



Site Monitoring Report of

San Juan Counseling Center

Local Authority Contracts #122352 and #122351

Review Dates: October 20<sup>th</sup> & 21<sup>st</sup>, 2015

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## **Section One: Site Monitoring Report**

## **Executive Summary**

In accordance with Utah Code Section 62A-15-103, the Division of Substance Abuse and Mental Health (also referred to in this report as DSAMH or the Division) conducted a review of San Juan Counseling Center (also referred to in this report as SJCC or the Center) on October 20<sup>th</sup> & 21<sup>st</sup> 2015. The focus of the review was on governance and oversight, fiscal management, pediatric and adult mental health services, substance abuse prevention and treatment services and general operations.

The nature of this examination was to evaluate the Center's compliance with: State policies and procedures incorporated through the contracting process; State mandated mental health services; and Preferred Practice Guidelines. During the examination, the review teams evaluated: the reliability and integrity of the Center's data and its compliance with established programmatic and operational objectives. Additionally, the review included an examination, through sampling, of the Center's efficient and appropriate use of financial resources.

Any program or operational inadequacies are identified in this report as non-compliance issues. The chart on the following page provides a quick reference to locate any non-compliance issues identified by the monitoring team. A detailed description of the issues can be found in the body of this report.

## Summary of Findings

<b>Programs Reviewed</b>	<b>Level of Non-Compliance Issues</b>	<b>Number of Findings</b>	<b>Page(s)</b>
<i><b>Governance and Oversight</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None None	
<i><b>Child, Youth &amp; Family Mental Health</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None 1	10
<i><b>Adult Mental Health</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None 1 1	12 - 13 13
<i><b>Substance Abuse Prevention</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None None	
<i><b>Substance Abuse Treatment</b></i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None 3	18 - 19

## **Governance and Fiscal Oversight**

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review at San Juan Counseling Center (SJCC). The Governance and Fiscal Oversight section of the review was conducted on October 20<sup>th</sup>, 2015 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. Client fees were reviewed for consistency and adherence to approved fee schedules. Executive travel reimbursements were reviewed to ensure they were appropriate and that no personal benefit had been gained. Detailed service and operating expenditures were examined for proper approval and supporting documentation.

The CPA firm Smuin, Rich & Marsing completed an independent audit of San Juan Mental Health/Substance Abuse Special Service District for the year ending December 31<sup>st</sup>, 2014. The auditors issued an unqualified opinion in the Independent Auditor's Report dated June 19<sup>th</sup>, 2015. There were three deficiencies discussed in the auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters:

**2014-1 – State Compliance – Government Records Access Management Act:** According to Utah Code 63G-2-108, each records officer of a government entity or political subdivision shall, on an annual basis, successfully complete online training and obtain certification from state archives.

**2014-2 – State Compliance – Open and Public Meetings Act:** We reviewed with the District's Director the requirements of this act. It was determined upon inquiry, not all of the members of the governing board have received their annual training on the requirements of the Open and Public Meetings Act.

**2014-3 – State Compliance – Special and Local Service District Board Members:** Through inquiry with governing officials, we determined that each member of the board did not complete the required training developed by the Office of the Utah State Auditor in cooperation with the Utah Association of Special Districts within one year after taking office.

Issue 2014-2 is a repeat finding from the previous financial statement audit, three other findings listed in the report were resolved. All three findings in the current report involve required training. The matter was discussed with the Director, who stated that all required training has now been completed for this year. The Center will improve their process for keeping up to date on training.

### **Follow-up from Fiscal Year 2015 Audit:**

#### **FY15 Minor Non-compliance Issues:**

- 1) SJCC's overall client costs for substance abuse and mental health services have increased substantially from the previous year. DSAMH Division Directives state, "The Local Authority shall meet an overall client cost within fifty (50) percent of the statewide Local Authority overall average cost per client and with-in twenty-five (25) percent of their previous year actual cost per client." SJCC's substance abuse costs have increased by 98.8.5%, going from \$1,867 per client in FY13 to \$3,711 in FY14. Mental health costs have increased 25.4% going from \$1,992 to \$2,499.

