## FY20 Monitoring Program - Substance Use Disorder Treatment

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| Local Authority: | |
| Contract Number(s): | |
| Review Date(s): | |
| Reviewer(s): | |
| Risk Score: | |

**Compliance with Division Directives, Utah State Code, Federal Requirements, Strategic Plan**

S = Site Visit
D = Desk Review
O = Outside Source

| | Reference | Monitoring Activity | Results/ Comments (include date of review if different than site visit) | Compliance | | Tool | |
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| | | | | Y | **N**/NA | | |
| 1 | Division Directives | **Agency Discussion**<br><br>• Agency Strategic Plan<br>• Agency Goals<br>• Agency Strengths from the Director's Perspective<br>• Agency Weaknesses form the Director's Perspective<br>• Any Data or Reports the Agencies Use to Evaluate Performance<br><br>**ASAM Discussion**<br><br>How does the Local Authority:<br><br>• Encourage patients to become active participants in their own care?<br>• Work with the patient to determine goals?<br>• Rank and rate all the patient's risks, and determine where to focus treatment and services?<br>• Determine the intensity and frequency of service needed? | **Agency Discussion**<br><br>• **Agency Strategic Plan**<br><br>• **Agency Goals**<br><br>• **Agency Strengths from the Director's Perspective**<br><br>• **Agency Weaknesses form the Director's Perspective**<br><br>• **Any Data or Reports the Agencies Use to Evaluate Performance**<br><br>**ASAM Discussion**<br><br>**How does the Local Authority:**<br><br>• **Encourage patients to become active participants in their own care?**<br><br>• **Work with the patient to determine goals?**<br><br>• **Rank and rate all the patient's risks, and determine where to focus treatment and services?**<br><br>• **Determine the intensity and frequency of service needed?** | | | | |
| 2 | UCA 62A-15-103(2)(f)<br><br>Prior Year Monitoring Report<br><br>Division Directives (B) (ii). | **Manager's Discussion**<br><br>Review Corrective Action Plan and previous year findings, if applicable.<br><br>Review of audits with contracted programs with the LSAA's. Non-duplicate monitoring to review findings with contracted providers | | | | | |

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| 3 | Division Directives (B)(vi) | **Local Authorities will use a Holistic Approach to Wellness and will:**<br><br>● Identify tobacco use in the assessment.<br>● Provide services in a tobacco free environment.<br>● Provide appropriate tobacco cessation services and resources (including medication).<br>● Provide training for staff in recognizing health issues.<br>● Provide information to clients on physical health concerns and ways to improve their physical health.<br>● Incorporate wellness into individual person-centered Recovery Plans. | **Local Authorities will use a Holistic Approach to Wellness and will:**<br><br>● **Identify tobacco use in the assessment**<br><br>● **Provide services in a tobacco free environment**<br><br>● **Provide appropriate tobacco cessation services and resources (including medication)**<br><br>● **Provide training for staff in recognizing health issues**<br><br>● **Provide information to clients on physical health concerns and ways to improve their physical health**<br><br>● **Incorporate wellness into individual person-centered Recovery Plans** | | | | |
| 4 | UCA 62A-15-103 (2) (a)(vii) "…continuum of screening, assessment, prevention, treatment, and recovery support services" | **Records Review**<br><br>DSAMH will review the following in randomly selected Charts<br><br>● Screening/Assessment<br>● Engagement<br>● Ongoing Assessment<br>● Confidentiality<br>● Treatment/Recovery Plans<br>● Identify tobacco and include in treatment planning<br>● Screening and Provision of MAT<br>● Coordination with Primary Care<br>● Recovery Plan in chart<br>● Discharge planning connection to community supports (referrals)<br>● Demonstrate proper use of ASAM dimensions and that the treatment plan ties back to ASAM | | | | | |
| 5 | UCA 62A-15-103 (2) (a)(vii) "…continuum of screening, assessment, prevention, treatment, and recovery support services"<br><br>Division Directives - Section D | **Manager's Discussion**<br><br>Peer Support Specialist hired on staff: CPSS or FRF<br><br>Review service levels:<br>● Pregnant Women and Women with Dependent Children :<br>● Women:<br>● Men:<br>● Youth:<br>● Services in County jails: | **Manager's Discussion**<br><br>**Peer Support Specialist hired on staff: CPSS or FRF**<br><br>**Review service levels:**<br><br>● **Pregnant Women and Women with Dependent Children :**<br><br>● **Women:**<br><br>● **Men:**<br><br>● **Youth:**<br><br>● **Services in County jails:** | | | | |

