

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



Site Monitoring Report of

Southwest Behavioral Health Center

Local Authority Contracts #122284 and #122285

Review Date: April 21<sup>st</sup>, 22<sup>nd</sup> and 23<sup>rd</sup>, 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 Southwest Behavioral Health Center (also referred to in this report as SBHC 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 Southwest Behavioral Health Center on April 21<sup>st</sup>, 22<sup>nd</sup> and 23<sup>rd</sup>, 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

<b>Programs Reviewed</b>	<b>Level of Non-Compliance Issues</b>	<b>Number of Findings</b>	<b>Page(s)</b>
<i>Governance and Oversight</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None None	
<i>Child, Youth &amp; Family Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None None	
<i>Adult Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None None	
<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	20 - 22

## **Governance and Fiscal Oversight**

The Division of Substance Abuse and Mental Health conducted its annual monitoring review at Southwest Behavioral Health Center (SBHC) on April 21<sup>st</sup>, 22<sup>nd</sup> and 23<sup>rd</sup>, 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 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 2013. All selected expenditures were found to be properly approved and were supported with adequate documentation.

The CPA firm Hafen Buckner Everett & Graff performed the Center's financial statement audit for the year ending June 30, 2013 and issued a report dated October 11, 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:**

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

- 1) During the Division's review of Southwest Behavioral Health Center's personnel files it was noted that for some employees there was no current documentation on file for required employee training and employee forms (code of conduct, confidentiality, BCI, etc.)

**This finding is resolved.**

- 2) Southwest Behavioral Health Center's client cost for Substance Abuse Treatment is above the state average client cost in the same area.

SBHC had an opportunity to respond and explain the Center's high cost per client in the FY13 monitoring report. Due to demand from the community, SBHC operates three Substance Abuse Residential programs. Providing residential services has a large impact on cost per client, due to the expense of services and a smaller number of clients served. SBHC's residential program has been shown to be a valuable and effective service for many clients. Although SBHC's cost per client is still above the state average, this finding will not be continued in FY14. This issue was discussed with management and the Center is still providing the same level of residential services for substance abuse clients. The Center's explanation for the higher costs is reasonable and a repeated finding would not add value to the monitoring process.

**This finding will not be continued in FY14; see comments above.**

**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:**

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 Southwest Behavioral Health Center April 21<sup>st</sup>, 22<sup>nd</sup>, and 23<sup>rd</sup>, 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 FY13 audit; 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, SBHC is in full compliance with mandated service provisions.

### **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) The amount of children and youth served by SBHC decreased from 1,558 in FY12 to 1,435 in FY13. This is a decrease of 7.9% of children and youth served. With an increase of \$294,740 in Mental Health Early Intervention Funding in FY13, it would not be expected that the total number of children and youth served would decrease over the fiscal year, but that it would maintain or increase.
- 2) SBHC does not provide medication management at a rate similar to the state or rural averages of 23% or 15.5%, respectively. In FY13, SBHC provided medication management to a total of 98 children and youth, or 6.8% of the children and youth served by SBHC.

SBHC has made strong efforts to recruit and maintain prescriber staff, but is still at a lower rate than the state and rural averages.

- 3) Last year's report made recommendations for SBHC to evaluate if any of the youth who were treated at higher levels of care could have benefited from access to a lower level of care and if they could have been treated in a residential setting. SBHC was also encouraged to ensure access to residential care is available if needed. The number of children and youth who accessed higher levels of care in FY13 increased from FY12, with 11 children and youth in the Utah State Hospital and 17 children and youth in inpatient settings, compared to seven and 11, respectively, the year prior. SBHC is encouraged to continue to evaluate and assess for appropriate level of care, and consider if access to residential treatment can help prevent youth from being placed in a higher levels of care.

#### **FY14 Recommendations:**

- 1) SBHC is encouraged to further develop Recovery Plan objectives. In the chart review, some of the objectives were difficult to measure and/or difficult to achieve for a child or youth. Objectives present in some of the charts include, "will show responsibility by following through and completing her court requirements," and "will be able to talk about life experiences, including abuse." Neither of these objectives provide a method to measure the progress being made and are vague and difficult to achieve. Division Directives state that the objectives should be "behavioral changes that are measurable, short term and tied to the goals." By further developing objectives with children and youth, goals with measurable and achievable outcomes may be established, and their progress may be tracked both clinically and personally by the family and child or youth.
- 2) It is recommended that SBHC increase access to Mental Health Early Intervention school-based services for children and youth without Medicaid funding.