**This issue has been resolved.**

**Findings for Fiscal Year 2016 Audit:**

**FY16 Major Non-compliance Issues:**

None

**FY16 Significant Non-compliance Issues:**

None

**FY16 Minor Non-compliance Issues:**

None

**FY16 Deficiencies:**

None

**FY16 Recommendations:**

None

**FY16 Division Comments:**

None

### **Mental Health Mandated Services**

According to Utah Code 17-43-301, the Local Authority is required to provide the following ten mandated services:

Inpatient Care

Residential Care

Outpatient Care

24-hour Emergency Services

Psychotropic Medication Management

Psychosocial Rehabilitation (including vocational training and skills development)

Case Management

Community Supports (including in-home services, housing, family support services, and respite services)

Consultation and Education Services

Services to persons incarcerated in a county jail or other county correctional facility

The mandate to provide services to those in county correctional facilities is not applicable to the children and youth population.

In subsection (4)(a)(ii) each local authority is required to “annually prepare and submit to the Division a plan approved by the county legislative body for mental health funding and service delivery, either directly by the local mental health authority or by contract.” This annual area plan provides the state Division of Substance Abuse and Mental Health with a measuring tool against which the local authority is measured during the annual monitoring site review.

A major focus of the monitoring efforts of the Division of Substance Abuse and Mental Health is to measure compliance with this legislative mandate to provide these services to the adults, youth, and children of Utah.

## **Child, Youth and Family Mental Health**

The Division of Substance Abuse and Mental Health Children, Youth, & Families team conducted its annual monitoring review at San Juan Counseling Center on October 20<sup>th</sup> & 21<sup>st</sup>, 2015. 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 staffing, and feedback from families through questionnaires. During the visit, the monitoring team reviewed Fiscal Year 2015 audit findings and County responses; statistics, including the Mental Health Scorecard; Area Plans; Youth Outcome Questionnaires; family involvement; Family Resource Facilitation (Peer Support); Wraparound to fidelity; Multi-Agency Coordinating Committee; school-based behavioral health; 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.

### **Follow-up from Fiscal Year 2015 Audit**

#### **FY15 Minor Non-compliance Finding:**

- 1) The number of children and youth being served by SJCC has decreased each year since FY10. Since FY10, the number of children served has decreased by 15.88%.

**This issue has been resolved.**

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

**This issue is not yet resolved and is continued in FY16; see Minor Non-compliance Issue #1.**

- 3) SJCC provided Psychosocial Rehabilitation services at a rate of .07%, which was significantly lower than the rural average of 16.70%.

**This issue has been resolved, however it will remain a recommendation in FY16; see Recommendation #1.**

### **Findings for Fiscal Year 2016 Audit**

#### **FY16 Major Non-compliance Issues:**

None

#### **FY16 Significant Non-compliance Issues:**

None

**FY16 Minor Non-compliance Issues:**

- 1) *Youth Outcome Questionnaire (YOQ)*: The frequency the YOQ is being administered at is below the required guidelines of “every thirty days or every visit (whichever is less frequent)” as described in the Division Directives. In the chart review, the frequency was approximately four administrations during the past calendar year, even with more frequent services being provided. The Division Directives require “a 50% utilization rate” for clients served; it should be noted that SJCC has improved the utilization rate the YOQ is being administered to 50.7%, above the required rate. There is also continued evidence that the YOQ is not being addressed in the clinical process when a red flag is presented.

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

San Juan Counseling will continue to strive for increased administration of the YOQ through the following efforts in 2016:

1. The clinical director will provide training and monthly follow up on the need for clinicians to document to the YOQ results within the progress note and speak directly to any red flagged items. Clinicians will receive feedback on the inclusion or omission of this information in chart reviews conducted by the clinical director.
2. Clinicians will be reminded at least quarterly to review the YOQ results at the start of any session where the client completed the form.
3. Clinicians providing school based services will have the off-line version of the YOQ downloaded on their laptop computers to allow students to complete the instrument when Wifi is unavailable.

**FY16 Deficiencies:**

None

**FY16 Recommendations:**

- 1) *Psychosocial Rehabilitation*: SJCC has increased the rate Psychosocial Rehabilitation has been provided from 0.7% in FY14 to 3.9% in FY15. Psychosocial Rehabilitation is being provided at a lower rate than the rural average of 15.7%. SJCC is continuing to look for ways to provide more Psychosocial Rehabilitation services, including improved access in local schools. SJCC is encouraged to increase the rate Psychosocial Rehabilitation services are being provided.
- 2) *Respite Services*: SJCC provided Respite services at a lower rate than the rural and state averages. In FY15, Respite services were provided at a rate of 1.7%, which was an increase of 1.0% from FY14. SJCC is continuing to make efforts to improve the rate Respite is provided and reported that the Center is starting to utilize the local college for respite services during parenting classes. It is recommended that SJCC continue to increase access to this mandated service for children and youth.

