



Site Monitoring Report of

Central Utah Counseling Center

Local Authority Contracts #160046 and #160047

Review Dates: October 3rd, 2017

Table of Contents

Section One: Site Monitoring Report	3
Executive Summary	4
Summary of Findings.....	5
Governance and Fiscal Oversight	6
Mental Health Mandated Services	8
Child, Youth and Family Mental Health.....	9
Adult Mental Health.....	12
Substance Abuse Prevention	15
Substance Abuse Treatment.....	19
Section Two: Report Information	23
Background	24
Signature Page.....	27

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 Central Utah Counseling Center (also referred to in this report as CUCC or the Center) on October 3rd, 2017. 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; Division Directives; State mandated mental health services; and Preferred Practice Guidelines. During the examination, the review teams evaluated: the reliability and integrity of the Center's data and its compliance with established programmatic and operational objectives. Additionally, the review included an examination, through sampling, of the Center's efficient and appropriate use of financial resources.

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

Summary of Findings

Programs Reviewed	Level of Non-Compliance Issues	Number of Findings	Page(s)
<i>Governance and Oversight</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i>Child, Youth & Family Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None 2	9 - 10
<i>Adult Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None 1	12 - 13
<i>Substance Abuse Prevention</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 4 2	15 - 17 17 - 18
<i>Substance Abuse Treatment</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 4 1	20 - 21 21

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review of Central Utah Counseling Center (CUCC). The Governance and Fiscal Oversight section of the review was conducted on October 3rd, 2017 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 has been gained. Board minutes were reviewed and discussions were conducted to determine if an appropriate level of involvement and financial oversight was provided by the governing board and/or the contracted County.

As part of the site visit, the most recent version of the Medicaid Cost Report was reviewed. This report is a cost study conducted by the Local Authority and then reviewed/approved by the Department of Health (DOH), Medicaid Division. This report establishes the center's cost allocation plan as it pertains to overhead/administrative costs and spreads these costs across the Current Procedural Terminology (CPT) billing codes used by the Center that year. This allows the Division to fairly incorporate these overhead/administrative costs into the payments sent for services that qualify for funding found on the Center's contract allocation letter.

The CPA firm Kimball & Roberts completed the independent financial statement audit of CUCC for the year ending June 30, 2017 and issued a report dated October 17th, 2017; the auditors' opinion was unqualified. There were two minor findings listed in the Auditor's Report on Compliance: 1) During a meeting that was closed to the public, a roll call vote was not taken and there was no sworn statement executed by the presiding person as is required in a closed meeting by the Open and Public Meetings Act. 2) The Center did not include two checking accounts with small balances in their report to the Money Management Council. Neither of these issues directly affect the provision of services or the funding that was allocated under the contract. The Division is satisfied with the Center's responses to these issues. As a part of the review, the auditors also examined specific items at the Division's request, including policy, executive compensation and allowability of costs reported. In the auditor's opinion, these items are accurately presented and no findings or issues were discovered.

Follow-up from Fiscal Year 2017 Audit:

FY17 Minor Non-compliance Issues:

- 1) CUCC's FY16 Substance Abuse Treatment cost per client has increased to a level that 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.*" CUCC's FY15 Substance Abuse Treatment cost per

client was \$2,469; this has increased by 39.2% in FY16 with a cost per client of \$3,436, which is outside of the 25% maximum standard.

This issue has been resolved. The increased cost per client was due to a data reporting error by CUCC. The error was corrected by the Center, but it was done after the reporting deadline. CUCC has reported all data timely for FY17 and their cost per client has decreased by 3.9% from last year.

Findings for Fiscal Year 2018 Audit:

FY18 Major Non-compliance Issues:

None

FY18 Significant Non-compliance Issues:

None

FY18 Minor Non-compliance Issues:

None

FY18 Deficiencies:

None

FY18 Recommendations:

None

FY18 Division Comments:

- 1) Central has improved their responsiveness to DSAMH requests and their submission of data by required deadlines in FY17. This is appreciated by the Division and helps to ensure processes are completed on schedule.

