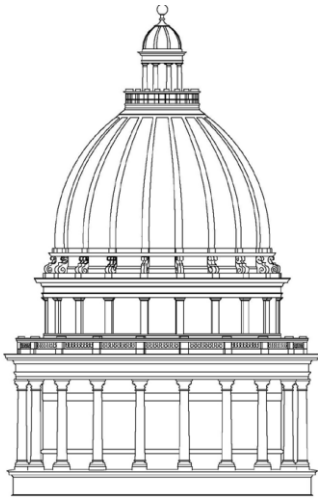
REPORT TO THE

UTAH LEGISLATURE

Number 2020-12



A Performance Audit of Methadone Clinic Oversight

December 2020

Office of the
LEGISLATIVE AUDITOR GENERAL
State of Utah

STATE OF UTAH

Office of the Legislative Auditor General

315 HOUSE BUILDING • PO BOX 145315 • SALT LAKE CITY, UT 84114-5315
(801) 538-1033 • FAX (801) 538-1063

KADE R. MINCHEY, CIA, CFE
AUDITOR GENERAL

December 16, 2020

TO: THE UTAH STATE LEGISLATURE

Transmitted herewith is our report, **A Performance Audit of Methadone Clinic Oversight** (Report #2020-12). An audit summary is found at the front of the report. The objectives and scope of the audit are explained in the Introduction.

We will be happy to meet with appropriate legislative committees, individual legislators, and other state officials to discuss any item contained in the report in order to facilitate the implementation of the recommendations.

Sincerely,

Kade Minchey

Kade R. Minchey, CIA, CFE
Auditor General

UTAH STATE LEGISLATURE

AUDIT SUMMARY

REPORT #2020-12 | DECEMBER 2020

Office of the Legislative Auditor General | Kade R. Minchey, Auditor General

PERFORMANCE AUDIT

Methadone Clinic Oversight

AUDIT REQUEST

Primarily, we were asked to audit how successful methadone clinics have been in helping patients with Opioid Use Disorder (OUD). Specifically, we were asked how effectively methadone clinics demonstrate patients' success in overcoming addiction and transitioning off methadone. We were also asked to evaluate the sufficiency of state oversight over methadone clinics to ensure state and federal rules and regulations are followed. Because we found adequate state oversight in our initial risk assessment, we limited our work there.

BACKGROUND

In 2018, Utah had 437 drug overdose deaths involving opioids, 306 of which were from prescription opioids. The overuse of opioids is classified by the medical community as Opioid Use Disorder (OUD), which, according to the American Society of Addiction Medicine, is a chronic, relapsing disease with significant economic, personal, and public health consequences. Because OUD is considered a chronic disease, federal guidance recommends chronic (on-going) treatment.

KEY FINDINGS

- Methadone treatment data in Utah's opioid treatment programs shows positive outcomes associated with longer treatments confirming best practice guidance that clients should stay in treatment as long as needed.
- The Division of Substance Abuse and Mental Health (DSAMH) can improve tracking and reporting on program-level outcomes as well as on outcomes for clients in ongoing treatment.
- Methadone clinic oversight appears sufficient to meet state and federal compliance requirements. However, we would need to conduct further audit work to determine if performance level issues at the clinics were sufficient.
- DSAMH oversight can be improved by setting better performance scorecard targets and by working to reduce local substance abuse authority repeat findings.

RECOMMENDATIONS

- The Legislature can consider requiring specific methadone treatment outcome reporting if it wants more targeted substance abuse outcome information.
- DSAMH should track program-specific outcome data and ongoing client outcome data to ensure programs meet division needs and expectations.
- DSAMH should improve oversight by modifying its substance abuse scorecard outcome targets and amending its audit processes to decrease the rate of repeat findings..

Summary continues on back >>

REPORT SUMMARY

Data Shows Methadone Treatment Outcomes Often Improve with Time, but Better Tracking Is Needed

The Department of Human Services' Division of Substance Abuse and Mental Health (DSAMH) data shows that methadone clinics are seeing treatment success, particularly in longer duration treatments. That finding resonates with best practice guidance essentially counseling that clients should be in treatment as long as they receive benefit from it.