**FY16 Division Comments:**

- 1) *Family Feedback:* Family feedback was collected by the Utah Family Coalition (UFC) from 16 completed questionnaires. Parents responded that staff at SJCC are caring and helpful for their families. Families specifically named Wraparound, medication management, and school-based services as being valuable and important. Each family reported that they are an active part of their child's treatment team and that their input is used in treatment planning.
- 2) *Wraparound and Family Resource Facilitator:* SJCC is providing Wraparound to fidelity as defined by the UFC. The Family Resource Facilitators (FRF) are an integral part of the service delivery system, and the services they provide help to establish new clients and community partnerships. It is recommended that SJCC work to extend Wraparound services to more communities throughout San Juan County.
- 3) *Number of Children Served:* SJCC increased the number of children and youth served from 143 in FY14 to 184 in FY15. This is a 28.6% increase in the number of children and youth served. SJCC is improving the access to behavioral health services through increased partnerships within local schools and FRFs inviting youth and families to participate in treatment. SJCC's efforts to increase accessibility for children and youth is commendable.

## **Adult Mental Health**

The Division of Substance Abuse and Mental Health Adult Monitoring Team conducted its annual monitoring review at San Juan Counseling Center on October 20<sup>th</sup>, 2015. The monitoring team consisted of LeAnne Huff, Program Manager and Michael Newman, Recovery and Resiliency Program Manager. The review included the following areas: record reviews, and discussions with clinical supervisors and management teams. Site visits included Administrative Offices, Outpatient Services, the San Juan County Jail in Monticello Utah and services provided by San Juan Counseling in Montezuma Creek. During the visit, the monitoring team reviewed the Fiscal Year 2015 monitoring report and County responses; statistics, including the Mental Health Scorecard; Area Plans; Outcome Questionnaires; compliance with Division Directives, and the Center's provision of the ten mandated services as required by Utah Code 17-43-301.

### **Follow-up from Fiscal Year 2015 Audit**

#### **FY15 Significant Non-compliance Issues:**

- 1) *Division Directives on Outcome Questionnaire (OQ) Administration:* DSAMH requires at least 50% OQ administration rates to clients served. According to the Mental Health SJCC Scorecard OQ rates have gone from 29.1% in FY14 to 43.1 % in FY15 in a six month period.

**This issue has been partially resolved and will be continued in FY16; see Minor Non-compliance Issue #1.**

#### **FY15 Minor Non-compliance Issues:**

- 1) *Targeted Case Management (TCM):* The Mental Health Scorecard for SJCC in FY15 indicates a lower than state average services in TCM provided. In FY15, the state average for rural areas in TCM is 23.2% and the SJCC rate of TCM services is 12.6% (increased from 8.9% in FY13). However, the current Scorecard indicates a drop in TCM services from 14.5% in FY14 to 12.6% in FY15.

**This issue has not been resolved and is continued in FY16; see Significant Non-compliance Issue #1.**

### **Findings for Fiscal Year 2016 Audit**

#### **FY16 Major Non-compliance Issues:**

None

#### **FY16 Significant Non-compliance Issues:**

- 1) *Targeted Case Management (TCM):* The Mental Health Scorecard for SJCC in FY15 indicates a lower than state average services in TCM provided. The state average for rural areas in TCM is 23.2% and the SJCC rate of TCM services went from 14.5% in FY14 to 12.6% in FY15. DSAMH recognizes and appreciates the increase in TCM services provided

from 8.9 % in FY13 to 12.6% in FY15. DSAMH encourages SJCC to continue efforts to increase TCM services.

**County's Response and Corrective Action Plan:**

San Juan Counseling will take the following steps in 2016 to increase TCM services:

1. Hire a full time supervisor of our day treatment programs in Montezuma Creek and Blanding. We anticipate this will lead to an increase in services that are provided and documented.
2. Create a pamphlet that describes our day treatment program that can be distributed to medical providers and other mental health professionals in an effort to obtain referrals to these programs.
3. Adjust the financial incentives created for case managers to increase their motivation to increase the number of billable services they provide on a monthly basis.