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 Central Utah Counseling Center on October 3rd and 4th, 2017. The monitoring team consisted of Eric Tadehara, Program Administrator; Mindy Leonard and Codie Thurgood, Program Managers; and Laura Adams, Utah Family Coalition (Allies with Families). The review included the following areas: record reviews, discussions with clinical supervisors and management, case staffing, program visits, allied agency visits, and feedback from families through questionnaires and a focus group. During the visit, the monitoring team reviewed the Fiscal Year 2017 audit; statistics, including the Mental Health Scorecard; Area Plans; Youth Outcome Questionnaires; family involvement; Family Resource Facilitation (Family Peer Support); High Fidelity Wraparound; Multi-Agency Coordinating Committee involvement; school-based behavioral health; Mental Health Early Intervention Funding; juvenile 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 2017 Audit

FY17 Minor Non-compliance Issues:

- 1) *Objectives:* The recovery plan objectives did not meet the Division Directives criteria for clinical objectives. Of twelve charts that were reviewed, seven contained objectives that lacked measurable, achievable, or a time oriented focus.

This minor non-compliance issue has not been resolved and will be continued in FY18. However, with improvements exhibited in the chart review process, this has been reduced to a deficiency; see Deficiency #1.

Findings for Fiscal Year 2018 Audit

FY18 Major Non-compliance Issues:

None

FY18 Significant Non-compliance Issues:

None

FY18 Minor Non-compliance Issues:

None

FY18 Deficiencies:

- 1) *Objectives:* CUCC showed improvement in the recovery plan objectives seen throughout the chart review process. The recovery plan objectives did not meet the Division Directives criteria for clinical objectives in three of the twelve chart reviews, an improvement from seven in the FY17 review. Examples include: "The client will learn elements of healthy relationships and how to build and maintain them with peers" and "the client will talk to

school counselor about her anxiety and depersonalization.” These objectives are vague and difficult to achieve. Division Directives state “The current version of the approved Utah Preferred Practice Guidelines shall be the preferred standard for assessments, planning and treatment.” The current Utah Preferred Practice Guidelines state “objectives are measurable, achievable and within a timeframe.”

Center’s Response and Corrective Action Plan:

CUCC will continue to address this element of treatment planning. On 12/06/2017 CUCC conducted specific training on treatment planning that looked specifically at making objectives measurable, achievable and within a timeframe. CUCC will monitor and audit to these standards on a regular basis this next fiscal year. Each team leader will monitor their therapists and report to the Clinical Director on progress and employees that might need additional training.
Center Employee responsible for CAP: Nathan Strait
Date: 02/01/2018

- 2) *Respite Services:* Respite services have decreased from 17 total children and youth served in each year, FY14 through FY16, to five children and youth served in FY17, a rate of 0.9%. The continued decrease in the number of youth receiving respite services should be evaluated to ensure this mandated service is accessible for children, youth, and their families.

Center’s Response and Corrective Action Plan:

CUCC will audit and monitor to ensure that clients needing this service receive it. Changes will be made where indicated.
Center Employee responsible for CAP: Nathan Strait
Date: 02/01/2018

FY18 Recommendations:

None

FY18 Division Comments:

- 1) *Family Feedback:* The Utah Family Coalition (UFC) collected feedback from 26 families who completed the UFC questionnaire. The majority of families who completed the survey are grateful for the assistance they receive from CUCC. Several families made positive comments including: “I have had nothing but satisfactory experiences, since I started coming here;” “I like that the staff really care;” and “Everyone is nice to us and it is great.”
- 2) *Family Resource Facilitation and Wraparound:* CUCC is providing High Fidelity Wraparound as defined by the UFC. CUCC continues to support and promote family involvement. The services provided by the Family Resource Facilitators (FRFs) are valued by CUCC and the community partners they interact with. Families report that the FRFs at CUCC foster hope, are non-judgmental, and supportive. One family reported” I wouldn’t have made it, I would have been dead. My family no longer has to repeat the cycle.”