We did find that DSAMH can improve its tracking and reporting on program-level outcomes as well as on outcomes for clients in ongoing treatment.

Clinic Oversight Appears Sufficient but Audit Follow-Up and Outcome Measures Can Improve

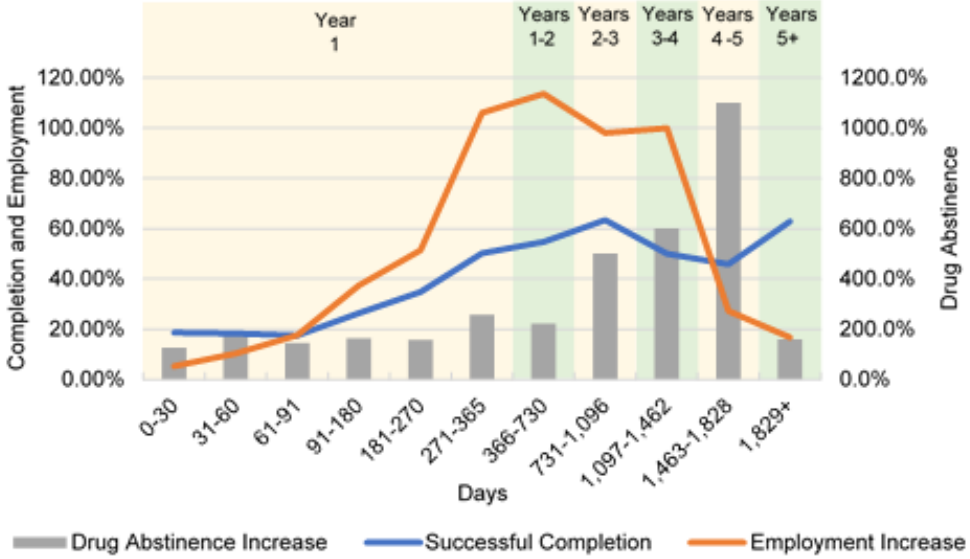
We were asked to evaluate oversight of methadone clinics, including outcome reporting. Based on our risk assessment of the quality of findings reported by various oversight entities, we believe the breadth and depth of oversight constitute an acceptable level of review for state and federal compliance requirements. However, we would need to conduct further audit work to determine if performance level issues at the clinics were sufficient.

We did find the outcome measure targets lack relevance to local level performance. We also found that repeat findings at local substance abuse authorities (which contract with treatment clinics) were excessive.

Data Shows Client Outcomes Tend to Improve with Treatment Length

The figure shows that outcomes in successful program completion, drug abstinence, and employment all tend to improve with time in treatment. However, the figure lacks outcome data on clients currently in treatment. We recommend that DSAMH collect outcome data on clients in treatment and not only those completing treatment.

Figure 2.2 Methadone Treatment Episode Outcomes by Treatment Length



REPORT TO THE
UTAH LEGISLATURE

Report No. 2020-12

A Performance Audit of Methadone Clinic Oversight

December 2020

Audit Performed By:

Audit Manager	Darin Underwood, CIA
Audit Supervisor	Matt Harvey, CFE

Table of Contents

This Page Left Blank Intentionally

Chapter I
Introduction

Opioid Use Disorder (OUD) is considered a chronic disease for which medication treatment has been shown to be highly effective. Treatment medications have also been shown to reduce societal costs associated with OUD. Three medications are used to treat clients with OUD, one of which is methadone. Methadone treatment comprises less than 5 percent of Utah's overall OUD program expenditures. We were asked to evaluate the success of methadone clinics in treating OUD and to evaluate the effectiveness of methadone clinic oversight in Utah. Because our initial risk assessment of clinic oversight found adequate oversight, we conducted minimal audit work there.

Opioid Use Disorder Is Considered a Chronic Disease

In 2018, Utah had 437 drug overdose deaths involving opioids, 306 of which were from prescription opioids. The overuse of opioids is classified by the medical community as Opioid Use Disorder (OUD), which, according to the American Society of Addiction Medicine, is a chronic, relapsing disease with significant economic, personal, and public health consequences.

