



Site Monitoring Report of

Utah County's Department of Drug and Alcohol Prevention and
Treatment

Local Authority Contract #122419

Review Date: January 5th, 2016

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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 Utah County's Department of Drug and Alcohol Prevention and Treatment (also referred to in this report as UCaDDAPT or the County) on January 5th 2016. The focus of the review was on governance and oversight, fiscal management, 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 and Preferred Practice Guidelines. During the examination, the review teams evaluated: the reliability and integrity of the Center's data and its compliance with established programmatic and operational objectives. Additionally, the review included an examination, through sampling, of the Center's efficient and appropriate use of financial resources.

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

Summary of Findings

Programs Reviewed	Level of Non-Compliance Issues	Number of Findings	Page(s)
<i>Governance and Oversight</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None 1	6 - 7
<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	10 - 11

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review at Utah County's Department of Drug and Alcohol Prevention and Treatment (UCaDDAPT). The Governance and Fiscal Oversight section of the review was conducted on January 5th, 2016 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 Gilbert & Stewart performed an independent financial statement audit of Utah County for the year ending December 31st, 2014. The Substance Abuse Block Grant was tested specifically as a major program during the review. The Independent Auditors' Report issued on June 26th, 2015 stated that there were no findings or deficiencies identified during the audit and issued an unqualified opinion.

Follow-up from Fiscal Year 2015 Audit:

FY15 Minor Non-compliance Issues:

- 1) UCaDDAPT's FY14 cost per client is outside of Division Directive standards. UCaDDAPT's FY14 cost per client is 152.1% more than the statewide average. It appears that there is still a data issue as there are significant differences between the client numbers reported in UCaDDAPT's year-end reports and the client numbers reported in the Substance Abuse Mental Health Information System (SAMHIS) database.

This issue has not been resolved and is continued in FY16; see Minor Non-compliance Issue #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) UCaDDAPT's FY15 cost per client is outside of Division Directive standards. 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.” UCaDDAPT’s FY15 cost per client is 131.2% more than the statewide average. UCaDDAPT implemented a new electronic health record system in July of 2015. The new system started mid-year and any improvements to data reporting may be delayed due to training and implementation issues. But it appears that the higher cost per client may be more than a data issue. A comparison of year-end data shows that UCaDDAPT’s long-term rehabilitation/residential service costs specifically are more than twice the State average. Please provide an explanation for the higher costs, including an analysis of specific activities or services that may be affecting the overall cost per client.

Center’s Response and Corrective Action Plan:

We reported 1277 admissions through our Junction electronic health record in 2015. Data has been an ongoing struggle for us as evidenced by previous Monitoring Report outcomes. To partially solve this problem, we procured a new electronic health record that went into operation in July that should improve data accuracy. Our count of admissions for 2015 was nearly 1800. The difference is in jail admissions where we historically did not collect a complete TEDS record for admits and thus not report this to you. With roughly 500 more treatment admissions per year in a relatively low cost treatment program (about \$500 per case), by counting jail treatment cases, the average cost per case would change from \$6097 to \$4381 or 91% of the state per case average.

FY16 Deficiencies:

- 1) UCaDDAPT has not submitted timely billings as required by contract. The Local Authorities are contractually required to submit each billing within 30 days. The State average for billing submissions is 32 days, UCaDDAPT is more than twice that at an average of 79. The billing process should be reviewed to identify areas of improvement to be brought into compliance.

FY16 Recommendations:

None

FY16 Division Comments:

None

Substance Abuse Prevention

Amy Frandsen, Program Manager, conducted the annual prevention review of Utah County Department of Drug and Alcohol Prevention and Treatment on January 5th, 2016. 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.

Follow-up from Fiscal Year 2015 Audit

FY15 Minor Non-compliance Issues:

- 1) UCADDAPT spent 25% of the SAPT Block Grant on prevention. This is short of the 30% contracted amount.

27.5% of block grant funds spent on prevention was the target for this current fiscal year, this was agreed upon with Brent Kelsey and Craig PoVey. They are now at the contracted amount of 30% of block grant funds being spent on prevention.

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) In FY15, UCADDAPT saw a decrease in the number of Eliminating Alcohol Sales to Youth (EASY) compliance checks. In FY14, Utah County completed 463 checks. In FY15, 389 checks were completed with 90.50% compliance.
- 2) UCADDAPT failed to submit an annual report to DSAMH, per the Division Directives.

