

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



Site Monitoring Report of

Weber Human Services

Local Authority Contracts #122400 and #122403

Review Dates: February 18<sup>th</sup> and 19<sup>th</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 Weber Human Services (also referred to in this report as WHS 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 Weber Human Services on February 18<sup>th</sup> & 19<sup>th</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 1	13 - 14
<i>Adult Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None 1	16 - 17
<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	21 - 22

## **Governance and Fiscal Oversight**

The Division of Substance Abuse and Mental Health conducted its annual monitoring review at Weber Human Services (WHS) on February 18th and 19th, 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; WHS 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 Christensen, Palmer & Ambrose performed the Center's financial statement audit for the year ending June 30, 2013. The auditors issued an unqualified opinion; however, a repeat finding was discussed in the Independent Auditor's report dated December 12, 2013 stating that the Center was not maintaining the required 60-day cash reserve as required by the Utah Department of Health. The Center is in the process of refinancing assets in order to obtain the additional cash reserves to meet this requirement. This finding did not affect reported data for any of the mental health or substance abuse programs.

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

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

- 1) During the Division's review of subcontractor files, it was found that the contract for an active provider was out-of-date.

**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:**

A review of subcontractor files was conducted, one file was found to be missing a current insurance certificate. Subcontractor files should be monitored annually to ensure all required documentation is current and present.

**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 Weber Human Services February 18th & 19th, 2014. The monitoring team consisted of Dinah Weldon, Program Administrator; Eric Tadehara, Program Manager; and Lis Rosen, Utah Family Coalition (NAMI Utah). The review included the following areas: record reviews, discussions with clinical supervisors and management, case staffing, program visits, and feedback from families through questionnaires and a discussion group. During the discussions, the monitoring team reviewed the FY12 Monitoring Report; 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, Weber Human Services is compliant with eight of the nine mandated services which apply to children and youth. WHS is not compliant with one of the mandated services, Community Supports (respite services).

### **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) For FY13, WHS reported to the Substance Abuse and Mental Health Information System (SAMHIS) that a total of four children received respite services, which is a rate of 0.30%. WHS provides respite at a lower rate than the urban average of 7.00%, and the state average of 7.69%. The number of children reported dropped from 28 in FY12 to four in FY13. It is recognized that some crisis respite is provided through Archway, but is not reflected in SAMHIS.

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

The Center will remain vigilant in their efforts to maintain a team of trained Respite workers

significant enough to meet the needs of our service population. We have, to date, hired more workers and have offered significantly more service units than the .30% recorded for FY13.

**FY14 Deficiencies:**

- 1) WHS provides psychosocial rehabilitation at a rate of 6.6%, which is lower than the urban average rate of 18.5%. WHS provides case management at a rate of 6.6%, which is lower than the urban average of 21.7%. It is recommended that WHS increase psychosocial rehabilitation and case management services for youth and children.

**FY14 Recommendations:**

None

**FY14 Division Comments:**

- 1) *Family Feedback:* The Utah Family Coalition collected family feedback from 119 families. Overall, families provided positive feedback about WHS and shared that the staff are kind, helpful, and supportive. Families shared specific comments about the staff, including: feeling they have “an awesome therapist, who genuinely cares,” the therapist “always takes time to discuss our concerns and helps us know what to do about our daughter,” and that the therapist “is wonderful. She has saved our family.” One parent reported WHS “treats us as real people” and that the children are the main priority. Two families who participated in the family feedback group expressed appreciation for the help WHS provided during the holiday season.
- 2) *Wraparound and Family Resource Facilitators (FRF):* WHS provides Wraparound to Fidelity as defined by the Utah Family Coalition. The Coalition indicates that the FRFs work well with their clients to provide Wraparound services. Families report the FRFs are supportive and helpful in the Wraparound process. The Coalition recommends that the FRFs be assigned one day per week to complete intake paperwork, to allow them more time during the remainder of the week to meet the needs of their other families.
- 3) *Relationship with Juvenile Drug Court:* WHS partners with the 2<sup>nd</sup> District Juvenile Drug Court to provide mental health and substance abuse services for adolescents and their families. WHS participates in a multiagency staffing, which includes the Judge, probation officers, attorneys and tutors, among others, for each youth in the drug court program. The Court experience is focused on the successes of each youth and is meant to prevent them from going deeper into the juvenile justice system and to address their mental health and substance use issues.

