

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



Site Monitoring Report of

Tooele County
Valley Mental Health

Local Authority Contracts #122399 and #130350

Review Dates: March 4th and 5th, 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 Tooele County – Valley Mental Health (also referred to in this report as Tooele - VMH 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 Tooele County – Valley Mental Health on March 4th & 5th, 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 None	
<i>Child, Youth & Family Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None 2	13 - 14
<i>Adult Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None 1 1	16 - 17 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 2	22 - 23

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health conducted its annual monitoring review at Tooele County – Valley Mental Health (Tooele - VMH) on March 4th and 5th, 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; Tooele - VMH 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 Haynie & Company completed an independent audit of Tooele County for the year ending December 2012 and issued a report dated June 29, 2013. The auditors' opinion was unqualified and stated that the financial statements presented fairly, in all material aspects, the respective financial position of the County's governmental activities.

The CPA firm Tanner LLC completed an independent audit of Valley Mental Health for the year ending December 2012 and issued a report dated May 29, 2013. The auditors' opinion was unqualified. There were three findings listed in the auditor's Report on Compliance dated May 29, 2013, which are listed below. The findings were discussed with Valley Mental Health management and their follow-up responses have been included with each finding.

1. Account Reconciliation – The auditors found some general ledger control totals that had not been fully reconciled at year end.
 - VMH response: Every balance sheet account has been assigned an owner. Each owner is required to reconcile and support the balances in their assigned accounts on a monthly basis. Balance sheet reconciliations have been added to the month end close checklist requiring each owner to verify their completion. Reconciliations are reviewed and verified by supervisors on a quarterly basis.
 - Based on VMH's response and actions, it appears that the finding is being addressed appropriately.
2. Journal Entry Allocations – Audit adjustments from 2011 were recorded to an administrative unit rather than being allocated to the affected units.
 - VMH response: All audit adjustments related to the 2012 audit were recorded to the individual units. A new policy has been implemented in the accounting department requiring all journal entries to be recorded to the respective units as opposed to an administrative unit.
 - Based on VMH's response and actions, it appears that the finding is being addressed appropriately.
3. Program Eligibility and Billings – The auditors found that three individuals out of 87 participating in the PASSAGE program did not have a mental health diagnosis as required by the grant. They also found two instances in which employees' budgeted wages were billed instead of the employees' actual wages.

- VMH response: The program implemented an additional level of supervisor review to ensure compliance and accuracy.
- The PASSAGE grant is distributed through DSAMH, but the contract is not monitored as part of the annual site visit. The DSAMH Program Manager that is responsible for monitoring this contract has been made aware of this finding and will follow-up on the issue with VMH.

Follow-up from Fiscal Year 2013 Audit:

FY13 Minor Non-compliance Issues:

- 1) Tooele - VMH's FY12 client cost for Substance Abuse Treatment is 69.9% higher than their FY11 client cost for Substance Abuse Treatment.

This finding has been resolved.

- 2) During the Division's review of Tooele - VMH's subcontractor files it was noted that current BCI checks had not been completed and that monitoring for subcontractors had not been done consistently.

Valley Mental Health's process for monitoring subcontractors and obtaining required documentation was reviewed in the FY14 Site Visit and was found to be significantly improved.

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:

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 Tooele County - Valley Mental Health March 4th & 5th, 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 findings and center 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, Tooele - VMH is in full compliance with mandated service provisions.

Follow-up from Fiscal Year 2013 Audit

FY13 Minor Non-compliance Issues:

- 1) Data reported to the Division of Substance Abuse and Mental Health regarding emergency services is incomplete.

This finding has not been resolved and is continued in FY14. Due to progress made it will be continued as a deficiency; see Deficiency #1.

- 2) 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 #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 Youth Outcome Questionnaire (YOQ) is not being administered at the required frequency and rate. Division Directives require that the YOQ be administered at a frequency of every 30 days for each child/youth. Active charts reviewed had an average of four administrations within the last 12 months. Division Directives also require a rate of at least 50% administration to the children and youth during FY13. Tooele - VMH has made progress from FY12 and the children's mental health scorecard indicates the administration has increased from 38.7% to 49.3%.

Center's Response and Corrective Action Plan:

Corrective Action Plan implemented. New equipment (electronic tablet) has been purchased and a computer kiosk has been set up in the waiting area of the Children's Center. Additional new tablet is available in clinician's office area for additional access to completing YOQ when required. Program manager will monitor weekly to ensure appropriate compliance to requirement.