FY16 Recommendations:

- 1) It is recommended that UCADDAPT make its strategic plan available publicly.
- 2) It is recommended that UCADDAPT evaluate their progress towards goals listed in logic models and make adjustments as needed

FY16 Division Comments:

- 1) A well-known professor came to the UCaDDAPT Prevention team to get information on prevention science for presentations. This demonstrates that the community sees UCaDDAPT as a reliable resource.
- 2) UCaDDAPT has conducted community readiness assessments in Orem and Spanish Fork.
- 3) UCaDDAPT has begun activities to increase the readiness of key leaders in Spanish Fork.
- 4) UCaDDAPT was successful in starting a Communities that Care (CTC) coalition in Provo City, something they have been working towards for six years.
- 5) All UCaDDAPT Prevention staff have received the SAPST (Substance Abuse Prevention Specialist Training) and CTC training.
- 6) UCaDDAPT is in the process of a full County level assessment.
- 7) UCaDDAPT reports that they currently engage with four coalitions within the county: Eagle Mountain/Saratoga Springs, Payson, Provo, and the SMART Coalition. Three of these utilize the CTC model and they are working to move SMART to the CTC model.
- 8) UCaDDAPT encourages coalitions to send members to various trainings. This year they had coalition members attend CADCA (Community Anti-Drug Coalitions of America) Forum and the state coalition training.
- 9) All program staff in Utah County are properly trained to teach their programs to fidelity.
- 10) UCaDDAPT has provided technical assistance (TA), including CTC coaching, to all coalitions.
- 11) UCaDDAPT continues to work on building infrastructure that is sustainable in the County. This includes building capacity by providing training on Guiding Good Choices, Strategic Prevention Framework, Substance Abuse Prevention Specialist Training, CTC, and completing readiness surveys.
- 12) UCaDDAPT has reached over a 90% compliance rate of retail establishments that refused to sell tobacco to minors.

Substance Abuse Treatment

Shanel Long, Program Administrator, and Heather Lewis, Program Manager, conducted the review of Utah County Department of Drug and Alcohol Prevention and Treatment on January 5th, 2016. The site visit focused on compliance with Division Directives, clinical practices, consumer satisfaction, and performance on outcome measures. Block Grant and Division Directives compliance were evaluated through a review of program policies and guidelines; and discussions with staff members. Consumer satisfaction was evaluated through interviews with clients in services, tours of the physical facilities, and by reviewing Consumer Satisfaction Survey results. Program outcome measures were evaluated by reviewing the outcome measures against DSAMH standards. Clinical practices were evaluated by reviewing client charts.

Follow-up from Fiscal Year 2015 Audit

FY15 Deficiencies:

- 1) UCADDAPT does not have a Drug Court Sanction Matrix, which is required by Division Directives.

In FY15, UCADDAPT developed a Drug Court Sanction Matrix, which now meets Division Directives.

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:

- 1) UCADDAPT continues to under-serve the adolescent population in Utah County. DSAMH data indicates that there are 1,796 adolescents in Utah County in need of treatment services. UCADDAPT served 38 adolescents or two percent of those in need. The other local authorities treat twelve percent of adolescents in need. Utah Code 17-43-201 requires the local authorities to “annually prepare and submit to the division a plan approved by the county legislative body for funding and service delivery that includes: (i) provisions for services...for adults, youth, and children. According to UCADDAPT's area plan, the budgeted amount for adolescent treatment was \$944,294 with an estimated 304 youth to be served in FY15. However, UCADDAPT included children receiving preventative services whose parents were in treatment in the Area Plan and budget.

The Treatment Episode Data Set Directives state these children should be entered as codependents, and are not considered treatment clients. At year end, UCADDAPT had only expended a total of \$137,935 for adolescent treatment services which is 89.5% less than budgeted.

Center's Response and Corrective Action Plan:

SFY 2015 saw a major disruption in UCADDAPT's youth treatment service delivery system. At the beginning of February, our primary contract youth treatment provider, Life Enhancement Center, announced they were going to close their doors as of March 31. We asked our second provider, Institute for Cognitive Therapy, if they could expand to absorb the existing clients. They initially said yes, but in mid-March changed their minds. This left us with two weeks to find an alternative treatment provider. We did a cost comparison between contracting for fee for service youth treatment versus providing the service in house, and determined that we could provide twice the number of youth treatment admissions for the same cost as purchasing fee-for-service treatment through a contractor. We began to create Grandview Youth Treatment but were not fully staffed or at anywhere near full capacity until November, 2015.) At this point in time, our IOP and GOP levels of care are full, but our treatment entry (wait list management) group is only running at 39%.) These conditions together account for the low expenditure for our youth treatment budget for SFY 2015.

