff and a review of program schedules and other documentation. SJCC performance was evaluated using Utah Substance Abuse Treatment Outcomes Measures Scorecard and Consumer Satisfaction Survey Data. Client satisfaction was measured by reviewing records, Consumer Satisfaction Survey data and results from client interviews.

Follow-up from Fiscal Year 2013 Audit

FY13 Minor Non-compliance Issues:

- 1) In FY12, SJCC had 43 old open admissions dating back to 2007, which is approximately 23% of the clients served. In FY13, the old open admissions decreased to 3.1%, which now meets Division requirements. SJCC should continue monitoring open admissions since there will be several cases that will be more than two years old for this coming year end.

This finding has been resolved.

FY13 Deficiencies:

- 1) In FY12, SJCC's data showed an increase in percentage of abstinence from drug use in FY11, 11.4% to 13.8% respectively. However, this is below the standard of 75% of the national average. In FY13, the percent of abstinence for drug use increased to 27.2%, which continues to be below the national average of 44.9%.

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

- 2) The percentage of clients employed from FY11 to FY12 decreased from 17.6% to 6.6% respectively. This is below the national average of 12.8%. In FY13, the percent of clients employed from admission to discharge increased to 16.4%, which now meets National standards of 12.8%.

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 FY13 Utah Substance Abuse Outcomes Measures Scorecards shows that tobacco use from admission to discharge increased from 55.2% to 60.9% respectively. A plan to decrease tobacco use from admission to discharge should be developed and implemented.

Center's Response and Corrective Action Plan:

Clinicians to be further trained and encouraged to offer tobacco cessation services to clients. Training will include smoking cessation resources. Training will assure that data is entered accurately.

- 2) In FY13, the percent of abstinence for drug use increased from 13.8% to 27.2% respectively, which continues to be below the standard of 44.9%. However, the FY14 Midyear data report shows that the percent of clients that were abstinent from drug use increased from 27.2% to 66.7%, which demonstrates that SJCC has improved in this measure.

Center's Response and Corrective Action Plan:

This issue seems to be a data entry issue. After a previous visit, efforts were made to determine why our numbers were what they were. We have made every effort to see that drug use is reported accurately at intake and at discharge and we believe this effort has been met with success. It is our belief that our numbers will continue to meet state standards as we continue doing what we are doing.

- 3) In FY13, the percentage of clients retained in treatment 60 or more days decreased from 71.7% to 55.2% from FY12 to FY13 respectively. The FY14 Midyear data report shows that the amount of clients retained in treatment increased to 83.3%, which demonstrates improvement in this area.

Center's Response and Corrective Action Plan:

To be honest, we do not know why this number has had the fluctuation it has. We are hopeful that whatever the problem was, it has now been corrected and will stay that way. Turnover in staff and reporting error may have been influential. We will continue to monitor and take appropriate action as needed.

- 4) The FY13 Adult Consumer Satisfaction Survey (for SA clients) showed that the sample collection rate for the surveys was 3.2%. The collection rate for the Youth Satisfaction Survey's was 8.5% and 9.3% for the Youth Satisfaction Family Surveys, which are all below the Division standard of 10%.

Center's Response and Corrective Action Plan:

Efforts have been, and will continue to be, made with the front desk to increase the administration of satisfaction surveys. Staff members are aware of the need to increase the use of these surveys. Front office staff has expressed frustration as administration methods have changed. We thought we were doing better, but will continue to provide training, encouragement and incentives.

FY14 Deficiencies:

- 1) The objectives in the treatment plan are not specific or measureable. Objectives in the treatment plan should be specific, simple, measureable and meaningful to the client. Training should be provided to staff on treatment planning and the development of objectives. (Chart #'s: 22455, 74398, 61021, 67792, 70340)

FY14 Recommendations:

- 1) *Intake:* Due to recent staff turnover, clients reported that there has been a two week to three month delay in being seen for intake appointments with a therapist. DSAMH recommends that SJCC look into options for providing interim services for clients while they are waiting for an intake. Some examples include developing an open-ended educational group where clients can check in as needed; checking in with case managers or Peer Support staff as needed and referring clients to community 12-step or other community support groups.
- 2) *Jail Services:* In a client interview, it was reported that the jail does not provide any support groups, therapy or crisis services for their inmates, which makes it difficult to stay positive and focused on their sobriety. SJCC may want to consider working with jail administration to develop some type of support system for inmates while they are in jail, such as 12-step groups; community educational groups on relapse prevention, health care or other topics; and providing crisis services as needed.

FY14 Division Comments:

- 1) *Expansion of Services:* SJCC is now capitated for substance use disorders treatment, which will allow for the expansion of services in their local area. SJCC continues to collaborate with community providers and local medical clinics to provide integrated physical and behavioral health care services.
- 2) *Quality Program Services:* Despite the loss of two full time staff members, SJCC has made changes in staff assignments to continue providing quality services. For example, the role of the Clinical Supervisor was shifted from the Medical Director to another clinical staff

member to allow the Medical Director to focus on medical issues and the Clinical Director to focus on clinical issues. Client interviews reflected that staff genuinely care about them and provide them ongoing support and recovery tools.

- 3) *Medication Assisted Recovery (MAR)*: SJCC continues to support MAR and has a physician that is licensed to prescribe Suboxone. Individuals in need of Methadone are referred to outside providers. Although the Drug Court Judge has some resistance towards MAR, SJCC reports that he is open to being educated on this topic.
- 4) *Tobacco Cessation*: While the admission and discharge information doesn't reflect it, client reports and an examination of the facility showed that SJCC is providing information regarding the benefits of tobacco cessation and is working to implement Recovery Plus at their facility. They are encouraged to pay attention to the data reporting elements around this issue and to continue their educational efforts.

Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of San Juan 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 _____
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