

**UTAH DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH
SUBSTANCE USE DISORDER SERVICES MONITORING CHECKLIST
(FY 2014)**

Program Name	
Reviewer Name	
Date(s) of Review	

GENERAL PROGRAM REQUIREMENTS

2014 Division Directive

- i. Substance Abuse Treatment Local Authorities will provide services that comply with the following principles:
 - a. Initial Engagement: (These principles are shared with Mental Health Treatment.)
 - 1. Focus is on the immediate/pertinent needs of the client.
 - 2. Clinician establishes rapport with clients.
 - 3. Clients can expect to gain something (relief, clarity, answers, hope) from the initial engagement session.
 - 4. Clinician’s check that client’s needs are being met.
 - 5. Clinician’s gather and document relevant information in an organized way.
 - 6. Clinicians make recommendations and negotiate with and respect the client.
 - b. Ongoing Assessment: (These principles are shared with Mental Health Treatment.)
 - 1. Assessment information is kept current.
 - 2. Clinicians gather comprehensive relevant assessment information based on the client’s concern in an ongoing manner as part of the treatment process.
 - 3. Assessment includes an ongoing focus on strengths and supports that aid in their recovery.
 - 4. Assessment includes identifying those things that motivate the client and how those motivations have been impeded by mental illness and/or addiction.
 - 5. Assessment information is organized coherently and available in a readable, printable format.
 - c. Recovery Planning:
 - 1. The client is involved in ongoing and responsive recovery planning.
 - 2. Plans incorporate strategies based on the client’s motivations.
 - 3. Where possible, the plan represents a negotiated agreement.
 - 4. The plan is kept current and up to date.
 - 5. Short term goals/objectives are measurable, achievable and within a timeframe.
 - 6. Planning anticipates developing and maintaining independence.
 - d. Treatment:
 - 1. Treatment is individualized, dynamic and adjusts according to feedback and concerns of the client

2. Treatment is recovery focused and based on outcomes, sound practice and evidence.
3. Family and other informal and natural supports are involved as approved by the client.
4. Treatment is provided in a culturally competent, gender appropriate and trauma informed manner.

Part I: Substance Abuse Program Schedule Review

- Adult ASAM Levels reflect appropriate hours of treatment services:(ASAM PPC2R)

- | | |
|----------------|------------------------------|
| (a) ASAM I.0 | Up to 8 Hours per week |
| (b) ASAM II.1 | Over 9 Hours per week |
| (c) ASAM II.5 | Over 20 Hours per week |
| (d) ASAM III.1 | 5 hours programming per week |
| (e) ASAM III.3 | 24 Hour Staffing |
| (f) ASAM III.5 | 24 Hour Staffing |

- Adolescent ASAM Levels reflect appropriate hours of treatment services:

- | | |
|----------------|-----------------------------------|
| (a) ASAM I.0 | Up to 6 Hours per week |
| (b) ASAM II.1 | Over 6 Hours per week |
| (c) ASAM II.5 | Over 20 Hours per week |
| (d) ASAM III.1 | Over 5 hours programming per week |
| (e) ASM III.5 | 24 hour staffing |

- Provide for a comprehensive continuum of substance abuse services (UCA62A-15-103).

- (a) Detoxification (24 Hour Care)
How is it provided?
- (b) Jail or other Correctional Facility (UCA 17-43-201)
How & where is it provided?
- (c) Recovery Support Services:
Which Services are provided and where are they provided.
- (d) Early Intervention Services
Describe coordination with prevention programs to provide early interventions to Indicated populations.

(e) Integration/Collaboration with Primary Health Care Services and Service Providers.

Describe Integration efforts:

Comments:

- Include provisions for services, either directly or by contract, for adults, youth and children (including those incarcerated in a county jail or other county correctional facility) as required by UCA 17-43-201.

(a) Adults Direct_____ Contract/refer_____

(b) Youth Direct_____ Contract/refer_____

- Include provisions for persons convicted of driving under the influence in violation of Section 41-6a-502 or 41-6a-517, as required by UCA 17-43-201.

Comments:

Part II: Justice Services Programs

Drug Court

- Drug Court participants accurately reported in TEDs data submission by judge and court?

- Case management services are provided and documented?
Who provides them?

Where are the services documented, Treatment or Drug court records?