## **Adult Mental Health**

The Adult Mental Health team consisted of Jeremy Christensen, Adult Program Administrator, Robert Snarr, Adult Program Manager, Michael Newman, Recovery and Resiliency Peer Program Manager, and LeAnne Huff, Adult Program Manager. The review included the following areas; record reviews, discussions with clinical supervisors and management teams. During this audit, the team visited Weber Human Services Administrative offices, residential treatment, day treatment, and the wellness center. The team also visited Positive Assistance Action Group (PAAG), St. Anne's Center, and Weber County Jail. Focus groups were conducted throughout the region to obtain feedback from consumers. During the discussions, the team reviewed the FY13 audit findings, area plans, Division Directives, consumer satisfaction surveys and the ten mandated services.

Based on our review, WHS is in compliance with nine of the ten mandated services. See Minor Non-Compliance #1.

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

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

- 1) *Targeted Case Management (TCM):* During the FY13 site visit, Weber Human Services reported a significantly lower rate of case management services as compared to the state average. The state average was approximately 27% in FY12 and WHS reported 5.8% in case management services. During the FY14 site visit the FY13 Mental Health Score Card indicated WHS provided case management at a rate of 6.3%, still significantly below the average rate for the state which in FY13 was 25.2%. During the manager's discussion in the FY14 site visit, it was determined that these numbers were diluted with the inclusion of all jail services. These numbers were corrected during the site visit and the number of case management services went up to 9.9%. This rate of case management services still is significantly below the state average for both rural and urban areas.

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

- 2) *Division Directives and use of State General Fund to Serve Unfunded Clients:* During the FY13 site visit, Weber Human Services leadership expressed that it is the priority of WHS to provide services to Medicaid-eligible and those who are civilly committed by stating "we are Medicaid only." DSAMH was concerned by these statements as the above point of view could result in Weber County residents, who lacked Medicaid, not being able to access a public behavioral health system as required by Utah statute and Division Directives. During the FY14 site visit, WHS reported that they provide services to a variety of insurances and the FY14 Mental Health Score Card reflects that WHS is appropriately providing services to the unfunded. Documentation in record reviews also indicated that WHS is providing services to individuals who had other insurance including services to those with Medicare only.

**This finding has been resolved.**

**FY13 Deficiencies:**

- 1) *Medication Management:* During the FY13 site visit, the Mental Health Score Card indicated that WHS was providing the lowest amount of medication management services when compared to the other Local Mental Health Authorities. The state average for medication management in FY12 was 50.5% and the WHS average in FY12 was 27.2%. During the FY14 site visit the FY13 Mental Health Score Card indicated an approximate 1% increase to 28.1%. As discussed above in the TCM Non-compliance Issue, after the numbers were corrected for those receiving services while incarcerated, the percentage of medication management services increased to 40%.

**This deficiency has been resolved.**

- 2) *Residential Services:* According to the Adult Mental Health Scorecard for FY12, WHS is providing a lower than average number of individuals in residential services at 1.9% as compared to the other urban catchment areas at 5.1%, as well as the overall state average of 4.1%. During the FY14 site visit the Mental Health Score Card for FY13 showed WHS provided residential services at a rate of 1.6% and the urban counties average is 3.5%. After WHS adjusted the numbers by removing the jail statistics from the ten mandated services, the numbers of residential services increased to 2.6%.

**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) *Targeted Case Management (TCM):* In review of the FY13 Mental Health Score Card, Weber Human Services reported 6.3% of TCM as compared to the urban areas average of 24%. When these numbers were corrected by removing the jail statistics, the number of case management services went up to 9.9%. WHS acknowledges the DSAMH concerns with the low numbers and report that the low numbers are in part due to how they have been interpreting the language surrounding case management. WHS acknowledges that TCM has been interpreted conservatively and is currently addressing this issue. DSAMH recognizes and appreciate WHS's efforts in addressing the issue and during our site visit WHS reported their case management services have increased from 40 hours in the month of July 2013 to 240 hours in the month of September 2013, bringing their case management services numbers closer to State average. In addition WHS report they are looking into hiring two more case managers.

## Center's Response and Corrective Action Plan:

The Adult Mental Health Team initiated a new TCM team in August of 2013 increasing the capacity and focus for case management overall. As stated in the report, we have increased case management services from 40 hours in the month of July 2013 to 240 hours in the month of September 2013, which does bring our case management services numbers closer to the State average. WHS is also forming a Care Coordinator team that will be heavily focused on increasing case management services to those current consumers of services who are medically compromised. We expect to see our numbers to continue to increase with this addition.