#### **FY14 Division Comments:**

- 1) *TX Plus*: SBHC has begun to implement an open-ended, active assessment tool called TX Plus. Providers at SBHC have started to use the tool to strengthen the engagement process with children, youth, and their families. During the chart review, evidence of clinicians updating assessments throughout multiple sessions was present, which reflects an ongoing assessment. Through utilizing this new tool, clinicians at SBHC can provide better, up to date care. SBHC is encouraged to continue the implementation of TX Plus throughout the center, provide support for the providers and strengthen the utilization of the tool.
- 2) *Community Partners*: SBHC collaborates effectively in Washington County. Multiple stakeholders from the county reported that SBHC is a good partner and emphasized the Mobile Crisis Outreach Team (MCOT) as being one of the services SBHC offers that is making a difference throughout the community. Many of the partners affirmed SBHC's willingness to help provide and/or coordinate services in the community and stated that the "door is always open."
- 3) *Wraparound and Family Resource Facilitator (FRF)*: SBHC is providing Wraparound to fidelity, as defined by the Utah Family Coalition, in Iron and Washington Counties. The

FRFs are integral parts of the team. During the family interview, a mother reported that the support from the FRF allowed her child to remain in their home for a longer period of time. It is recommended that SBHC look at opportunities to train and supervise staff to better understand the wraparound approach and the role of the FRF. It is also recommended that SBHC consider having FRF and wraparound services available in the frontier counties.

- 4) *Family Feedback:* The Utah Family Coalition collected family feedback from a total of 31 families, with 15 surveys collected from Washington County, eight collected from Iron County and eight parents who attended a focus group in Washington County. Generally, families feel the staff and SBHC care about them and their children. All of the parents felt that they are an integral part of their children's recovery/treatment planning process. One parent commented, "I have always been talked to about what is going on. I am made to feel that I am an important part of the team and treatment."

## **Adult Mental Health**

The Adult Mental Health team conducted its annual monitoring review of Southwest Behavioral Health Center on April 22<sup>nd</sup>, 2014. The team included Robert Snarr, Adult Program Manager, LeAnne Huff, Adult Program Manager, and Michael Newman, Recovery and Resiliency Peer Program Manager. The review included the following areas: Discussions with clinical supervisors and management teams, record reviews; site visits to administrative offices, Dixie Regional Hospital Inpatient Unit, Independent housing, Elev8 Day Treatment, and the County Jail in Washington County. Site visits were also conducted at the Outpatient clinics, Oasis day treatment centers, Iron County Care and Share, and Mt. View residential treatment facility in Cedar City. During the discussions the monitoring team discussed the Mental Health Scorecard, the ten mandated services, Division Directives, area plans, and the FY13 Adult Mental Health findings. Focus groups were conducted in both Washington and Iron County to obtain consumer feedback.

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

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

- 1) *Psychosocial Rehabilitation (PRS)* is not provided by SBHC in compliance with: (a) approved area plan, (b) DSAMH data definitions; (c) FY12 Scorecard indicates a sharp reduction in amount of PSR reported by SBHC.

**This finding has been resolved.**

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

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

None

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

None

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

None

#### **FY14 Deficiencies:**

None

#### **FY14 Recommendations:**

- 1) *Documentation of Outpatient Services:* DSAMH recognizes and appreciates SBHC accomplishments in person centered planning and their focus on recovery. However, DSAMH recommends improvement in documentation of outpatient services. Many of the progress notes reviewed were not in a format addressing the situation, intervention, and plan.

Also, in many cases the objectives in the treatment plans were not measurable. DSAMH recommends developing an online process to document that a copy of the recovery plan was offered to the client.

- 2) *Day Treatment*: While DSAMH recognizes SBHC is not pursuing Internal Center for Clubhouse Development (ICCD) accreditation, it is recommended that SBHC's day treatment program become more structured to benefit their participants.