It is recommended that CUCC continue to look for ways to continue to clarify the roles and responsibilities of the FRFs for other staff and the families who may be in need.

- 3) *Intergenerational Poverty*: Intergenerational poverty (IGP) funding has been instrumental in the development of school-based behavioral health (SBBH) services throughout the areas with rates of high IGP. CUCC has been able to expand their services to offer SBBH in four of the six counties in CUCC's catchment area.

Adult Mental Health

The Division of Substance Abuse and Mental Health and Adult Monitoring Team conducted its annual monitoring review at Central Utah Counseling Center on October 3rd and October 11th, 2017. The monitoring team consisted of LeAnne Huff, Program Manager Adult Mental Health and Cami Roundy, Peer Support Program Manager. The review included the following areas: record reviews, and discussions with clinical supervisors, management teams, a Certified Peer Support Specialist and program participants. During this monitoring visit, charts were reviewed from Sevier, Juab, Sanpete, and Millard Counties. Visits were conducted at the Millard County Jail and Nephi outpatient services. During the discussions, the site visit team reviewed the Fiscal Year 2016 Monitoring Report; statistics including the mental health scorecard; area plans; outcome questionnaires; 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 2017 Audit

No findings were issued in FY17.

Findings for Fiscal Year 2018 Audit

FY18 Major Non-compliance Issues:

None

FY18 Significant Non-compliance Issues:

None

FY18 Minor Non-compliance Issues:

None

FY18 Deficiencies:

- 1) *Treatment Documentation:* This is a joint deficiency with the Children and Youth Team, and a follow up from FY17 recommendation that objectives be "behavioral changes that are measurable, short-term and tied to the goals." The clearer and more measurable the goals are, the easier it is for the client and treatment provider to evaluate progress. In FY17, six of fourteen charts included objectives that were not measurable. In FY18, five out of nine charts did not have measurable objectives. While there appears to be some improvement in developing measurable objectives, DSAMH recommends CUCC provide targeted training that is focused on developing measurable objectives toward attainable behavioral changes. This was a recommendation in FY15 and FY17.

Center's Response and Corrective Action Plan:

CUCC will continue to address this element of treatment planning. On 12/06/2017 CUCC conducted specific training on treatment planning that looked specifically at making objectives

measurable, achievable and within a timeframe. CUCC will monitor and audit to these standards on a regular basis this next fiscal year. Each team leader will monitor their therapists and report to the Clinical Director on progress and employees that might need additional training.

Center Employee responsible for CAP: Nathan Strait

Date: 02/01/2018

FY18 Recommendations:

- 1) *Adult Peer Support Services (PSS)*: Peer Support Services have been recognized as an Evidence-Based Practice by the Centers for Medicare and Medicaid Services (CMS) since 2007. In FY17, CUCC provided PSS to fewer individuals than projected on the annual budget, and had a lower percentage of PSS than other rural areas. Program participants interviewed by Cami Roundy, Peer Support Program Manager, indicated that they did not have PSS and did not know about the program. However, the Peer Support Specialist interviewed by Cami Roundy reported that she attends clinical staff meetings and has the opportunity to educate other staff members about PSS. She is expanding her service provision from facilitating groups to include work with individuals, and she indicates she feels supported by her supervisor. DSAMH commends CUCC for changing the PSS documentation template to support use of the Peer's story, and recommends CUCC continue to expand the use of their Adult PSS.