- Fees are assessed on a sliding fee scale (would like to review a copy of the sliding fee scale):

- a. Treatment Fees:
- b. Court Fees:
- c. Drug Testing Fees:
- d. Program Fees:

- Drug Testing is conducted:
 - A minimum of 2 times per week initially – per participant
 - Decreases with abstinence

- A minimum of twice per month if not active – per participant
- Is administer in a trauma informed sensitive manner
- Participants sign a chain of custody
- Drug Testing is Random

Training Requirement:

- Each key program member attended 8 hours of continuing education with a focus on substance abuse in the past year:
 - a. How are Drug Court Team Members receiving the training?
 - b. Where are Drug Court Team Members receiving the training?
- Incentives and Sanctions offer immediate consequences for identified behavior, provide for a broad array of consequences, are appropriate for the behavior and participant circumstances. (Provide a copy of the List of Drug Court Incentives and Sanctions)

Comments:

DORA

- Participants assessed and beginning in services within 45 days
- Where DORA supervision model is also funded are the DORA team meetings at least quarterly?
- Are DORA participants accurately reported in TEDs data submission?

Comments:

Part III: Wellness: (Division Directive)

- a. Local Authorities will use a Holistic Approach to Wellness and will:
 - Identify tobacco use in the assessment.
 - Provide services in a tobacco free environment
 - Implement a protocol for identification and referral for screening and treatment of HIV, Hepatitis C and TB.

- Evaluate all clients who are opioid or alcohol dependent for the use of Medication Assisted Treatment.
- Provide training for staff in recognizing health issues.
- Provide information to clients on physical health concerns and ways to improve their physical health.
- Incorporate wellness into individual person centered Recovery Plans as needed.

Comments:

Part IV. DATA Reporting Timeliness and Accuracy?

- Is data being submitted monthly? ____Yes ____No
- Are Drug Court participants identified correctly?
 - Number of clients by court and judge by agency report _____
 - Number of clients by court and judge reported in TEDS _____
- Are DORA Clients being identified correctly?
 - Number of DORA Clients by agency report. _____
 - Number of DORA Clients reported in TEDS. _____
- Are cases being closed appropriately?
 - Old open admissions account for less than 4% of clients served for a given fiscal year for non-methadone Outpatient and/or IOP and any residential and/or detox ____Yes ____No
- Outcome measures: FY14 Quarterly reports compared to FY 13 Outcomes (Progress check and discussion item only)

Substance Abuse Treatment Performance Measures FY 2013: Achievement of these measures will be reviewed in the FY 2014 Audit visit.

Retention in Treatment:

- Local Substance Abuse Authorities will meet or exceed their FY2012 treatment retention in FY 2013 and will work towards achieving a goal of 70%. Local Substance Abuse Authorities whose FY 2012 retention rate was over 70% are

required to meet or exceed a 70% retention rate in FY2013. Retention is defined as the percentage of clients who remain in treatment over 60 days.

- Retention in Treatment FY 13 rate_____ Current FY 14 rate_____

Successful Treatment Episode Completion:

- Local Substance Abuse Authorities will meet or exceed their FY2012 Successful Treatment Episode Completion rates in FY 2013 and will work towards achieving a goal of 60%. Local Substance Abuse Authorities whose FY 2012 completion rate was over 60% are required to meet or exceed a 60% completion rate in FY2013. Successful Treatment Episode Completion is defined as a successful completion of an episode of treatment without a readmission within 30 days. An episode of treatment is as defined in the Treatment Episode Data Set

- Treatment Completion FY 13 rate_____ Current FY 14 rate_____

Abstinence from Alcohol:

- Local Substance Abuse Authorities' Outcome Scorecard will show that they increased the percentage of clients who are Abstinent from Alcohol from admission to discharge at a rate that is greater than or equal to 75% of the National Average. Abstinence from Alcohol is defined as no alcohol use for 30 days.

- Abstinence from Alcohol FY 13 rate_____ Current FY 14 rate_____

Abstinence from Drugs:

- The Local Substance Abuse Authorities' Outcome Scorecard will show that they increased the percentage of clients who are Abstinent from Drugs from admission to discharge at a rate that is greater than or equal to 75% of the National Average. Abstinence from drugs is defined as no drug use for 30 days.

- Abstinence from Drugs FY 13 rate_____ Current FY 14 rate_____

Decrease in Criminal Activity:

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

- Decrease in Criminal acts FY 13 rate_____ Current FY 14 rate_____

Recovery Support:

- Local Substance Abuse Authorities' Scorecard will show that the percent of clients participating in social support of recovery activities increased from admission to discharge. Participation is measured as those participating in social support recovery

activities during the 30 days prior to discharge minus percent of clients participating in social support of recovery activities in 30 days prior to admission.