Because OUD is considered a chronic disease, federal guidance[1] recommends chronic treatment, reporting the following:

> Chronic care management is effective for many long-term medical conditions, such as diabetes and cardiovascular disease, and it can offer similar benefits to patients with substance use disorders; for example, it can help them stabilize, achieve remission of symptoms, and establish and maintain recovery.

Chronic care management can help Opioid Use Disorder (OUD) clients stabilize, achieve remission of symptoms, and establish and maintain recovery.

Federal guidance considers OUD to be something that is managed, not cured. For that reason, federal guidance uses terms like remission

[1] *TIP 63 Medications for Opioid Use Disorder*. HHS Publication No. (SMA) PEP20-02-01-006. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2020.

and recovery maintenance. And just as medication can be used to treat other chronic diseases, it can also be used to treat OUD.

Methadone Is One of Three Medications Recommended for Use in Opioid Treatment

While some people are able to achieve OUD remission without the use of OUD medication, federal guidance cites medication-assisted treatment as more effective in reducing illicit opioid use than nonmedication-assisted treatment.

Medication-assisted treatment for OUD has also been shown to benefit both individuals and society at large. For example, medication-assisted treatment has been associated with reducing justice system and healthcare costs. Medication-assisted treatment has also been associated with improved quality of life and higher income.

Medications used to treat OUD are Buprenorphine, Methadone, and Naltrexone.

Three main medications used for OUD treatment are Buprenorphine, Methadone, and Naltrexone. The drugs, including some descriptions for each, are shown in Figure 1.1.

Figure 1.1 Three Medications Are Used in Treating Opioid Use Disorder (OUD). Each medication has benefits and drawbacks to its use. As with any medication, effectiveness and side effects can vary for individual clients.

Medication	Description
Methadone	• Reduces opioid craving and withdrawal and blunts or blocks the effects of opioids • Schedule II drug – only available through a certified opioid treatment program • Easiest to begin treatment • Tends to be the least expensive of the three • Requires daily on-site dosing, at least initially • Less widely accessible due to certified program requirement
Buprenorphine	• Partially stimulates opioid receptors but creates a "ceiling effect" to reduce opioid withdrawal symptoms and cravings • Schedule III drug – can only be prescribed by medical staff with training • Other names: Suboxone and Zubsolv (both combined with naloxone), Sublocade • Long-lasting injectable and implantable forms available • Can be dispensed at a commercial pharmacy • Reduces overdose risk • Clients must be in withdrawal to begin • Less widely available due to training requirement
Naltrexone	• Blocks opioid receptors and euphoric and sedative effects of opioids to reduce cravings • Uncontrolled drug • Other names: Vivitrol, ReVia, Depade • Can be given as monthly injection (Vivitrol) • Difficult to begin (requires detox to start) • Relapse can be more dangerous • No pain relief • Fewer insurers reimburse it (can cost $1,500/month)

Source: Auditor generated from University of Utah Kem C. Gardner Policy Institute, SAMHSA, CFR Title 21-2, and others

Each OUD medication has benefits and drawbacks.

As shown in Figure 1.1, while each medication is used to treat OUD, they have different effects, both positive and negative. Because methadone is a schedule II drug, it is the most highly regulated of the three. Schedule II drugs are defined by the Drug Enforcement Administration as "drugs with a high potential for abuse, with use potentially leading to severe psychological or physical dependence. These drugs are also considered dangerous." For that reason, methadone treatment requires daily in-person treatment until an

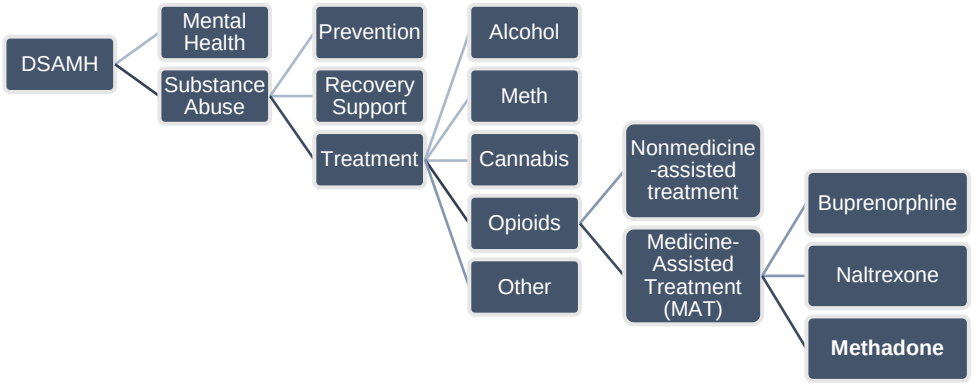
opioid treatment program has established that the client can reduce in-person visits to a lesser frequency.