FY18 Division Comments:

- 1) *Recovery Plus*: CUCC is commended for addressing nicotine dependence and offering Recovery Plus classes to assist individuals in treatment who want to stop smoking. Documentation demonstrates consistent recording of the individual's smoking status, with Nicotine Dependence diagnosed when appropriate. All individuals interviewed by Cami Roundy, Peer Support Program Manager, had heard of the smoking cessation classes, and documentation indicates that smoking cessation classes are being offered to appropriate individuals in treatment.
- 2) *OQ Administration/OQ as an Intervention*: CUCC charts indicate clinicians are giving the OQ at each individual therapy session, and regularly using the results as an intervention during therapy appointments. DSAMH commends CUCC for administering the OQ more often than required by the DSAMH Directives, and for implementing and documenting use of the OQ in treatment.
- 3) *Independent Living Program*: DSAMH recognizes and appreciates the commitment that CUCC has made to provide housing options for individuals in treatment. The new residential facility in Richfield, Utah has eight beds for adults, and will provide needed housing in close proximity to outpatient services.
- 4) *Psychosocial Rehabilitation Services (PRS)*: DSAMH commends CUCC for the provision of quality PRS groups that address skill development, such as cooking classes, budgeting, and overall health practices. These groups assess level of functioning, target interventions, and encourage a continued development of skills leading to a higher level of functioning.

- 5) *Participant Feedback:* Peer Support Program Manager, Cami Roundy, met with three individuals in the day treatment program at CUCC. All three indicated that they direct their own treatment goals with support from their therapists. They reported that they are very satisfied with the overall program, which includes a walking program they all participate in and enjoy. Participants stated: “I really enjoy coming here”, “It’s good to have friends”, and “I like the groups three times a week, it really helps me”.

Substance Abuse Prevention

Susannah Burt, Program Manager, conducted the annual prevention review of Central Utah Counseling Center on October 10th, 2017. 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 the data used to establish prevention priorities.

Follow-up from Fiscal Year 2017 Audit

FY17 Deficiencies:

- 1) No Eliminating Alcohol Sales to Youth compliance checks occurred in FY2016. CUCC continues to offer training to the communities, but no checks have been completed.

This finding has not been resolved and will be continued in FY18; see Minor Non-compliance Issue #4.

FY17 Minor Non-compliance Issues:

- 1) Per the Division Directives, it is a goal to provide 80% of Evidence Based Strategies, with no more than 20% being innovative or non-evidence based strategy. Currently, only 69% of CUCC are considered Evidence Based.

This finding has not been resolved and will be continued in FY18; see Minor Non-compliance Issue #2.

- 2) CUCC has not completed a Community Readiness Assessment since 2008. DSAMH will provide Technical Assistance as requested on this Assessment. CUCC did attempt to do a Community Readiness Assessment, but it was not completed and no data is available.

This finding has not been resolved and will be continued in FY18; see Minor Non-compliance Issue #1.

Findings for Fiscal Year 2018 Audit

FY18 Major Non-compliance Issues:

None

FY18 Significant Non-compliance Issues:

None

FY18 Minor Non-compliance Issues:

- 1) A Community Readiness Assessment was not completed. CUCC will work with coalitions and use existing data to assess community needs, prioritized populations and readiness.

E.ii.a. The Division Directives require each local authority to assess local prevention needs based on epidemiological data. This assessment shall include the most current Student Health and Risk Prevention Survey (SHARP) data and additional local data.

1. Assessments shall be done at minimum every three years.

2. Resources that shall be used to perform the assessment include, but are not limited to:

(a) <http://bach-harrison.com/utsocialindicators.html>

(b) <http://ibis.health.utah.gov>

(c) Communities that Care, Community Assessment Training (CAT)

<http://www.communitiesthatcare.net/getting-started/ctc-training/>.

Center's Response and Corrective Action Plan:

CUCC will complete Community Readiness Assessments and assist coalitions using existing data, to assess community needs, prioritized populations and readiness.

Center Employee Responsible for CAP: Gay Hansen

Date: 02/01/2018

- 2) 80% of programming provided by CUCC is considered evidence based. This is below the Division Directive goal of 90%. During FY17 the required percentage increased to 90% of total strategies. CUCC increased evidence based strategies, but still did not meet the 90% requirement.

E.ii.i. Increase the number of evidence-based policies, programs and strategies to a standard of 90%. The remaining 10% of prevention policies, programs and strategies are to be research informed with a plan to be submitted to Evidence Based Workgroup (EBW) within one year.