| # | Source | Requirement | Requirement (restated) | | | | |
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| 6 | DSAMH Directives<br><br>SAPT Block Grant Requirements | **Manager's Discussion: Heroin and IV Drug use**<br><br>**Local Authority:**<br>● Notifies DSAMH (within 7 days) whenever program reaches 90 percent of its treatment capacity.<br>● Admits each individual who requests and is in need of treatment for intravenous drug abuse:<br><br>o Not later than 14 days after making the request or<br>o 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.<br>o Offers the interim services until the individual is admitted to a substance abuse treatment program. | **Manager's Discussion: Heroin and IV Drug use**<br><br>**Local Authority:**<br><br>● **Notifies DSAMH (within 7 days) whenever program reaches 90 percent of its treatment capacity**<br><br>● **Admits each individual who requests and is in need of treatment for intravenous drug abuse:**<br><br>o **Not later than 14 days after making the request or**<br><br>o **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**<br><br>o **Offers the interim services until the individual is admitted to a substance abuse treatment program** | | | | |
| 7 | DSAMH Directives | **Manager's Discussion:  Medication-Assisted Treatment (MAT)**<br>● Evaluate for opiate or alcohol use within the first 10 days of service<br>● Offer MAT services directly, through contracted providers or referral<br>● Evidence of MAT services in treatment plans | **Manager's Discussion: Medication-Assisted Treatment (MAT)**<br><br>● **Evaluate for opiate or alcohol use within the first 10 days of service**<br><br>● **Offer MAT services directly, through contracted providers or referral**<br><br>● **Evidence of MAT services in treatment plans** | | | | |
| 8 | DSAMH Directives | **Manager's Discussion: Drug Court**<br>● Judicial Council Certification Findings follow up<br>● SUD Need Screening tool<br>● Criminogenic Risk Screening tool<br>● Criminal Risk Screening kept in client charts (File review)<br>● Minimum of two drug tests per week (File review)<br>● Review orientation manual and participation agreement<br>● No MAT prohibitions or required taper to join or graduate<br>● Participant fee policy consistent with approved local authority fee schedule.<br>● Each key program member attended 8 hours of continuing education with a focus on substance abuse in the past year.<br>● Connection to Workforce services for Medicaid or health care navigators for other insurance | **Manager's Discussion: Drug Court**<br><br>● **Judicial Council Certification Findings follow up**<br><br>● **SUD Need Screening tool**<br><br>● **Criminogenic Risk Screening tool**<br><br>● **Criminal Risk Screening kept in client charts (File review)**<br><br>● **Minimum of two drug tests per week documented (File review)**<br><br>● **Review orientation manual and participation agreement**<br><br>● **No MAT prohibitions or required taper to join or graduate**<br><br>● **Participant fee policy consistent with approved local authority fee schedule.**<br><br>● **Each key program member attended 8 hours of continuing education with a focus on substance abuse in the past year.**<br><br>● **Connection to Workforce services for Medicaid or health care navigators for other insurance** | | | | |

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| 9 | DSAMH Directives | **Manager's Discussion: DORA**<br><br>● Review admissions and number served<br>● Review DORA Risk Levels<br>● Ability to triage based on risk<br>● Evidence-based treatment provided | **Manager's Discussion: DORA**<br><br>● **Review admissions and number served**<br><br>● **Review DORA Risk Levels**<br><br>● **Ability to triage based on risk**<br><br>● **Evidence-based treatment provided** | | | | |
| 10 | DSAMH Directives | **Manager's Discussion:  Justice Reinvestment Initiative**<br><br>● Key local stakeholders in planning and implementation meeting<br>● Local JRI Implementation efforts<br>● Correctional Program Checklist completed<br>● EBP- continuum of screening, assessment, prevention, treatment and recovery support services<br>● Ability to separate High Risk from Low Risk clients | **Manager's Discussion:  Justice Reinvestment Initiative**<br><br>● **Key local stakeholders in planning and implementation meeting**<br><br>● **Local JRI Implementation efforts**<br><br>● **Correctional Program Checklist completed**<br><br>● **EBP- continuum of screening, assessment, prevention, treatment and recovery support services**<br><br>● **Ability to separate High Risk from Low Risk clients** | | | | |
| 11 | SAPT Block Grant Requirements<br><br>DSAMH Directives | **Manager's Discussion:  Services for Pregnant and Parenting Women**<br><br>● Gives preference in admission to pregnant women.<br>● Refers pregnant women to DSAMH when the program has insufficient capacity.<br>● Ability to admits both women and their children<br><br>**Program provides or arranges:**<br><br>● Primary medical care, including prenatal care; child care, primary pediatric care, including immunizations, for the women's children;<br>● Gender-specific treatment and other that address relationships, sexual abuse, physical abuse and parenting<br>● Therapeutic interventions for children<br>● Case management and transportation services<br>● Interim services available within 48 hours to pregnant women who cannot be admitted.<br>● Counseling pregnant women on the effects of alcohol and other drug use on the fetus and referrals for prenatal care for pregnant women.<br>● Prevention, treatment recovery supports for women | **Manager's Discussion:  Services for Pregnant and Parenting Women**<br><br>● **Gives preference in admission to pregnant women.**<br><br>● **Refers pregnant women to DSAMH when the program has insufficient capacity.**<br><br>● **Ability to admits both women and their children**<br><br>**Program provides or arranges:**<br><br>● **Primary medical care, including prenatal care; child care, primary pediatric care, including immunizations, for the women's children;**<br><br>● **Gender-specific treatment and other that address relationships, sexual abuse, physical abuse and parenting**<br><br>● **Therapeutic interventions for children**<br><br>● **Case management and transportation services**<br><br>● **Interim services available within 48 hours to pregnant women who cannot be admitted.**<br><br>● **Counseling pregnant women on the effects of alcohol and other drug use on the fetus and referrals for prenatal care for pregnant women.**<br><br>● **Prevention, treatment recovery supports for women** | | | | |