### FY14 Deficiencies:

None

### FY14 Recommendations:

- 1) DSAMH recommends that WHS continues to explore options to serve individuals in the Residential treatment setting with mental illness who have more serious medical issues. There has been at least one individual in the last year, who was denied admission due to having insulin dependent diabetes, resulting in being transferred to another Local Mental Health Authority who was able to serve them in a less restrictive environment. DSAMH acknowledges this was an isolated case and WHS makes marked efforts with limited resources and is working to have more flexibility to serve other individuals with medical issues in their residential treatment. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), adults experiencing mental illness have higher rates of certain chronic physical illness including high blood pressure, asthma, diabetes, heart disease, and stroke. (*Physical Health Conditions among Adults with Mental Illness, 2012*) The Local Mental Health Authority will use a holistic approach to wellness as defined in the Division Directives under B, vi, f: "Cooperate with efforts of the Division of Substance Abuse and Mental Health to promote integrated programs that address an individual's substance abuse, mental health, and physical healthcare needs, as described in UCA 62A-15-103." DSAMH recognizes WHS as a role model for other Local Mental Health Authorities in providing integrated mental health and physical health services at an outpatient level. DSAMH encourages WHS to continue to augment integration at all levels of care.
- 2) DSAMH recommends that WHS, in collaboration with their clients and peer support specialists, explore additional psychosocial programming in an effort to provide more structure in the afternoons and support a holistic focus on recovery. Currently WHS residential and other day service clients are provided afternoon space to socialize and participate in recreation with limited recovery focused programming available. WHS is providing various recovery and wellness opportunities with future plans to integrate their wellness further into their STEPS program, DSAMH supports this approach. DSAMH recommends that WHS further research and implement self-directed, evidence based practice (EBP) for psycho-social rehabilitation, supported employment and psycho-education such as the international clubhouse model, IPS (Individual Placement and Support), customized

employment and/or other EBP. It is also recommended that WHS continue to systematically research their process and outcomes related to the recently implemented “HERN” token economy to ensure appropriate application within WHS continuum of care.

**FY14 Division Comments:**

- 1) *Integrated Mental Health and Physical Health:* DSAMH commends WHS’s success in creating a robust integrated clinic that addresses both physical and mental health needs of their clients. Their integrated clinic is located within their main office resulting in increased accessibility for their clients. The clinic integrates peer support and offers various wellness activities.
- 2) *Chart Records/Documentation:* DSAMH commends WHS on their thorough documentation in the Electronic Medical Record (EMR). The charts were easy to navigate; goals and objectives were attainable, measurable and demonstrated frequency and duration. The charts were recovery focused and identified strengths and barriers in the person-centered recovery plan. All observed progress notes identified goals, intervention, and client’s progress towards the goals. Medical documentation contained evidence of a holistic approach to wellness charting weight, monitoring blood pressure and other necessary medical screenings. There was consistent evidence of outcome questionnaire (OQ) administration and integration into treatment.
- 3) *Services to those who are incarcerated:* WHS has contracted with the Weber County Jail and has two licensed clinicians who provide mental health services to individuals who have been incarcerated. DSAMH recognizes and is impressed with the collaborative partnership WHS has developed with jail staff. WHS and Weber County Jail are working closely together to target suicide prevention, intervention, and postvention within the jail as evidenced by incorporating the Columbia Suicide Severity Rating Scale (CSSR-S) as a pilot project and by performing postvention activities after an inmate has died by suicide, as well as addressing the overall mental health needs of inmates.
- 4) *Suicide Prevention:* DSAMH appreciates WHS efforts in targeting suicide prevention in their community. Two staff members of WHS are trained in Mental Health First Aid (MHFA) and another in Question Persuade and Refer (QPR). WHS has representation at the State Suicide Prevention Coalition which meets monthly to address the problem of suicide in Utah. WHS goal is to establish Hope Squads in their schools, provide training in QPR for teachers and in Weber County Jail. A town hall meeting has been scheduled to target suicide prevention in Ogden and WHS is going to pilot the CSSR-S in Weber County Jail, as well as incorporate it into their EMR.
- 5) *Community Collaboration:* DSAMH recognizes and appreciates the collaborative partnerships WHS has established in their community. During the site visit it was evident that WHS has great partnerships with Weber County Jail, PAAG, St. Anne’s, and McKay Dee Hospital. These partnerships benefit the clients served by improving access to community resources.