Other conditions that contribute to UCADDAPT having a lower rate of youth treatment admissions include: 4th District Juvenile Court providing a significant portion of Youth PRI classes in the County, thus limiting the number of referrals to treatment for those for whom an intervention service is inadequate. Youth Drug Court referrals were down because of parents opting out of the drug court program. We suspect that JJS is providing treatment through their contract provider network in lieu of referrals to us (we are initiating discussions with JJS to become a youth treatment provider). Utah County is the location of the two largest youth providers in the state (Provo Canyon School and Heritage School) and we believe that Utah County parents prefer to send their youth to private providers. Also, our EASY program has reduced youth alcohol arrests from 620 in 2006 to 239 in 2014, and we provide over 67% of all youth prevention services delivered in the state even though we have 25% of the youth population, or 473,000 of the 700,000 services provided statewide. Although the Division data show that 1,796 adolescents in Utah County in need of treatment services, SHARP data indicate that the risk profiles specific to drug use in Utah County are 2/3 that of the rest of the state and typically less than half the BH norm for our region.

We planned to provide more youth treatment, and we should be providing more youth treatment than we did during the year covered by the Monitoring Report. We had a significant challenge with the loss of your largest youth treatment provider (from which we are recovering now), we have significant competition from the private sector and JJS for youth clients needing treatment, our EASY program significantly reduces youth alcohol arrests, and we provide an enormous amount of youth prevention and early intervention services.

FY16 Deficiencies:

None

FY16 Recommendations:

- 1) UCaDDAPT continues to improve their clinical records and moved their electronic charting system from Junction to Credible on July 1, 2015. UCaDDAPT should use the chart as a clinical tool and continue refining charting areas, such as the treatment plan objectives and group notes. For example, objectives should be measureable, time limited and achievable and should change over the course of a client's treatment episode as the client completes old goals and objectives and new ones are created. Group notes should be individualized, tied to the goals and include a clinical observation from the therapist regarding the client's progress or lack of progress in treatment (*Chart #'s 300452, 314040, 302989*).

FY16 Division Comments:

- 1) *Data:* Over the past year, UCaDDAPT improved all of their data issues; including the number of old open cases, which is now 2%. They have implemented procedures to correct data issues and weekly quality assurance meetings to problem solve. UCaDDAPT has demonstrated a dedication to improving data issues, which has resulted in improved outcome measure results.
- 2) *Documentation:* UCaDDAPT has contracted with a private consultant to evaluate documentation procedures in Credible, their electronic health record instrument. With consistent auditing and implementation efforts taking place across the agency, UCaDDAPT shows a desire and willingness to create a positive change in documentation quality.
- 3) *Recovery Plus:* UCaDDAPT has become tobacco free in all the treatment campuses, no longer allowing for "smoking breaks" between groups in outpatient facilities, or allowing clients to smoke during passes from residential treatment. Nicotine testing has been implemented in the residential facilities to strengthen the effectiveness of the educational and procedural efforts. Training is given to staff to address any use of tobacco products as a substance use issue rather than with punitive measures. Clients reported feeling supported in their cessation efforts and of those interviewed, one was able to stop smoking through her pregnancy and continue to remain abstinent after the birth of her baby.
- 4) UCaDDAPT has also started implementing a phase I prep course at their Residential facility to help clients with transitioning and to assist communication and outreach efforts with the clients.
- 5) UCaDDAPT has restricted their outpatient groups so that intensive outpatient (IOP) and general outpatient (GOP) level clients are not in the same groups together. This is following best practice guidelines. They are also working with Wasatch Mental Health to restructure their Dual group so that it also follows best practice guidelines in keeping high risk/high needs clients separate from low risk/low needs clients.

- 6) *JRI*: UCaDDAPT has been working on their JRI Initiative and holding committee meetings. They continue to work and strengthen their relationships with the Jail, but have faced some resistance from some of the Jail staff (*i.e., jail staff does not want to be told what to do*). UCaDDAPT is positive in their progress and enthusiastic about the possibilities of JRI. The “OUT Program” and staff are focusing some of their efforts on JRI and outreach to bridge some of the gaps in the system that take place when a client is released from jail.

- 7) *Client Interviews and Direct Access*: Clients interviewed from treatment groups reported feeling genuinely cared for by the treatment team. Two Day Treatment clients did report having difficulty getting time with the therapist as the schedule for therapy appointments is often booked out for four weeks. They suggested having a crisis phone or an on-call therapist to deal with emergency situations as they arise.

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 Utah County's Department of Drug and Alcohol Prevention and Treatment 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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