- 2) Recovery Plan objectives (short-term goals) are often not measurable or achievable. In nine of the 11 charts reviewed, there was evidence of objectives that were hard to measure and/or difficult to achieve. Examples include the following: (1) one client will "reduce anxiety about past abuse and increase coping skills," (2) the youth will "learn ways to cope and manage emotions," and (3) the "client will decrease his aggression. He will learn coping skills to help him calm down when he is upset." In each example, there is no method given for measuring the progress each child is making. Each objective listed is broad and difficult to achieve for the child/youth without smaller, incremental steps.

Division Directives state that objectives should be "behavioral changes that are measurable, short-term and tied to the goals." Through working with the children, youth, and their parents to develop measurable and achievable objectives, progress may be tracked to help children and youth to view their own success.

Center's Response and Corrective Action Plan:

Corrective Action Plan implemented. Quarterly training will be done at Children's Center team meetings. Goal reviews and wording of new goals will be a standing topic of these meetings. During 90 day goal reviews, any goals that are not written in measurable or achievable formats will be rewritten to reflect a measurable approach to progress. Program manager to monitor for compliance.

FY14 Deficiencies:

- 1) Data reported to the Division of Substance Abuse and Mental Health regarding emergency services is incomplete. Although emergency services are being provided, they are not reported on the Substance Abuse and Mental Health Information System (SAMHIS).

Evidence of the provision of emergency services was found in chart reviews. Evidence of emergency services being provided was present. This is strictly a data reporting issue.

FY14 Recommendations:

- 1) It is recommended that Tooele - VMH develop a juvenile civil commitment tracking system that will ensure the Local Mental Health Authority (LMHA) is able to clearly identify children who have been placed in their physical custody and that will provide a prompt to complete the “Notice of Discharge from Commitment of Child to Local Mental Health Authority” form when the child is discharged from residential or inpatient levels of care. It is also recommended that Tooele - VMH use the most updated forms for juvenile civil commitment forms. These forms are found on the Division of Substance Abuse and Mental Health’s website at the following link: <http://dsamh.utah.gov/provider-information/civil-commitment/>.

FY14 Division Comments:

- 1) *Systems of Care Approach:* Tooele - VMH collaborates with many community partners to meet the needs of children/youth and families. Tooele - VMH participates in the local Systems of Care community meetings and partnerships. Over the past year, oversight of the local food bank, the Resource Center, and a domestic violence program has been provided by Tooele - VMH. Tooele - VMH continues to keep Youth Services open. There are increased efforts to provide services to the Spanish speaking population in Tooele County and access to services in Wendover and Grantsville have increased. By expanding services, Tooele - VMH is providing more access to children and their families throughout the county.
- 2) *Family Feedback:* Eight parents attended a family feedback group and in addition, 20 family feedback surveys were collected. Families feel the staff at Tooele - VMH is caring and supportive. In 21 of the responses, families reported the therapists value their feedback during treatment. One family stated, “they [Tooele - VMH] have been incredible, I am very happy with the service.” Multiple families indicated the Family Resource Facilitators (FRFs) are also helpful in linking to different community resources. One area that families in the feedback group felt could be improved is the ability to get timely appointments with the med provider.
- 3) *Wraparound:* Tooele - VMH continues to provide wraparound to fidelity as defined by the Utah Family Coalition. Services are well coordinated, collaborative, and focused on a community approach. Wraparound services are an integral part of the service delivery system in Tooele - VMH. Although Tooele - VMH is providing wraparound to fidelity, fidelity can be strengthened through more use of natural supports. Tooele - VMH is also encouraged to increase fidelity by helping families and their children guide and eventually lead the wraparound process.

Adult Mental Health

The Division of Substance Abuse and Mental Health Adult Mental Health team consisted of Jeremy Christensen, Program Administrator, LeAnne Huff, Program Manager, and Michael Newman, Recovery and Resiliency Peer Program Manager. The FY14 site visit included discussions with clinical supervisors and management teams, community partner discussions (jail, school district, Department of Health), review of Adult Mental Health Score card, area plans, Division Directives and chart reviews. The Adult team conducted site visits to administrative offices, an outpatient clinic, the Recovery Center, and the New Reflections Clubhouse. Focus groups were conducted in Tooele to obtain feedback from consumers.

From our review, Tooele - VMH is in compliance with the ten mandated services.