Methadone Treatment Is Only a Small Part of Substance Abuse Funding

The Division of Substance Abuse and Mental Health (DSAMH) is responsible for allocating funds for public substance abuse treatment across the state and ensuring access to treatment. In addition to opioid treatment programs, DSAMH also oversees mental health and other substance abuse programs, as shown in Figure 1.2.

Figure 1.2 Opioid Treatment Is One of Multiple Substance Abuse Areas Overseen by the Division of Substance Abuse and Mental Health (DSAMH). DSAMH also supports treatment, prevention, and recovery in alcohol, methamphetamines, and cannabis use.

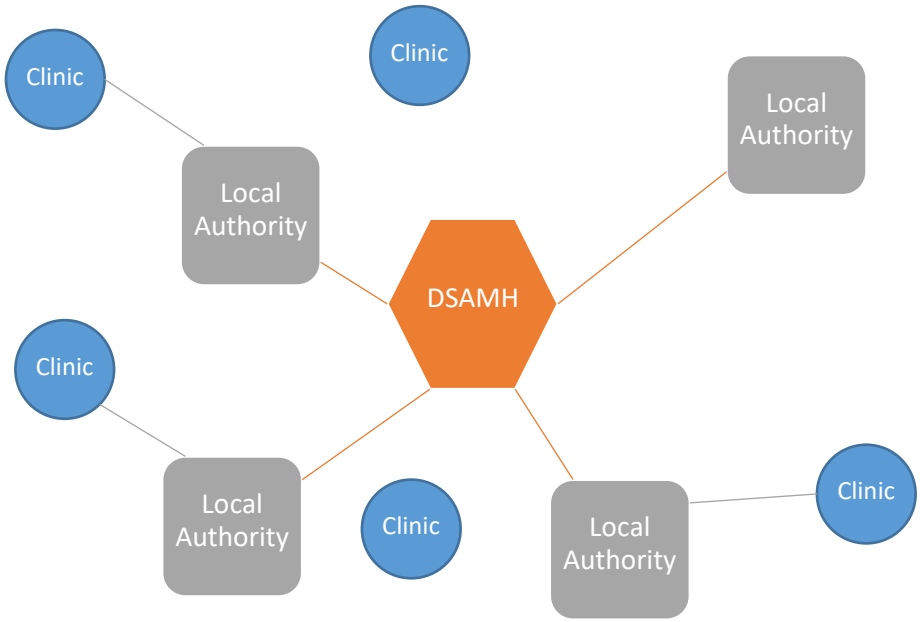
DSAMH oversees substance abuse prevention, recovery support, and treatment for alcohol, methamphetamines, cannabis, opioids, and other substances.



Source: Auditor generated

Figure 1.2 shows that, in addition to mental health services, DSAMH provides a range of prevention and treatment services to reduce the incidence of substance use disorders. DSAMH provides treatment services by directing funding to local substance abuse authorities who typically contract with treatment clinics to deliver services. This relationship is illustrated in Figure 1.3.

Figure 1.3 DSAMH Provides Funding to Local Substance Abuse Authorities That Typically Contract for Treatment Services. Not all local substance abuse authorities use treatment providers and not all treatment clinics receive public funds.



Source: Auditor generated

DSAMH provides funds to local substance abuse authorities who, in most cases, contract with clinics to provide treatment.