- 6) *Evidence Based Programs*: DSAMH commends WHS on integrating multiple Evidence Based Programs throughout their system that have been effective in showing improved outcomes in mental health interventions.
- 7) *Consumer Feedback*: Individuals in recovery that were interviewed felt that their treatment was going well. Many individuals reported liking their clinician and felt that they were truly cared about. Some individuals felt supported in gaining employment, especially through WHS supportive employment, while others felt that they did not receive enough information, did not feel supported in gaining employment outside of WHS, and did not feel supported in advancing their educational pursuits. Individuals in day treatment reported that they were uncomfortable with the free time they have from lunch to 4:00 pm at the STEPS program, and the free time was even a “trigger” to one individual reporting. Many were grateful for transportation from case managers and bus passes, yet some say they no longer receive the passes. Individuals interviewed cited that they were appreciative of their housing, but also reported a lack of maintenance performed within their housing. Group participants felt very supported in their physical health, especially regarding the wellness groups and the gym membership most were able to receive. They felt they had a lot of options in this area. Individuals that had been offered peer support services really enjoyed them, while some said they had not been offered peer support services.
- 8) *Peer Support Services*: DSAMH commends WHS for the implementation of their Certified Peer Support Specialists. Funding the individuals through the Federally Qualified Health Center (FQHC) grant is a prime example of creativity and serves as a great example for the rest of the State of Utah. Individuals in recovery that were interviewed stated that the Peer Support Specialists were “helpful”, “empathetic”, “nice”, and “easy to talk to.” The hired Peer Support Specialists appeared to be trained very well, received supportive supervision, and were very satisfied with their positions and work environment. Worth noting, was the use of Peer Support Specialists in promoting wellness and educating on the integration of mental and physical health.
- 9) *Recovery Plus*: The tobacco cessation group that was attended proved that WHS again serves as a great example to the State in the continued implementation of Recovery Plus. The group facilitator was informative, relatable, provided current information, and facilitated a great discussion regarding tobacco cessation. Individuals in focus groups stated that they had been offered to attend tobacco cessation services and had even spoken to their clinicians about them.

## **Substance Abuse Prevention**

Susannah Burt, Program Manager, conducted the annual prevention review of Weber Human Services Prevention on February 18th, 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.

WHS 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) In a review of the Eliminating Alcohol Sales to Youth (EASY) compliance checks in Weber County, there was a decrease from FY12 at 81 to FY13 at 46. WHS has spoken with the Ogden Police Department and Weber County Sheriff's Department and will work with these agencies to improve the numbers. In addition, the number of checks includes two new cities, South Ogden and Riverdale, doing 26 checks with only four fails. This new collaboration is a result of the Bonneville Communities That Care Coalition.

#### **FY14 Recommendations:**

None

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

None

## **Substance Abuse Treatment**

David Felt, LCSW, Program Administrator and Janida Emerson, Program Manager, conducted the review of Weber Human Services on February 18th, 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 WHS staff and a review of program schedules and other documentation. WHS 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) Treatment Plans do not reflect the work clients are actually asked to do, and do not change over the course of treatment.

A significant improvement was made in this area following the site review. The revisions to the electronic record, to reflect the change from event-based documentation to process documentation, allow significantly greater clinical flexibility.

**This finding has been resolved.**

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

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

None

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

None

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

- 1) WHS's percent of clients completing their treatment episode successfully declined from 51.05% in FY12 to 44.4% in FY13. The Division Standard is that agencies will equal or exceed their completion rate with a goal of reaching 60%. It is noted that through the first two quarters of FY14, WHS has increased its completion rate to 50.6%. It is recommended that WHS continue the actions that have raised its completion rate.

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

WHS has addressed this issue through treatment programming, in-service trainings, supervision model, and improved utilization of available clinical resources. We have begun to see an improvement with completion rates and believe this trend will continue.

### **FY14 Deficiencies:**

None

### **FY14 Recommendations:**

- 1) It is recommended that WHS works with its Drug Court Partners for them to better understand WHS's fee structure and policy.
- 2) WHS's new documentation system is a significant shift that has the potential to greatly improve the use of documentation as a treatment tool. It is recommended that WHS focuses on the challenges that may arise with the conversion from clinicians relying on computer prompts to update their charts, to maintaining current documentation.

### **FY14 Division Comments:**

- 1) WHS is a leader in implementing evidence based practices and in practicing them to fidelity.
- 2) WHS has an innovative approach to separating high criminogenic risk and need populations from low risk and need groups. While this effort is in its beginning stage, it shows great promise.
- 3) WHS also has made an innovative shift from a program focus, to putting individuals in groups by assessed need rather than "level of care". This effort is also in its earliest stages, but is a positive and innovative approach.
- 4) WHS's Treatment Retention Rates at 60 days are the highest in the State.
- 5) Clients almost unanimously report that WHS's strengths include their responsiveness to getting them into services quickly, and in providing support during crises. WHS's staff, at all levels, were complimented on their helpfulness and positive approach to helping clients.

## Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Weber Human Services 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:

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