Follow-up from Fiscal Year 2013 Audit

FY13 Significant Non-compliance Issues:

- 1) Emergency and Jail services data are not being reported to the Division of Substance Abuse and Mental Health.

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

FY13 Minor Non-compliance Issues:

- 1) The Outcome Questionnaire (OQ) is not being administered in accordance to the Division Directives.

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

FY13 Deficiencies:

- 1) The Division Directives require the Care/Treatment plans to identify strengths and barriers and to specify frequency and duration of prescribed interventions.

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

Findings for Fiscal Year 2014 Audit

FY14 Major Non-compliance Issues:

None

FY14 Significant Non-compliance Issues:

- 1) According to the FY13 Mental Health Score Card, Tooele - VMH provided emergency jail services to one individual. DSAMH acknowledges that Tooele - VMH has established a

collaborative working relationship with the jail. Tooele - VMH has a full time licensed mental health therapist assigned to the jail and is providing mental health services to incarcerated individuals as evidenced in chart reviews and manager's discussion. However, these services are not accurately reflected by the data submitted to DSAMH as mandated by the Division Directives. Data submission of jail services on the Mental Health Score Card has been under-reported since prior to FY11.

Center's Response and Corrective Action Plan:

Valley will begin using the minimum data set as soon as it is available to record jail and crisis contacts. Up until now there has been no way to record these services that would allow them to be uploaded into the state data system due to 'unknown values' with these services. Valley's IT department is preparing our system to allow these services and contacts to be recorded and submitted to DSAMH.

Below is the explanation of how this will work from DSAMH.

The minimal date spec is essentially the MHE specification that indicates which data fields need to have valid data and which you can use unknowns. A copy of the minimal data specification is available from the SAMHIS website.

Currently, SAMHIS checks the data when it comes into the system to see if it is an assessment or testing event, a crisis event, or if the location code is jail. SAMHIS doesn't calculate the unknowns if any of these are true so you can include multiple unknowns and the data will still load.

FY14 Minor Non-compliance Issues:

- 1) The Outcome Questionnaire (OQ) is not being administered by Tooele - VMH in accordance with the Division Directives which require that the OQ be administered every 30 days or every visit (whichever is less) for each consumer. Division Directives also require at least 50% of the adults served to have been administered the OQ, Tooele - VMH's rate is 45.4%. DSAMH commends Tooele - VMH's efforts in incorporating the OQ into their progress notes as evidenced during chart reviews. Also DSAMH recognizes the rate of OQ administration has increased from FY12, however the rate still falls short of the Division Directive requirement.

Center's Response and Corrective Action Plan:

The VMH - Regulatory Oversight and Compliance staff trained staff on the use of OQ/Y-OQs early in 2013. Initially, an attempt was made to have clinical staff provide support staff with a list of those clients who needed an OQ. However, compliance was not consistent and instead one of the support staff has taken on this task. Support staff now provide the OQ to clients when they check in for appointments and this has greatly increased appropriate administration of the

OQ. Progress towards improved compliance has been discussed at team meetings and will continue to be emphasized.

FY14 Deficiencies:

- 1) The charts reviewed during the FY14 site visit lacked strengths and barriers in the recovery/care plans. Most charts did not have objectives that were measurable as evidenced by not identifying frequency and duration of prescribed interventions. DSAMH recognizes and appreciates the high quality work in the assessments reviewed and that the treatment plans are being updated regularly. DSAMH encourages Tooele - VMH to incorporate strengths and barriers into client's recovery plans. One possible option for developing measurable goals is encouraging staff to utilize **SMART** goals; **S**pecific, **M**easurable, **A**ttainable, **R**elevant, and **T**ime-based.

FY14 Recommendations:

- 1) DSAMH recommends that Tooele - VMH continues to build upon their existing Peer Support Services and expand their Recovery-based Peer Support Services.