**FY14 Division Comments:**

- 1) *Trauma Informed Care*: DSAMH recognizes and appreciates SBHC's efforts in creating a standardized assessment tool which includes a thorough assessment of trauma.
- 2) *Peer Support Services*: DSAMH commends SBHC for their integration of Certified Peer Support Specialists (CPSS) into their workforce. The CPSS's are valued among the individuals in recovery and provide a more recovery-focused atmosphere within SBHC's programming. Worth noting was the Whole Health Action Management group that was run by one of the Peer Specialists. The group was so true to the model that it serves as a prime example for the Public Behavioral Health System.
- 3) *Suicide Prevention*: DSAMH recognizes SBHC's efforts in providing suicide prevention to the community. SBHC has four Question, Persuade, and Refer (QPR) trainers and have trained over 300 people as suicide prevention gatekeepers. Mental Health First Aid (MHFA) is also a gatekeeper training offering a more intensive training on the warning signs and symptoms of the different mental health disorders including how to assess and intervene when an individual is suicidal. SBHC offers three to four trainings a year on this model.
- 4) *Individual Placement and Support (IPS)*: The results of the implemented IPS program were impressive. The program is managed by a Certified Peer Support Specialist who maintains a comfortable environment. Every individual in recovery in the program that has received a job is able to do so with a healthy level of support, yet maintain their anonymity as an individual with a mental health disorder at their workplace; an incredibly empowering aspect of the program.
- 5) *Crisis Intervention Training (CIT)*: DSAMH is impressed with the implementation of CIT trainings into their community, including training all police officers as well as their correction officers. SBHC is hosting a 40 hour training in St. George, resulting in improved access to the training for the more rural areas.
- 6) *Mt. View Residential Treatment*: DSAMH recognize and appreciates the impressive efforts in Cedar City in providing quality intervention to those in need of a more structured environment. Mt. View staff work closely with residents to assess their adult daily living skills, including having residents cook dinner to evaluate for level of support prior to discharge. In addition, DSAMH commends efficient transitioning into Mt. View from the Utah State Hospital when patients are ready to discharge.

- 7) *Staff Training*: DSAMH commends SBHC for dedicating a program manager specific for Recovery Services and providing staff training in the “TX Plus” online libraries and on Suicide Prevention in conjunction with IHC Dixie Regional Medical Center.
  
- 8) *Consumer Feedback*: Individuals in recovery stated that they felt their treatment was very supportive, using such terms as, "excellent, consistent, and peer driven." Individuals felt supported in gaining employment, volunteer opportunities, transportation and their spiritual health. Individuals stated that they were not very informed regarding tobacco cessation programming, and did not have groups involving physical health and nutrition. However; Oasis House in Cedar City has a yoga group to help meet some of the wellness needs of the program participants.

## **Substance Abuse Prevention**

Susannah Burt, Program Manager, conducted the annual prevention review of Southwest Behavioral Health Center Prevention on April 22<sup>nd</sup>, 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.

Southwest 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) There was a slight decrease in the number of Eliminating Alcohol Sales to Youth (EASY) compliance checks – 105 in FY12 to 99 in FY13. Allen Sain, Prevention Coordinator, will continue to collaborate with local law enforcement to address this deficiency.

#### **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 Southwest Behavioral Health Center on April 22<sup>nd</sup> and 23<sup>rd</sup>, 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 was evaluated by a review of policies and procedures, interviews with clients, a discussion with SBHC, a visit to a Drug Court staff meeting and a review of program schedules and other documentation. SBHC 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) While SBHC achieved the highest percentage of clients “Successful Completion of Treatment Episode” in the State at 58.1% , they failed to achieve the objective outlined in the FY12 Division Directive that stated that “Local Substance Abuse Authorities will meet or exceed their FY11 Successful Treatment Episode Completion rates in FY12 and will work towards achieving a goal of 60%.” In FY11, SBHC achieved a 59.4% completion rate, so their 58.1%, failed to meet the required standard by 1.3%. In FY13, the percent of successful treatment episode rates dropped to 41.2%, which continues to not meet Division requirements.

**This finding has not been resolved and will be 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) The FY13 Utah Substance Abuse Treatment Outcomes Measures Scorecard reflects that successful treatment episode completion rates decreased from 58.1% to 41.2% from FY12 to FY13 respectively. The FY13 mid-year data reports a minor increase in successful episode completion rates to 42.2%, which still does not meet Division Directives:

*“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%. Local Substance Abuse Authorities whose FY2012 completion rate was over 60% are required to meet or exceed a 60% completion rate in FY2013. Successful Treatment Episode Completion is defined as a successful completion of an episode of treatment without a readmission within 30 days. An episode of treatment is defined in the Treatment Episode Data Set.”*

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

*Background:* While the Center has had nearly the highest successful completion rate for some time, we recognize the decrease in FY 2013 from the prior year. Staff have wondered how reporting within our new electronic health record might be affecting this data element. During the Division (DSAMH) Site Visit SBHC data staff had a phone call with Sandra Cerchiari and Deborah Ahlemann of the DSAMH and discussed, among other things, concerns with the TEDS Discharge reporting; specifically Treatment Completion and Transfer definitions and timeframes. SBHC staff believe that some of the Center data reported last year should have met the criteria for Transfer, but did not meet the transfer timeframes specified: *5 days in the case of inpatient or residential, 7 days in the case of day treatment and 30 days in the case of intensive or general outpatient program types.* As such, rather than being viewed as transfers, these episodes that did not meet the transfer timeframes were considered “dropped out of treatment” and therefore negatively affected our successful Treatment Completion rates.