1. The evidence- based policies, programs and strategies shall be broken down as follows:

(a) A minimum of 90% of the policies, programs and strategies shall be tier 3 or 4 per PART, or be programs listed on a national evidenced based registry approved by DSAMH.

(b) A maximum of 10% of the policies, programs and strategies may be tier 1 or 2 per the program assessment rating tool Program Assessment Rating tool (PART). PART is available on the DSAMH website.

Center's Response and Corrective Action Plan:

CUCC will increase evidence based programming to 90% per Division Directive goal.

Center Employee Responsible for CAP: Gay Hansen

Date: 02/01/2018

- 3) CUCC did not have a strategic plan, this is in part due to the lack of assessment. CUCC will work with the Regional Director to complete this.

E.ii.c. Develop a strategic plan that is comprehensive, logical and data driven to address the problems identified during assessment with the current and future capacity developed. Post this plan publicly.

- 1. There shall be a minimum of one (1) strategic plan per LSAA. Within the plan, LSAA's shall identify prioritized communities. Each prioritized community shall have a strategic plan.*
- 2. LSAA's Strategic plan shall include how the LSAA will work with and support coalitions in their strategic plan.*

Center's Response and Corrective Action Plan:

CUCC will work with Regional Director to complete a strategic plan for Central Utah.
Center Employee Responsible for CAP: Gay Hansen
Date: 02/01/2018

- 4) No Eliminating Alcohol Sales to Youth compliance checks occurred in FY17. CUCC continues to invite law enforcement agencies to trainings and coalition meetings.

G.iv.e Number of "Eliminate Alcohol Sales to Youth" (EASY) alcohol compliance checks within Local Authority area. (Target for FY2017 is an increase from the previous year.)

CUCC will continue to provide training and support, and request law enforcement agencies to regularly conduct EASY compliance checks in Central Utah.
Center Employee Responsible for CAP: Gay Hansen
Date: 02/01/2018

FY18 Deficiencies:

- 1) CUCC Prevention staff has not been certified in Substance Abuse Prevention Specialist Training. Staff was hired in August 2016.

E.ii.a.5. Developing and preparing the prevention workforce by ensuring that all prevention personnel (excluding support staff), including contracted staff, are certified in the Utah Substance Abuse Prevention Specialist Training (SAPST) or credentialed and in current standing with International Certification & Reciprocity Consortium (IC&RC).

Center's Response and Corrective Action Plan:

Staff hired in August 2016 has now been certified in Substance Abuse Prevention Specialist Training as of October 2017.
Center Employee Responsible for CAP: Gay Hansen
Date: 02/01/2018

- 2) All Coalitions in Central do not prioritize substance use related risk and protective factors.

G.iv.f. Number of coalitions that prioritize substance use related risk and protective factors (as found on www.dsamh.utah.gov) in local substance abuse authority area.

Center's Response and Corrective Action Plan:

CUCC will prioritize substance abuse risk and protective factors in all substance abuse authority area.

Center Employee Responsible for CAP: Gay Hansen

Date: 02/01/2018

FY18 Recommendations:

- 1) It is recommended that the CUCC Prevention Coordinator re-certify in SAPST.
- 2) It is recommended that CUCC work with groups and coalitions to apply for additional grants that fit their community. Example, Parents Empowered Mini Grants.
- 3) It is recommended that CUCC work with their new Regional Director to improve coalition efforts within the LSAA.
- 4) It is recommended that CUCC work with coalitions to go through the Strategic Prevention Framework and/or use Communities that Care.

FY18 Division Comments:

- 1) CUCC works with groups in Juab (Juab Unites Motivates Prevention), Delta/Millard (Delta Community First), East Millard (East Millard Prevention Coalition – Fillmore, Scipio, Kanosh), and Sevier, Wayne and Piute (Tri-County Coalition).
- 2) CUCC provides the evidence based strategy, Guiding Good Choices, in Nephi, Delta, Fillmore and Ephraim. They continually serve 7-14 families every cycle.