Figure 1.3 shows that treatment funding moves through DSAMH to local substance abuse authorities and to delivery of services, usually by treatment clinics. Local substance abuse authorities can choose to provide services directly if they meet treatment program criteria, but most authorities contract with existing treatment clinics. One local authority provides its own treatment services because no clinics are present in that area. Also, while some treatment clinics may receive public funds, not all clinics do.

Funding overseen by DSAMH substance abuse comes from multiple sources and only minimally supports methadone treatment. As shown in Figure 1.4, methadone funding comprises 4.7 percent of programmatic funding for substance abuse.

Figure 1.4 Methadone Treatment Comprises Less Than 5 Percent of Total Substance Abuse Program Budget. Program funding does not include Medicaid prescription funding.

Source	Substance Abuse Overall	Methadone Treatment	Percent of Total
Federal	$25,150,330	$799,855	3.2%
State/Federal	6,054,572	916,619	15.1
State	17,575,103	628,631	3.6
County	8,152,078	248,080	3.0
Third Party	734,868	3,000	0.4
Client	1,330,524	68,800	5.2
Other	4,571,923	275,290	7.4
Total	$63,569,398	$2,940,275	4.7%

Source: DSAMH Area Plan Budgets

Methadone treatment comprises less than 5 percent (almost 3 million dollars) of the total substance abuse program budget.

Substance abuse program funding also includes support for other medication-assisted treatments, screening and assessments, residential services, and recovery support. Program funding does not include Medicaid funding for targeted adult Medicaid funds or Medicaid expansion.

Audit Scope and Objectives

We were asked to audit methadone clinic success in helping clients with OUD and to evaluate the sufficiency of clinic oversight.

Primarily, we were asked to audit how successful methadone clinics have been in helping clients with OUD. Specifically, we were asked how effectively methadone clinics demonstrate clients' success in overcoming addiction and transitioning off methadone. We were also asked to evaluate the sufficiency of state oversight over methadone clinics to ensure state and federal rules and regulations are followed. Because we found adequate state oversight in our initial risk assessment, we limited our work there.

Chapter II addresses the audit request concerns about methadone clinic treatment length and outcomes. The chapter also provides recommendations on potential changes to outcome measurement and reporting.

Chapter III addresses our risk assessment of methadone clinic oversight and performance reporting.

Chapter II
Data Shows Methadone Treatment Outcomes Often Improve with Time, But Better Tracking Is Needed

The Department of Human Services' Division of Substance Abuse and Mental Health (DSAMH) data shows that methadone clinics are seeing treatment success, particularly in longer duration treatments. That finding resonates with best practice guidance essentially counseling that clients should be in treatment as long as they receive benefit from it. That said, DSAMH could improve tracking and reporting on program-level outcomes as well as on outcomes for clients in ongoing treatment.

Methadone Treatments May Last Years

Methadone treatment data in Utah's opioid treatment programs shows positive outcomes associated with longer treatments. Utah's data validates research cited by federal and medical guidance that recommends clients continue methadone treatment for as long as they benefit from it. However, Utah's Division of Substance Abuse and Mental Health does not actively analyze and report on specific methadone outcome data.

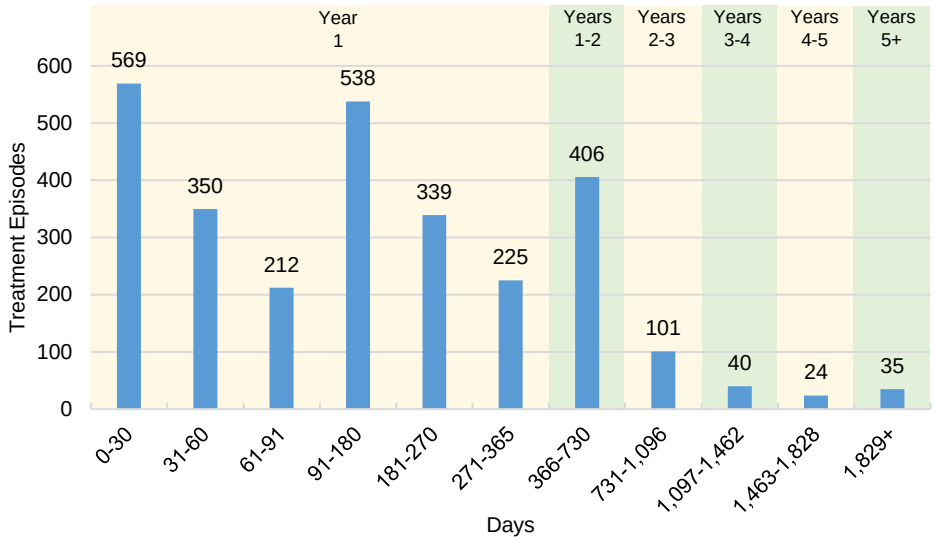
Utah Data Shows Treatment Success Correlates with Increased Treatment Length