- Recovery Support FY 13 rate_____ Current FY 14 rate_____

- Tobacco Cessation: Local Substance Abuse Authorities' scorecard will show that the percent of clients who use tobacco will decrease from admission to discharge.
 - Decrease in Tobacco Use FY 13 rate_____ Current FY 14 rate_____

SAPT Block Grant Requirements

Part V: § 96.127 Requirements Regarding Tuberculosis

- The program directly, or through arrangements with other public or nonprofit private entities, routinely makes available the following TB services to each individual receiving treatment for substance abuse:
 - a. Counseling the individual with respect to TB
 - b. Testing to determine whether the individual has been infected with mycobacterium TB to determine the appropriate form of treatment for the individual
 - c. Appropriate medical evaluation and treatment for individuals infected by mycobacterium TB

- For clients denied admission to the program on the basis of lack of capacity, the program refers such clients to other providers of TB services.

- The program has implemented infection control procedures that are consistent with those established by the Utah Department of Health and the Department of Human Services Office of Licensing to prevent the transmission of TB and that address the following.
 - Screening patients and identifying those individuals who are at high risk of becoming infected
 - Meeting all State reporting requirements while adhering to Federal and State confidentiality requirements, including 42 CFR part 2
 - Case management activities to ensure that individuals receive such services

- The program reports all individuals with active TB to the Utah State Department of Health as required by State law and in accordance with Federal and State confidentiality requirements, including 42 CFR part 2.

Comments:

Part VI: § 96.126 Capacity of Treatment for Intravenous Drug Abusers

- Within 7 days of reaching 90 percent of its treatment capacity, the program notifies the State whenever the program reaches 90 percent of its treatment capacity.
- The program admits each individual who requests and is in need of treatment for intravenous drug abuse:
 - a. Not later than 14 days after making the request or
 - b. Within 120 days of the request if the program has no capacity to admit the individual, the program makes interim services available within 48 hours, and the program offers the interim services until the individual is admitted to a substance abuse treatment program
- When appropriate, the program offers interim services that include, at a minimum¹ of the following:
 - a. Counseling and education about HIV and TB, the risks of needle sharing, the risks of transmission to sexual partners and infants, the steps that can be taken to ensure that HIV and TB transmission does not occur
 - b. Referral for HIV or TB treatment services, if necessary
 - c. Counseling pregnant women on the effects of alcohol and other drug use on the fetus and referrals for prenatal care for pregnant women
- The program has established a waiting list that includes a unique patient identifier for each injecting drug abuser seeking treatment, including patients receiving interim services while awaiting admission.
- The program has a mechanism that enables it to:
 - Maintain contact with individuals awaiting admission
 - Consult with the State’s capacity management system to ensure that waiting list clients are admitted or transferred to an appropriate treatment program within a reasonable geographic area at the earliest possible time
- The program takes clients awaiting treatment for intravenous substance abuse off the waiting list only when such persons:
 - a. Cannot be located for admission into treatment or
 - b. Refuse treatment

Comments:

¹ Interim services may also include federally approved interim methadone maintenance.

Part VII: § 96.124 & § 96.131 Program Services for Pregnant Women and Women with Dependent Children

- The program treats the family as a unit and, therefore, admits both women and their children into treatment services, if appropriate².
- The program provides or arranges for primary medical care, including prenatal care, for women who are receiving substance abuse services.
- The program provides or arranges for child care while the women are receiving services.
- The program provides or arranges for primary pediatric care, including immunizations, for the women's children.
- The program provides or arranges for gender-specific substance abuse treatment and other therapeutic interventions for women that may address issues of relationships, sexual abuse, physical abuse, and parenting.
- The program provides or arranges for therapeutic interventions for children in custody of women in treatment which may, among other things, address the children's developmental needs and their issues of sexual abuse, physical abuse, and neglect.
- The program provides or arranges for sufficient case management and transportation services to ensure that the women and their children have access to the services provided by (39.) through (43.) above.
- The program gives preference in admission to pregnant women who seek or are referred for and would benefit from Block Grant-funded treatment services.
- The program gives preference to treatment in following order:
 - a. Pregnant injecting drug users
 - b. Other pregnant substance abusers
 - c. Other injecting drug users
 - d. All others
- The program refers pregnant women to the State Division of Substance Abuse and Mental Health when the program has insufficient capacity to provide services to any such pregnant women who seek the services of the program.
- The program makes interim services available within 48 hours to pregnant women who cannot be admitted because of lack of capacity.

² Such an admission may not be appropriate; however, if for example, the father of the children) is able to adequately care for the child(ren).

- When appropriate, the program offers interim services that include, at a minimum³ of the following:
 - a. Counseling and education about HIV and TB, the risks of needle-sharing, the risks of transmission to sexual partners and infants, and steps that can be taken to ensure that HIV and TB transmission does not occur
 - b. Referral for HIV or TB treatment services, if necessary
 - c. Counseling pregnant women on the effects of alcohol and other drug use on the fetus and referrals for prenatal care for pregnant women
- Employment and training programs
- Education and special education programs
- Drug-free housing for women and their children
- Other early childhood programs
- Women's Treatment Programs provide for Women's Specific Training and/or Certification for Women's Treatment Staff.