**FY16 Minor Non-compliance Issues:**

- 1) *Division Directives on Outcome Questionnaire (OQ) Administration:* DSAMH Division Directives require at least 50% OQ administration rates to clients served. According to the Mental Health SJCC Scorecard, OQ rates have increased from 29.1% in FY14 to 43.1 % in FY15 in a six month period. It was evident during the chart reviews that SJCC is using OQ scores to work with their clients and address progress. DSAMH recognizes and appreciates these improvements and encourages SJCC to continue their efforts in meeting the OQ Administration required rate.

**County's Response and Corrective Action Plan:**

San Juan Counseling will continue to strive for increased administration of the OQ through the following efforts in 2016:

1. The clinical director will provide an annual training to all clinical staff on the value and utility of the OQ in clinical practice. In addition, all therapists who hire on with the agency will receive this instruction as part of their new employee orientation.
2. Clinicians will be encouraged to have clients complete the OQ in their office if the client has not complete one with 30 days and the front desk staff have not been able to administer the instrument.
3. Administration will strive to provide a monthly report on OQ administration to clinical and front office staff.

**FY15 Deficiencies:**

- 1) *Assessments:* Of the six charts reviewed, one chart had no record of a full assessment in the paper chart or the electronic medical record. Five out of the six charts reviewed did not have documentation of a complete evaluation. Four out of five charts did not document any evidence of trauma/abuse history. Three of the charts lacked a documented social history. None of the charts reviewed had documentation around cultural issues. DSAMH recommends SJCC explore ways to identify and document important domains of an

assessment in the electronic medical record. One possibility is to create a template that includes the identified assessment information in the chart review tool provided by DSAMH.

**FY15 Recommendations:**

- 1) *Peer Support:* DSAMH recommends that SJCC continue the process of hiring (a) peer support specialist(s) to assist individuals in recovery using lived experience. DSAMH acknowledges SJCC's attempts to hire Certified Peer Support Specialists over FY15 and appreciates the continued efforts despite barriers.
- 2) *Inpatient Services:* In reviewing the Mental Health Scorecard, SJCC data reports lower than state average services in Inpatient Services being provided. The state average for rural areas is 3.0% and the SJCC rate is 0.8%. DSAMH recommends that SJCC 1) further explore the reasons for low inpatient rates to determine if the rates are appropriate for the current local conditions and 2) if additional services are indicated, explore ways to provide this mandated service at indicated levels.

**FY15 Division Comments:**

- 1) *Community Collaboration:* DSAMH commends SJCC efforts in providing support to their community partners, including the support given to the Navajo Reservation Indian Health Services (IHS) in Montezuma Creek and Monument Valley. IHS reports feeling supported by SJCC and appreciates the collaborative partnership. San Juan County Jail also reports a positive relationship with SJCC, reporting a good response time when crisis services are requested.
- 2) *Engagement:* DSAMH recognizes and appreciates the evidence of engagement with clients at SJCC in their documentation. Documentation indicates a strength-based approach to working with their clients. Charts also indicate a good rapport between client and therapist as evidenced by regularly kept appointments.
- 3) *Treatment Plans:* DSAMH commends SJCC for excellent documentation which included crisis/safety plans when indicated, recovery-focused goals, measurable and attainable objectives, interventions that included frequency and duration of treatment and evidence of coordination across the treatment team.
- 4) *Participant Feedback:* Individuals interviewed stated that they felt supported in their mental health treatment and were overall content in their treatment within SJCC. Group participants all felt that they had a say in their treatment goals. Comments about SJCC focused on strengths such as "listening" and "really respect our personal beliefs".

## **Substance Abuse Prevention**

Susannah Burt, Program Manager, conducted the annual prevention review of San Juan Counseling on October 20<sup>th</sup>, 2015. The reviews focused on the requirements found in State and Federal law, Division Directives and contracts. In addition, the reviews evaluated the services described in the annual prevention area plan and evaluated the data used to establish prevention priorities.

### **Follow-up from Fiscal Year 2015 Audit**

#### **FY15 Deficiencies:**

- 1) SJCC does not have an active Area Plan entered into the WITS data collection system. This prohibits any data collection in the system. A plan for FY15 and data needs to be entered into the system by June 30, 2015.

**The FY15 issue has been resolved, however the same issue was found for the FY16 plan; see Deficiency #1.**

- 2) SJCC prevention staff has not attended a Substance Abuse Prevention Specialist Training (SAPST). Staff needs to attend a SAPST by August 2015.

**This issue has been resolved.**

- 3) SJCC didn't complete any Eliminating Alcohol Sales to Youth (EASY) compliance checks. Staff reported that they are working with local law enforcement to complete EASY checks for this year.