| 12 | DSAMH Directives | **Opioid Treatment and Recovery Support Funds (SOR)**<br><br>● Does your Agency have a contract or contracts with an Opioid Treatment Provider (OTP)?  If so, how is your Agency monitoring this contract or contracts?<br>● What is your policy and education on Medication Assisted Treatment (MAT)?  What is provided for opioid education and referral?<br>● Is there access to Naloxone in your Agency?  If so, how would a client or family member obtain Naloxone? Does your Agency have a policy on the distribution of Naloxone for those who are at high risk for opioid overdose? | **Opioid Treatment and Recovery Support Funds (SOR)**<br><br>● **Does your Agency have a contract or contracts with an Opioid Treatment Provider (OTP)? If so, how is your Agency monitoring this contract or contracts?**<br><br>● **What is your policy and education on Medication Assisted Treatment (MAT)?  What is provided for opioid education and referral?**<br><br>● **Is there access to Naloxone in your Agency?  If so, how would a client or family member obtain Naloxone? Does your Agency have a policy on the distribution of Naloxone for those who are at high risk for opioid overdose?** | | | | |
| 13 | DSAMH Directives | **Discussion with Intake Staff: Access**<br><br>● Management walk through of intake procedures<br>● Changes were made as a result<br>● SAPT priority populations<br>● Management of waiting lists<br>● Required notification of DSAMH<br>● Interim Service provision<br>● Protocol for requests for services not provided by the local authority | **Discussion with Intake Staff: Access**<br><br>● **Management walk through of intake procedures**<br><br>● **Changes were made as a result**<br><br>● **SAPT priority populations**<br><br>● **Management of waiting lists**<br><br>● **Required notification of DSAMH**<br><br>● **Interim Service provision**<br><br>● **Protocol for requests for services not provided by the local authority** | | | | |
| 14 | SAPT Block Grant | **Counseling and education about:**<br><br>● Implement a protocol for identification and referral for screening and treatment of HIV, Hepatitis C and TB<br>● HIV, Hepatitis C and TB<br>● Risk associated with needle sharing<br>● Risks of transmission to sexual partners and infants, and steps that can be taken to ensure that HIV and TB transmission does not occur<br>● Referral for HIV or TB treatment services, if necessary | **Counseling and education about:**<br><br>● **Implement a protocol for identification and referral for screening and treatment of HIV, Hepatitis C and TB**<br><br>● **HIV, Hepatitis C and TB**<br><br>● **Risk associated with needle sharing**<br><br>● **Risks of transmission to sexual partners and infants, and steps that can be taken to ensure that HIV and TB transmission does not occur**<br><br>● **Referral for HIV or TB treatment services, if necessary** | | | | |