Comments:

Part VIII Discussion Items.... No findings will be based on the following:

- What is the Clinical Supervision Policy for the agency? What changes are you considering? What training are you providing to supervisors?
- What efforts is the agency making to improve engagement and increase retention?
- Local Authorities will 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 .
- What Medication Assisted Therapies are in use and how many clients are receiving MAT?

IX. Clinical Requirements: Programs will meet the documentation requirements outlined in statute and rule and as outlined in the enclosed document.

³Interim services may also include federally approved interim methadone maintenance.

SERVICE CASE FILE REVIEW FY '14

Case Number:

Confidentiality

a. Consent form found in file (only required if information released) is complete, has statement that consent is subject to revocation, is signed and has complete information.	YES	NO	
b. <i>Signature of patient and guardian if minor and date signed *</i>	YES	NO	
c. Acknowledgement of receipt of Privacy statement present, signed, and witnessed.	YES	NO	

Engagement session and Assessment of Service Level

a. Engagement session identifies client goals and identifies initial diagnosis.	YES	NO	
b. Engagement session includes statement of client's presenting problem and:	YES	NO	
1. Identification and documentation of acute psychosis, intoxication/withdrawal relevant to presenting problem.	YES	NO	
2. Identification and documentation of biomedical conditions and complications relevant to presenting problem	YES	NO	
3. Identification and documentation of Emotional, Behavioral, Cognitive Conditions and or Complications relevant to client's current situation and presenting problem. <i>(include learning disabilities)*</i>	YES	NO	
4. Identification, evaluation and documentation of readiness to change relevant to presenting problem.	YES	NO	
5. Identification and documentation of Relapse, or Continued Problem Potential relevant to presenting problem.	YES	NO	
6. Identification and documentation of client's Recovery Environment relative to presenting problem	YES	NO	
7. Identification of Recovery Support services needed relevant to presenting problem.	YES	NO	
c. Engagement session summary includes recommendations for level of care and intensity of services needed.	YES	NO	

Ongoing Assessment

a. Assessment Dimensions are current and are updated as new information is received, new goals are identified and client progresses	YES	NO	
b. Assessment process is ongoing and changes to assessment information are reflected throughout record.	YES	NO	
c. Level of care and intensity of serves are supported by ongoing assessment information, or difference is clinically justified.	YES	NO	

Case Number:		
<u>Recovery Plan</u>		
a. Evidence of Client/Patient participation in development of Plan.	YES NO	
b. The plan is individualized and based on the client's goals and other needs agreed on by the client.	YES NO	
c. Objectives are measurable, achievable within a specified time frame and reflect <i>developmentally</i> * appropriate activities that support progress towards achievement of client goals.	YES NO	
d. Documentation of client's status is reflected throughout the client record, reflecting changes in types, schedule, duration and frequency of therapeutic interventions to facilitate client progress as well as changes in client objectives and goals.	YES NO	
e. Recovery Plan is current.	YES NO	
f. <i>Evidence of family involvement in treatment.*</i>	YES NO	
<u>Co-occurring Treatment</u>		
a. Co-occurring mental health and physical health issues identified during assessment process	YES NO	
b. If identified, Co-occurring diagnosis present.	YES NO	
c. If identified, evidence that it was discussed, and if agreed upon, addressed in recovery plan through direct services or referral for services. .	YES NO	
d. Progress on Co-occurring issue and/or follow through on referrals are documented in record.	YES NO	
<u>Progress Notes</u>		
a. Every service contact documented.	YES NO	
b. Clinical service notes include the date, duration and type of intervention.	YES NO	
c. Progress notes are used to document progress or lack of progress on client's goals and objectives and reflect behavioral changes as well as changes in attitudes and beliefs.	YES NO	
d. Progress reports and letters submitted as required and are individualized to reflect client progress.	YES NO	
e. Recovery support services are documented to the extent required for clinical continuity and in order to meet financial requirements.	YES NO	
<u>Gender and Cultural Specificity</u>		
Record reflects cultural and gender specificity in treatment.	YES NO	

Case Number:		
<u>Continuing Recovery Recommendations</u>		
a. Recommendations for ongoing services include the extent to which established goals and objectives were achieved, what ongoing services are recommended, and a description of the client's recovery support plan.	YES	NO
b. Signature and title of an appropriately licensed professional.	YES	NO
c. Referrals and follow-up care provided (preferred).	YES	NO
* <i>Italics indicate adolescent requirements</i>		
Remarks: Additional focus issues: Tobacco use as part of diagnosis? Tobacco Cessation discussion documented?		