**This issue has been resolved.**

### **Findings for Fiscal Year 2016 Audit**

#### **FY16 Major Non-compliance Issues:**

None

#### **FY16 Significant Non-compliance Issues:**

None

#### **FY16 Minor Non-compliance Issues:**

None

#### **FY16 Deficiencies:**

- 1) San Juan Counseling Center does not have an active Area Plan entered into the data collection system, WITS. This prohibits any data collection in the system. A plan for the FY16 and data needs to be entered into the system by November 30<sup>th</sup>, 2015.

**FY16 Recommendations:**

- 1) It is recommended that San Juan complete a full community assessment, including a Community Readiness and data review, by February 2016 with a report as evidence of the completed assessment.
- 2) It is recommended that San Juan Prevention staff be trained on the WITS data collection system.
- 3) It is recommended that San Juan have a full Strategic Plan, with community involvement, completed by June 2016.
- 4) It is recommended that San Juan increase the number of programs that are considered evidence based. Currently 50% of all prevention programming is evidence based, the goal for FY16 is 80%. Increase the number of evidence based strategies through the Strategic Prevention Framework process with participation from the community coalition.
- 5) It is recommended that San Juan completes and submits a logic model for the Systematic Training for Effective Parenting (STEP).
- 6) It is recommended that San Juan expand the number of coalitions in the county.

**FY16 Division Comments:**

- 1) There was a significant increase in the number of Eliminating Alcohol Sales to Youth (EASY) compliance checks. The San Juan County Sheriff Office completed five compliance checks with four of the establishments refusing to sell alcohol to youth (compliant). There were zero checks in FY14.
- 2) San Juan Counseling has sent their Director, Clinical Director and Prevention Coordinator to a Substance Abuse Prevention Specialist Training.
- 3) San Juan has improved their working relationship with Law Enforcement and media.
- 4) San Juan has worked at raising awareness of the need of Prevention in their community. This is evidenced by the integration of prevention in the community coalition.

## **Substance Abuse Treatment**

Becky King, Program Administrator, conducted the substance use disorders treatment review of San Juan Counseling Center on October 20<sup>th</sup>, 2015. The review focused on Substance Abuse Treatment (SAPT) Block Grant Compliance, Drug Court Program compliance, clinical practice and compliance with contract requirements. Clinical practices and documentation were evaluated by reviewing client charts and discussing current practices. Adherence to SAPT Block Grant requirements, contract requirements and Drug Court requirements were evaluated by a review of policies and procedures, interviews with clients, a discussion with SJCC staff and a review of program schedules and other documentation. SJCC performance was evaluated using Utah Substance Abuse Treatment Outcomes Measures Scorecard and Consumer Satisfaction Survey Data. Client satisfaction was measured by reviewing records, Consumer Satisfaction Survey data and results from client interviews.

### **Follow-up from Fiscal Year 2015 Audit**

#### **FY15 Significant Non-compliance issues:**

- 1) The FY14 collection rate for the Adult Satisfaction Survey was 8.1%, which was below the standard of 10%. In FY15, the sample rate increased to 33.8%, which now meets Division Directives.

**This issue has been resolved.**

#### **FY15 Minor Non-compliance issues:**

- 1) The goals and objectives in the treatment plan in the new electronic health care system (EHR) (*Credible*) did not change, were not specific nor measureable. During FY15, SJCC made some improvements to the clinical charts, but the objectives in the treatment plan and discharge summary still need additional refinement.

**This issue has not been resolved and is continued in FY16; see Minor Non-compliance Issue #1.**

- 2) According to the FY14 Utah Substance Abuse Treatment Outcomes Measures Scorecard, the percent of clients completing a treatment episode successfully decreased from 68.7% in FY13 to 38.6% in FY14, which did not meet Division Directive standards. In FY15, the percent of clients completing a treatment episode successfully increased to 48.6%, which now meets Division Directives.

**This issue has been resolved.**

- 3) Employment decreased from 16.4% in FY13 to 0.0% in FY14 from admission to discharge, which was below the National Average of 20.4%. In FY15, employment increased to 36.3%, which now meets the National Average Standard.

**This issue has been resolved.**

- 4) SJCC had 5.8% of old open admissions for standard outpatient and/or intensive outpatient treatment, which did not meet the Division requirements of 4%. SJCC also did not submit any data during the first two months of the fiscal year. In FY15, the percent of old open admissions increased to 9%, which continues not to meet Division Directives.