*Steps of a Formal Corrective Action Plan:* The Center will strive to accurately and appropriately report Treatment Completions and Client Transfers (ensuring clients are enrolled timely in an episode when an ASAM Level change occurs). This will be done within the DSAMH-specified timeframes. To do so, we will retrain staff on Transfer timeframes and on the definition of Treatment Completion for the discharge reason. This definition will be incorporated into the Electronic Record System so that it can be selected more appropriately. Specifically, we will retrain staff to the definition of Treatment Completed: 1=The client has completed his/her treatment; 2=Left Against Professional Advice (dropped out); 3=Terminated by the facility episode. 4=Transferred to another substance abuse treatment program; 5=Incarcerated; 6=Died. Training will focus on successful treatment, as we believe staff are judging too harshly when it comes to marking Treatment Completed. The State Data Specs indicate “In most cases, this should mean that the client has completed at least 75% of their treatment objectives”. We will train to the 75% criteria.

For FY 2014, staff have reviewed current fiscal year data and found that 19 clients that should have met the Transfer criteria but were not reported appropriately within the EHR. Staff have corrected this data in our system and believe this will bring our numbers up to a more accurate and appropriate rate this current year. We have reviewed the timeframes indicated above with staff so they are aware of the requirement to have the client enrolled in an episode when a Transfer is occurring so that our data will be reported accurately.

*Timeframe:* This clarification training and EHR update will be completed by July 31, 2014. This

should clarify and improve reporting for FY 2015. The clean-up of the FY 2014 data will be completed prior to the final submission of FY2014 year-end data.

*Staff Responsible:* The training component of this plan will be carried out by Wendy King, Client Information Systems Director, and staff. The clean-up of FY 2014 data will be corrected by Center data staff.

SBHC believes these two items will bring our successful treatment episode completion rates to the 60% goal as indicated.

**FY14 Deficiencies:**

None

**FY14 Recommendations:**

- 1) The Utah Substance Abuse Treatment Outcomes Measure Scorecard reflects that SBHC has certain areas that do not reach the level of a finding, but should be observed closely to avoid going below National averages. These areas are “greater than or equal to 75%, or less than 90% of the National Average.”
  - The percent of clients reporting alcohol abstinence from admission to discharge increased slightly from 27.8% to 29.6% from FY12 to FY13 respectively.
  - The percent of clients that were employed from admission to discharge decreased from 39.7% to 11.4% from FY12 to FY13 respectively.
  - The percent of clients that decreased their involvement in criminal justice system decreased from 48.7% to 38.9% from FY12 to FY13 respectively.

It is recommended that SBHC continue to monitor alcohol abstinence, employment and the client’s involvement in criminal activity to ensure that outcomes stay within National averages.

**FY14 Division Comments:**

- 1) *Electronic Charting System:* SBHC has made significant changes in their new electronic charting system (“Credible”) over the past two years, which reflects Division standards for engaging the client from the initial assessment through treatment. The clinical chart now ties the assessment, Addiction Society of Addiction Medicine (ASAM) and progress notes together to show progress and/or lack of progress in treatment. Credible is more user-friendly and efficient than the former electronic charting system.
- 2) *Medication Assisted Treatment (MAT):* SBHC continues to make progress with incorporating MAT in all of their programs. Although there is still some resistance in the community with MAT (particularly with private Adult Probation and Parole (AP&P) Agents), SBHC staff is committed to providing training and technical assistance for community members that need more education in this area. SBHC has come a long way in the past two years in moving from being resistant to MAT to fully accepting the need for the appropriate use of medication assisted treatment.

- 3) *Consumer Satisfaction:* SBHC continues to receive positive feedback regarding their staff and programs. All client interviews reflected that SBHC staff genuinely care about their clients and are supportive in all areas of their lives.
- 4) *Clinical Supervision:* SBHC has set up several levels of supervision which include (1) direct weekly supervision with interns and staff working towards their licensure; (2) direct supervision once a month with licensed staff; (3) group supervision weekly and (4) peer support supervision. This new clinical supervision model has provided additional support to staff and enhanced treatment services.
- 5) *Access to Treatment (ATR) Funds:* SBHC has made use of the ATR model to provide additional recovery support to their drug court and Division of Child and Family Services (DCFS) involved clients. Their choice to provide day care, housing, transportation and other needed services demonstrates their commitment to providing a true Recovery Oriented System of Care approach. SBHC has been creative in developing a new ATR type infrastructure which can be used with or without a grant funded program.

## Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Southwest Behavioral Health 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

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