We found that methadone treatment can last anywhere from less than 30 days to longer than 5 years.

In response to concerns about the length of methadone treatment, we requested treatment length and outcome data for Utah methadone treatment programs. We found that methadone treatment can last anywhere from less than 30 days to longer than 5 years, depending on clients' needs. Also, while some clients continue treatment beyond five years, most completed treatment episodes were far shorter than that.

In the case of methadone treatment in Utah's opioid treatment programs, completed treatment lengths are most often between 1 and 30 days. Figure 2.1 shows the length of methadone treatment for DSAMH clients.

Figure 2.1 The Most Common Methadone Treatment Length Is 0 to 30 Days. This figure shows the number of treatment episodes for each of the treatment periods listed below the figure. For example, 569 treatment episodes lasted between 0 and 30 days.



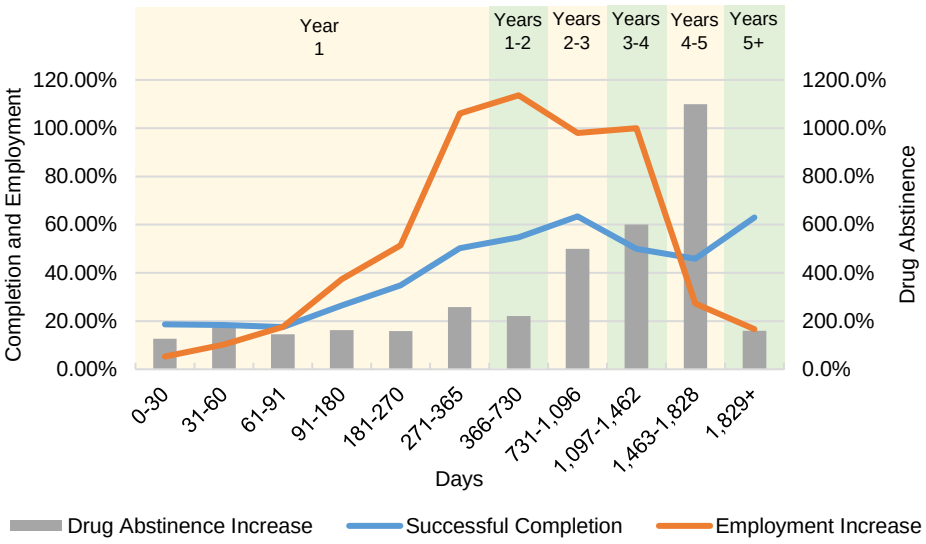
Source: DSAMH Treatment Episode Data

The large majority of completed client treatment episodes are shorter than 3 years.

As shown in Figure 2.1, methadone treatment lengths vary widely. Few completed treatment episodes lasted longer than three years. We were told that, while some clients may be in treatment indefinitely, most clients transition off methadone at some point.

While the most common completed treatment length was 30 days or less, a relatively small percentage of those treatment episodes had successful completions. Successful episode completion is one measure shown in Figure 2.2, which shows the quality of reported outcomes based on the number of days in treatment.

Figure 2.2 DSAMH Data Shows that Treatment Outcomes Tend to Improve with Days in Treatment.* Successful completion, drug abstinence, and employment all tend to improve with lengthier methadone treatments, although drug abstinence and employment decline in improvement with the lengthiest treatments.



**Outcome data consists only of completed treatment episodes.*
Source: DSAMH Treatment Episode Data

Methadone treatment outcomes tend to improve with time in treatment.