**This issue has not been resolved and is continued in FY16; see Minor Non-compliance Issue #2.**

**Findings for Fiscal Year 2016 Audit:**

**FY16 Major Non-compliance issues:**

None

**FY16 Significant Non-compliance issues:**

None

**FY16 Minor Non-compliance issues:**

- 1) SJCC made improvements in their clinical charts over the past year, which include condensed assessments that allow the therapist to focus more on engagement in the first session. Improvements were also made to the treatment plan objectives by including a time frame, but still need to be more specific, time limited, measureable and achievable. The discharge summary only contains the required state data information and is missing the summary of the client's progress in treatment and recommendations for ongoing services. SJCC needs to continue working on improving the objectives in the treatment plan and the discharge summary (*Chart #'s 80373, 82652, 82952, 80622, 81856, 80443, 81585*).

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

San Juan Counseling will take the following steps to correct this issue:

1. Provide training to clinicians and case managers in the first quarter of 2016 in the writing of measureable treatment goals and objectives. SJCC will work together with our partner agency NCC in creating this training.
2. Clinicians will receive feedback no less than quarterly on their compliance with meeting division and Medicaid expectations related to mental health and substance abuse assessments and progress notes. This will include a review of client treatment goals and objectives.

- 2) The percent of old open admissions increased from 5.8% in FY14 to 9% in FY15, which continues not to meet Division Directives.

*The old open admissions should account for less than 4% of clients served for a given fiscal year for non-methadone outpatient and/or IOP, residential and/or detox.*

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

San Juan Counseling staff has reviewed old open admissions and have identified the cases in need of closure. Staff will work to get these properly cleaned up within two months. Additionally staff will monitor open admits to insure that substance abuse closures are happening frequently.

- 3) The Utah Substance Abuse Treatment Outcomes Measures Scorecard shows that the percent of clients that decreased their involvement in the Criminal Justice System moved from 50.0% in FY14 to -66.7% in FY15, which does not meet Division Directives.

*Local Substance Abuse Authorities' Outcome Scorecard will show that they decreased the percentage of their individuals who were involved in Criminal Activity from admission to discharge in the FY15 at a rate great or equal to 75% of the national average. Criminal Activity is defined as being arrested within the past 30 days.*

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

San Juan Counseling will regularly train staff on data reporting requirements with specific mention of criminal activity. Additionally administration will regularly monitor data reporting to assure that data is being collected and reported correctly.

### **FY16 Deficiencies:**

None

### **FY16 Recommendations:**

- 1) *Drug Court:* The SJCC Adult Felony Drug Court Orientation Manual is outdated and has a list of sanctions and incentives, but not a Sanction Matrix. The SJCC Drug Court Team is in the process of updating this manual along with creating a Sanction Matrix, which DSAMH recommends be completed within the next month. The Risks and Needs Triage (RANT) is currently placed in the paper charts, which should be scanned and saved in the clinical chart by the next site visit.

### **FY16 Division Comments:**

- 1) *Suicide Prevention, Intervention and Postvention:* SJCC has increased efforts to prevent suicide in their community through (1) screening all new clients with the Columbia Suicide Severity Rating Scale; (2) identifying and reaching out to high risk clients; (3) providing 24 hour crisis services; (4) conducting critical incidence suicide debriefings; (5) training the community on suicide prevention.

- 2) *Recovery Support Services:* SJCC has worked with community partners to increase recovery support services, such as Alcoholics Anonymous, Narcotics Anonymous and LDS 12-step groups. One of the Drug Court clients has taken the initiative to facilitate several of these recovery support groups in the community.
- 3) *Medication Assisted Treatment in Drug Court:* The Blanding Drug Court Judge recently decided to allow medication assisted treatment (MAT) in the program, which has made a positive difference for clients. The Drug Court Team plans to continue supporting MAT and other evidenced based practices.
- 4) *Direct Access:* The support staff evaluates the risk level for all new clients when they arrive for an intake. Individuals in need of immediate services receive an intake within a day. Low risk individuals are admitted to services within 14 days. SJCC makes an effort to provide immediate services to the community.
- 5) *Data:* SJCC made several improvements to their data over the past year, including a significant increase in the amount of Adult Consumer Satisfaction Surveys that were collected from FY14 (8.1%) to FY15 (33.8%). This is the highest collection rate in the State of Utah.

## **Section Two: 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.

## 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.

## Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of San Juan Counseling Center and for the professional manner in which they participated in this review.

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

The Division of Substance Abuse and Mental Health

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