Substance Abuse Treatment

Becky King and VaRonica Little, Program Administrators, conducted the review of Central Utah Counseling Center on October 3rd, 2017. The review focused on compliance with State and Federal law, Substance Abuse Treatment (SAPT) Block Grant regulations, and adherence to DSAMH directives and contract requirements. The review consisted of an interview with program staff, data submitted to DSAMH, a review of clinical records and an evaluation of agency policy and procedures. In addition, performance and client satisfaction was measured using the Utah Substance Abuse Treatment Outcomes Measures Scorecard and Consumer Satisfaction Survey Data.

Follow-up from Fiscal Year 2017 Audit

FY17 Minor Non-compliance Issues:

- 1) The FY16 Substance Abuse Treatment Scorecard shows that the percent of clients retained in treatment for 60 or more days declined from 87.45 in 2015 to 69% in 2016.

This issue has been resolved. In 2017, CUCC increased their training of staff on Motivational Interviewing skills to engage and maintain connection with clients, especially in the initial stages of treatment.

- 2) The FY16 Substance Abuse Treatment Scorecard shows that the percent of clients reporting a decrease in tobacco use from admission to discharge declined from 2.5% in 2015 to .0.9% in FY16.

This issue has not been resolved and will be continued in FY18; see Minor Non-compliance Issue #1.

- 3) As of November 10, 2016, 56.8% of Treatment Episode Data Set (TEDS) submissions for the first two months of FY17 do not indicate whether clients have been “compelled to treatment” by the criminal justice system. A maximum of 10% of clients can be unknown for this field according to the 2017 data specifications. This information is necessary to track outcomes related to Utah’s Justice Reinvestment Initiative.

This issue has not been resolved and will be continued in FY18; see Minor Non-compliance Issue #2.

FY17 Deficiencies:

- 1) As of November 10, 2016, 94.8 % of Treatment Episode Data Set (TEDS) submissions do not identify clients criminogenic risk level. This field is optional for 2017 but is critical to evaluating Utah’s Justice Reinvestment Initiative.

This issue has not been resolved and will be continued in FY18; see Minor Non-compliance Issue #3.

Findings for Fiscal Year 2018 Audit:

FY18 Major Non-compliance Issues:

None

FY18 Significant Non-compliance Issues:

None

FY18 Minor Non-compliance Issues:

- 1) The FY17 Substance Abuse Treatment Scorecard shows that the percent of clients reporting a decrease in tobacco use from admission to discharge declined from -0.09% in 2016 to -2.1% in 2017.

Local Substance Abuse Authorities' scorecard will show that the percent of clients who use tobacco will decrease from admission to discharge by 5%.

Center's Response and Corrective Action Plan:

CUCC will continue to train staff on the importance of smoking cessation. CUCC will also work on addressing the importance of correct information at the initial assessment.

Center Employee responsible for CAP: Nathan Strait

Date: 02/01/2018

- 2) The 2017 Treatment Episode Data Set (TEDS) submissions show that 17% do not indicate whether clients have been "compelled to treatment" by the criminal justice system.

A maximum of 10% of clients can be unknown for this field. This information is necessary to track outcomes related to Utah's Justice Reinvestment Initiative.

Center's Response and Corrective Action Plan:

CUCC has identified clients in need of this "compelled to treatment" indicator. An initial report has been sent out to Center Team Leaders who will work with their therapists to correct this issue.

Center Employee responsible for CAP: Nathan Strait

Date: 02/01/2018

- 3) The FY17 Treatment Episode Data Set (TEDS) submissions shows that 45.8% of the criminogenic risk levels were not identified. This field is required and critical to evaluating Utah's Justice Reinvestment Initiative.

Center's Response and Corrective Action Plan:

CUCC has identified clients in need of this "Risk Level" indicator. An initial report has been

sent out to Center Team Leaders who will work with their therapists to correct this issue.
Center Employee responsible for CAP: Nathan Strait
Date: 02/01/2018

- 4) The Substance Use Disorder Treatment Charts reviewed showed that the majority of the charts did not contain a RANT and or an LSI-RNR. This information is required for all those who are criminally involved.