As shown in Figure 2.2, treatment length for program clients correlated with positive treatment outcomes. Successful completion, represented by the blue line, increased from below 20 percent for the first 90 days to above 60 percent in some multiple-year treatment lengths. Successful completion means a client has met at least 75 percent of treatment goals at discharge.

According to Figure 2.2, clients also had improvements in both employment and drug abstinence. Employment increased at any amount of treatment and peaked at over 100 percent for clients in treatments lasting one to two years. Clients also had improvements in drug abstinence, particularly between two to five years' treatment and peaking at an over 1,000 percent increase in abstinence.

In both employment and drug abstinence, outcomes tended to diminish with the longest treatments. One possible cause for the decrease, suggested by DSAMH staff, is that those were cases where the client was in long-term maintenance treatment but failed to continue needed treatment. In other words, the data may be at least partially biased toward failed long-term maintenance treatments

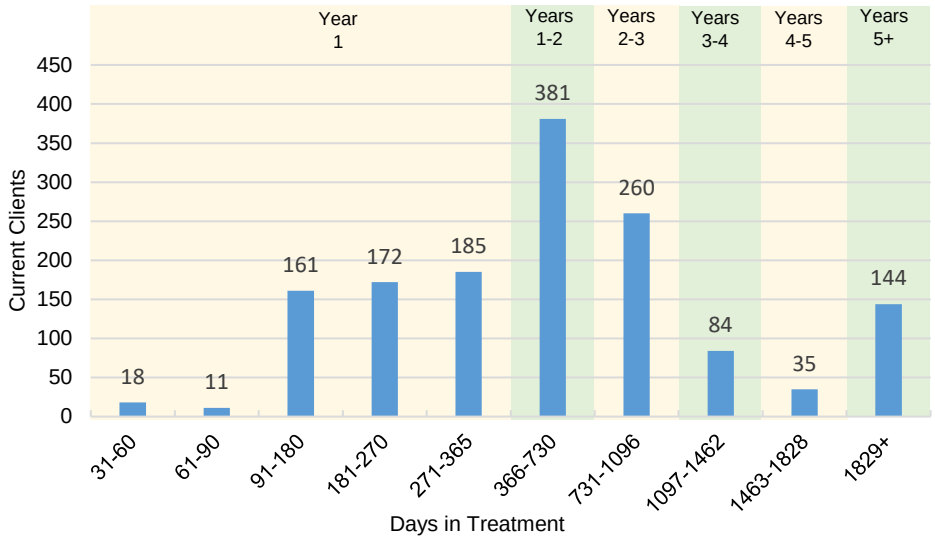
because outcome data is only collected on completed treatment episodes. DSMAH, as will be discussed later in the chapter, could improve its understanding of ongoing client outcomes with regular program-level performance tracking.

Also shown in Figure 2.2, clients tended to successfully complete their treatment episodes when those treatment episodes were longer. One reason for the successful treatment trend, according to program administrators, is that clients frequently require time and assistance to develop tools to manage their condition.

While Figures 2.1 and 2.2 show completed treatment episodes, some clients with opioid use disorder (OUD) remain in treatment. The number of clients in ongoing DSAMH methadone treatment programs is shown in Figure 2.3.

Figure 2.3 Over 900 Methadone Treatment Clients Have Been in Ongoing Treatment for One Year or Longer. Client numbers are current as of September 30, 2020.

Over 900 clients have been in treatment for one year or longer.



Source: DSAMH Treatment Episode Data

According to Figure 2.3, the largest percentage of clients have been in treatment for between one and two years. In fact, most current methadone treatment clients have been in treatment for longer than a year. Current client data does not include outcome measures, so we cannot say whether clients in longer ongoing treatment are seeing improved results. We discuss collecting outcome data for clients in ongoing treatment later in the chapter.

Premature Treatment Withdrawal Can Have Negative Consequences

Trends in Utah methadone treatment data concur with federal and medical best practices guidance. Longitudinal studies cited by federal and medical best practices suggest that prematurely eliminating treatment can have drastic consequences (such as relapse, hospitalization, death). For that reason, best practices recommend that treatment length be determined through collaborative decision making between a client and their clinician.