| | Reference | Monitoring Activity | Results/ Comments | Compliance | | Tool | |
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| 15 | Zero Suicides: Goal 2.3: …adoption of Zero Suicide framework | **Manager's Discussion Review suicide deaths by county**<br><br>● Local authority plan for suicide prevention, intervention and postvention (Medicaid Performance Improvement Plan (PIP)<br>● 2.3.1 Promote suicide prevention as a core component of health care services.<br>● 2.3.2 Screening for suicide risk within the public behavioral health care system<br>● 2.3.3 Safety planning for individuals who screen positive for suicide risk | **Manager's Discussion Review suicide deaths by county**<br><br>● **Local authority plan for suicide prevention, intervention and postvention (Medicaid Performance Improvement Plan (PIP)**<br><br>● **2.3.1 Promote suicide prevention as a core component of health care services.**<br><br>● **2.3.2 Screening for suicide risk within the public behavioral health care system**<br><br>● **2.3.3 Safety planning for individuals who screen positive for suicide risk** | | | | |
| 16 | Strategic Plan Initiative #3 Promote Recovery / DSAMH Directives (B)(x) | **Manager's Discussion: Recovery Support Services:**<br><br>•　Do you provide Recovery Support Services (RSS)?<br>•　What funding sources are you utilizing for these services? (PATR, DC, SOR, JRI, Block Grant, General, ORG-SLC only, etc?)<br>•　Do you follow the DSAMH RSS Manual?<br>•　Do you provide services that are only approved in the RSS Manual?<br>•　Do you upload RSS data as required?<br>•　Do you provide Peer Support for children, youth, families?<br>•　Eligibility for RSS funding (Non-Medicaid services and Un-funded)<br>•　Do you Operate a Licensed Recovery Residence?<br><br>**Building Capacity: workforce, stigma reduction, prevention, harm reduction, and the readiness of community stakeholders**<br><br>•　Are you or members of your Agency attending the Utah Behavioral Health Advisory Council Meeting (UBHPAC)? | **Manager's Discussion: Recovery Support Services:**<br><br>•　**Do you provide Recovery Support Services (RSS)?**<br><br>•　**What funding sources are you utilizing for these services? (PATR, DC, SOR, JRI, Block Grant, General, ORG-SLC only, etc?)**<br><br>•　**Do you follow the DSAMH RSS Manual?**<br><br>•　**Do you provide services that are only approved in the RSS Manual?**<br><br>•　**Do you upload RSS data as required?**<br><br>•　**Do you provide Peer Support for children, youth, families?**<br><br>•　**Eligibility for RSS funding (Non-Medicaid services and Un-funded)**<br><br>•　**Do you Operate a Licensed Recovery Residence?**<br><br>**Building Capacity: workforce, stigma reduction, prevention, harm reduction, and the readiness of community stakeholders**<br><br>•　**Are you or members of your Agency attending the Utah Behavioral Health Advisory Council Meeting (UBHPAC)?** | | | | |
| | | | | | | | S = Site Visit<br>D = Desk Review<br>O = Outside Source |
| | Reference | Monitoring Activity | Results/ Comments<br>(include date of review if different than site visit) | Compliance<br>Y　　N/NA | | Tool | |
| 1 | Division Directions (F) (ii) | **Manager's Discussion**<br>Review SUD Outcome Scorecards | | | | | |
| 2 | DSAMH Directives | **Manager's Discussion: Client Satisfaction:**<br><br>**Review SA Satisfaction Survey**<br>● Minimum sample rate of 10% of the number of annual unduplicated individuals served?<br>● Providers who receive less than 75% of the established target for the outcome domains may receive a finding in the audit report. | | | | | |

| 3 | DSAMH Directives | **Data Review: Drug Courts**<br><br>**Review Drug Court Admissions:**<br>● Felony:<br>● Family:<br>● Juv:<br><br>**Review Drug Court Number Served:**<br>● Felony:<br>● Family:<br>● Juv: | | | | | |
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| 4 | DSAMH Directives | **DORA Outcomes:** | | | | | |
| | DSAMH Directives | **Data Review: Justice Reinvestment Initiative**<br><br>●     Risk Levels collected<br>●     "Compelled to Treatment" collected | | | | | |
| 5 | DSAMH Directives | **Data Reports:**<br><br>● SA Outcomes Scorecard<br>● Client Satisfaction Surveys<br>● Drug Court admissions and number served, outcomes<br>● DORA admissions and number served, outcomes<br>● JRI admissions, number served, outcomes<br>● Women's Services admissions, number served, outcomes<br>● Youth Services admissions, number served, outcomes<br>● DUI Education Book Purchase records<br>● Number of clients "compelled to treatment"<br>● Risk level assigned to criminal justice clients.<br>● Review "open" files<br>● Overdose Data Per Local Authority<br>● DUI Arrest Data Per County<br>● Suicide Data Per Local Authority | | | | | |
| 6 | DSAMH Directives | **Technical Assistance and Training**<br><br>What Technical Assistance and Training would be helpful to your Agency? | | | | | |