FY14 Division Comments:

- 1) *Tooele Valley Resource Center (TVRC):* DSAMH recognizes and appreciates TVRC in their impressive efforts in providing services to the homeless in their community. The Center offers a safe place for individuals to drop in and get a quick snack, lunch, or needed supplies. Through their partnership with VMH they are able to connect individuals in their center with substance use and mental health resources. In addition the Center has developed relationships with local religious leaders and together they are providing services, supplies, and connecting homeless individuals and families with resources.
- 2) *Jail Services:* DSAMH commends Toole - VMH's excellent partnership with the Tooele County Jail where they have one full time employee who provides mental health services to incarcerated individuals. In addition to having a licensed clinician on site, a case manager (CM) from the TVRC provides outreach to the jail to work with inmates who are at high risk for homelessness. The CM helps them to find housing and to provide them with other local resources prior to being released from jail. All but four law enforcement officers are trained in Crisis Intervention Training (CIT) and the Tooele County Jail commander reports this training has resulted in a significant decrease in physical restraining of inmates.
- 3) *New Reflections Clubhouse:* Tooele's Clubhouse is a certified clubhouse that operates to the fidelity of Clubhouse standards and demonstrates great employment and recovery outcomes. Participation and leadership in the Utah Clubhouse Network (UCN) is exemplary. New Reflections hosted a conference last year where they invited county commissioners. DSAMH recognizes the great community outreach the Clubhouse is doing in their community. Every Thanksgiving the New Reflections hosts a Thanksgiving meal and invites community partners including the sheriff and police officers which has resulted in better relationships as the law enforcement can interact with consumers when they are stable.

- 4) *Consumer Feedback:* Individuals were interviewed in the PASSAGE youth in transition group, at the New Reflections Clubhouse, and at the Women's Trauma Support Group. Individuals in recovery responded that their overall mental health treatment was going well. Individuals felt supported in gaining volunteer and employment opportunities; although many felt that the supportive employment program was limited. Individuals also felt that they were getting their needs met regarding transportation and housing; utilizing VMH and community resources. Group participants cited that they generally felt supported in their physical and spiritual health; however some individuals cited a need for a staff member at New Reflections to administer a wellness group.

- 5) *Domestic Violence Shelter:* Tooele- VMH now operates the Domestic Violence (DV) shelter in Tooele and has hired a DV advocate to work out of the shelter. They are providing much needed services to their community and the amount served has double in the last year. The integration of DV services with mental health and substance abuse has increased access to community resources. Tooele - VMH is offering Domestic Violence training in their community, and has already conducted training since taking over operations.

Substance Abuse Prevention

Susannah Burt, Program Manager, conducted the annual prevention review of Tooele - VMH Prevention on March 4th, 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.

Tooele 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 decrease in reported Eliminating Alcohol Sales to Youth (EASY) alcohol compliance checks, from 14 checks in FY12 to zero in FY13. Prevention Coordinator Julie Spindler reported the agencies are completing alcohol compliance checks without reimbursement from the EASY program. Ms. Spindler will continue follow up on the compliance checks in Tooele County.

FY14 Recommendations:

None

FY14 Division Comments:

None

Substance Abuse Treatment

Dave Felt, Program Administrator, and Becky King, Program Manager, conducted the review of Tooele County Valley Mental Health Substance Abuse Treatment Program on March 4th, 2014. The review focused on Substance Abuse Treatment (SAPT) Block Grant Compliance, Drug Court and DORA Program compliance; clinical practice and compliance with contract requirements. Drug Court was evaluated through staff discussion, clinical records and attendance at the Adult Felony Drug Court staffing and court session. Clinical practices and documentation were evaluated by reviewing client charts and discussing current practices. Adherence to SAPT Block Grant requirements, contract requirements and DORA Program requirements were evaluated by a review of policies and procedures, interviews with clients, a discussion with Tooele - VMH staff and a review of program schedules and other documentation. Tooele - VMH 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) Tooele - VMH did not meet or exceed the FY12 Performance Measures for the Successful Treatment Episode Completion Rates in the Division Guidelines. Local Authorities who do not achieve the 60% completion rate are required to improve their performance rates from the previous year. The treatment episode completion rate for Tooele - VMH went down from 51.6% to 50.3% from FY11 to FY12 respectively. In FY13, the percent of clients completing a treatment episode successfully decreased to 30.7%.

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

- 2) Tooele - VMH had their sliding scale fee approved by the County Commissioner; however, based on adolescent client interviews, there appeared to be discrepancies between the policy and what clients reported.

This finding has been resolved.

- 3) Tooele - VMH continues to use the Drug Court phases to determine the level of care for treatment.

This finding has been partially resolved and will be continued in FY14; see Minor Non-Compliance Finding #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) Tooele - VMH did not meet or exceed the FY13 Performance Measures for the Successful Treatment Episode Completion Rates in the Division Guidelines. Local Authorities who do not achieve the 60% completion rate are required to improve their performance rates from the previous year. The treatment episode completion rate for Tooele - VMH went down from 50.3% to 30.7% from FY12 to FY13 respectively.