Center’s Response and Corrective Action Plan:

CUCC had identified this issue previously to the site visit. CUCC has begun to address this issue. It is closely related to the two previous findings (Compelled to Treatment, Risk Level Indicators). The corrective action for this finding is to utilize the aforementioned report where clients were identified that needed the compelled to treatment indicator. In this report clients were also identified as compelled but did not have a indicated risk level. Team Leaders will work with their individual clinicians to complete RANT’s or obtain LS-RNR’s for identified clients.

Center Employee responsible for CAP: Nathan Strait
Date: 02/01/2018

FY18 Deficiencies:

- 1) The FY17 Treatment Episode Data Set (TEDS) shows that 75.3% of clients completed their treatment episodes successfully. Successful Completion of Treatment is defined as a client completing 75% of their treatment objectives. However in the charts audited, the majority of those with closed treatment episodes were marked as treatment completed, but the charts indicated that the client had left treatment early/ stopped engaging in treatment. (*Chart #'s: 20541, 81448, 82833, 82737, 82752, 45507, 50094, 83330, 83049*). The Discharge Summaries should reflect the reason for episode closure according to TEDS discharge definitions.

Center’s Response and Corrective Action Plan:

Successful episode discharge is based upon treatment plan objectives. If a client has completed 75% of their objectives when they disengage from services then based upon TEDS discharge definitions it would be classed as “successful.” CUCC agrees that an individual dropping out of services has not completed all “clinician centered” goals and objectives. CUCC strives to engage clients in “Person centered treatment” and in doing so, treatment objectives are based upon client goals, not clinician goals. CUCC will review with staff TEDS discharge definitions.

Center Employee responsible for CAP: Nathan Strait
Date: 02/01/2018

FY18 Recommendations:

- 1) *Assessment and Treatment Plans:* CUCC does a good job in gathering information in the assessments, but there was no indication that the information from the assessment was used

to develop goals and objectives in the Treatment Plan. It is recommended that CUCC use the assessment information to develop their treatment plans based in the following areas:

- a. *Trauma – Addressing symptoms and effects of trauma.*
- b. *RANT or LSI-RNR – Incorporate risk levels into treatment goals to reduce the risk and recidivism.*
- c. *Recovery Support – Incorporate recovery supports identified in the assessment, treatment and for discharge planning.*

2) *Recovery Support and Plans:* It is recommended that CUCC provide additional training for staff on Recovery Supports and Recovery Plans. Some excellent resources include: <https://www.samhsa.gov/recovery> and <http://www.nrepp.samhsa.gov/ProgramProfile.aspx?id=1231> DSAMH can provide training and technical assistance upon request.

3) *ASAM Training:* It is recommended that CUCC provide training on the use of *The ASAM Criteria; Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*, Third Edition. The following resource is available for training on the new ASAM Manual: <https://www.asam.org/resources/the-asam-criteria>

FY18 Division Comments:

- 1) *Wellness Incentives:* CUCC has done excellent work on wellness incentive programming, including helping staff and clients in this area.
- 2) *Community Collaboration:* CUCC has started providing services in the schools. They are also providing outreach and becoming more involved with many outside organizations including Intermountain Health Care, Drug Court, Prevention Coalitions and other organizations.
- 3) *Consumer Satisfaction Surveys:* CUCC has done a great job in gathering client satisfaction surveys and have the highest collection rate in the State. The higher collection rates have provided CUCC with reliable and helpful data regarding the effectiveness of their services.

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 be categorized as a non-compliance issue. A written corrective action

plan is required without a formal timeline. 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.

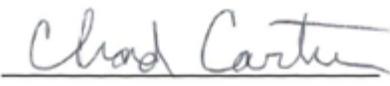
Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Central Utah 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

Prepared by:

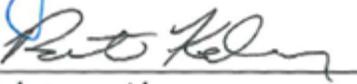
Chad Carter  Date January 2, 2018
Auditor IV

Approved by:

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Ruth Wilson  Date January 2, 2018
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