Center’s Response and Corrective Action Plan:

Beginning immediately, staff will be re-trained on completing the MIS form. It is believed that it is a problem with the form completion rather than clients not successfully completing treatment and maintaining sobriety. Staff have also begun receiving monthly reports on their clients group attendance and drug testing results to determine compliance so that they can reach out to clients that have stopped attending.

- 2) Tooele - VMH continues to use the Drug Court phases to determine the level of care for treatment, which is a repeat finding from the FY13 Site Visit. Specifically, reducing the number of treatment sessions and assignments is listed as an incentive and it was stated that no one was ever moved back a phase in drug court. Although there are efforts made to “individualize” some aspects of treatment, and it was stated that additional services can be added if clinically necessary, treatment levels and assignments should not be used either as rewards or sanctions, and should be based on a clinical assessment of the client’s needs. Changes in treatment levels should be based on a clinical assessment of ASAM placement criteria. There should be more focus on individualizing treatment and not “Program Driven Practice” to “Client Centered Care.”

Center’s Response and Corrective Action Plan:

Clients who start the Drug Court program meet criteria for substance dependence. Following the guidelines of ASAM criteria clients begin their program at 9 hours of treatment per week for a minimum of 6 weeks. As client progress in meeting proximal goals in the drug court program, they move towards partial remission in their substance dependence. Clients move phases due to having obtained partial remission in their substance dependence and meeting their proximal goals in treatment; ie attending groups, providing documentation of their support groups and submitting to random UAs. Clients demonstrate active participation and progress in treatment assignments to support their movement in the program. Clients often move phases due to

meeting these criteria but have continued to receive treatment at the IOP level or as determined by the treatment team. Treatment team reviews client progress in treatment and decides if client has the skills, structure and support to reduce the number of hours client receives.

FY14 Deficiencies:

- 1) The FY13 Utah Substance Abuse Treatment Outcomes Measures Scorecard reflects that the percent of clients retained in treatment for 60 days or more decreased from 75.9% to 59.9% respectively. Local Authorities who do not achieve the 70% retention rate in treatment are required to improve their performance rates from the previous year.
- 2) The FY13 Utah Substance Abuse Treatment Outcomes Measures Scorecard reflects that employment decreased from 26.1% to 2.9% from FY12 to FY13 respectively. This is less than 75% of the national average of 12.8%.
- 3) The FY13 Utah Substance Abuse Treatment Outcomes Measures Scorecard reflects that the tobacco use increased from 61.4% to 64.0% from FY12 to FY13 respectively.

FY14 Recommendations:

- 1) Tooele - VMH has made no significant efforts to train staff on the requirements in the Division Directives outlining the change from event based, program oriented treatment and documentation to a focus on engagement, person centered planning; and the requirement that assessments, ASAMs and treatment plans be current rather than based on time frames for updates. It is recommended that Tooele - VMH attend the Utah Behavioral Healthcare Network (UBHC) Clinical Meetings on a regular basis to receive the current directives provided by the Division and provide training to their staff as needed.

FY14 Division Comments:

- 1) *Collaboration and Expansion of Services:* Tooele - VMH continues to have an exceptional alliance with the community, which increases and enhances services for the clients in their local area. For example, Tooele - VMH took over the Resource Center and Food Bank, which has improved services for their clients and the community. At the site visit, numerous community partners discussed their work with Tooele - VMH and their appreciation for their services.
- 2) *Suicide Prevention:* Tooele - VMH recently had at least three completed suicides in their community, which has increased suicide prevention efforts. There are plans for a Question, Persuade and Refer (QPR) training in April and continued discussions on suicide prevention/bullying at their annual prevention summit. Tooele - VMH is committed to preventing future suicides and improving the quality of life for community members.
- 3) *Tobacco Cessation:* Tooele - VMH is making efforts to educate their clients on tobacco cessation through a new class they implemented this year. Clients reported that they were aware of the Recovery Plus Program and resources that are available to them. Tooele - VMH is improving their focus on tobacco cessation which is reflected in their mid year report showing a reduction of tobacco usage from admission to discharge of 2.35%. Tooele - VMH

should continue in their efforts through continued education and the distribution of Recovery Plus pamphlets and brochures.

- 4) *Service Delivery*: Clients reported that they are satisfied with the services that they receive and enjoy working with their counselors. They stated that they feel respected by staff and like coming to treatment.

Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Tooele County – Valley Mental Health 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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