After a time, clients may want to reduce dependence on methadone treatment. Clients can work with their clinicians to reduce the amount of medicine used in treatment in a process called tapering. Federal and medical guidance suggest that tapering is not always an ideal outcome. The Substance Abuse and Mental Health Services Administration (SAMHSA) further reports that:

> Longitudinal studies show that most patients who try to stop methadone treatment relapse during or after completing the taper. For example, in a large, population-based retrospective study, **only 13 percent of patients who tapered from methadone had successful outcomes**. (emphasis added)

One longitudinal study cited by federal SAMHSA guidance found only 13 percent of clients who tapered from methadone treatment had successful outcomes.

Successful outcomes cited in the studies were identified as no treatment reentry, death, or opioid-related hospitalization within 18 months. In cases where a client is determined to taper, clinicians are encouraged to provide adequate additional services and increased monitoring to reduce the risk of serious consequences resulting from tapering.

Conversely, ongoing methadone treatment has been associated with improved outcomes in, among other things, overdose-related deaths, HIV and hepatitis C infections, HIV risk behavior, cellulitis rates, and criminal behavior.

Federal and medical best practices do not recommend any set duration for methadone treatment. Rather, they recommend that treatment decisions, particularly treatment length, should be made collaboratively between the client and their clinician. The American Society of Addiction Medicine counsels that "treatment duration depends on the response of the individual patient and is best

determined by collaborative decisions between the clinician and the patient." For this reason, we did not analyze client case files to evaluate the appropriateness of continued methadone treatment.

DSAMH Tracking and Reporting Could Improve

While DSAMH reports substance abuse program outcomes in a combined scorecard, it does not report outcomes by specific substance abuse program. Program-level reporting could also benefit from regular outcome tracking for clients in ongoing substance abuse treatment.

DSAMH Does Not Specifically Monitor Methadone Treatment Outcomes

When asked for data specifically measuring methadone treatment outcomes, we were directed to DSAMH's substance abuse scorecard. While the scorecard provides aggregated outcome data on all DSAMH substance abuse programs, we were not able to identify specific methadone treatment performance. To provide the program data shown earlier in Figures 2.1 through 2.3, DSAMH needed to query their database to extract that information.

Program-specific substance abuse performance tracking could improve program decision making.

While scorecards are helpful to identify high-level division or agency performance, internal program-specific performance tracking can provide useful insights. Program performance tracking can identify which programs are underperforming and help to target them for additional resources or improvements.

We believe DSAMH could also benefit from program-specific performance tracking to be better prepared to answer stakeholders' questions regarding program effectiveness. Substance abuse treatment programs have been shown to frequently have stigmas associated with them, and better data tracking and communicating could serve to alleviate those stigmas. Stigmas may stem from a variety of concerns ranging from "replacing one drug with another" and "the only real recovery is abstinence recovery" to negative associations with court-mandated treatment.

If the Legislature would like to regularly review individual substance abuse programs, including methadone treatment, we

recommend that the Legislature develop a reporting requirement for DSAMH.

DSAMH Outcome Tracking for Ongoing Clients Could Improve

Currently, DSAMH collects outcome data for all substance abuse treatment clients having finished treatment but does not track outcomes for clients in ongoing treatment. As a result, DSAMH does not have program data to show if clients in ongoing treatment are being positively impacted.

As reported earlier in the chapter, federal and medical guidance has recommended that methadone clients stay in treatment as long as they benefit from it. Tracking those benefits could be helpful to determine if programs are providing adequate treatment and to help stakeholders understand if the ongoing treatments are having a positive impact.

Periodic outcome tracking for current methadone treatment clients could help improve stakeholder understanding.

Recommendations

1. We recommend that the Division of Substance Abuse and Mental Health periodically review program-specific outcome data to ensure programs continue to meet division needs and expectations.

2. We recommend that the Legislature require specific methadone treatment outcome reporting if the Legislature wants more targeted substance abuse outcome information.

3. We recommend that the Division of Substance Abuse and Mental Health periodically require outcome data on ongoing publicly funded OUD clients to determine effectiveness of ongoing treatment.

This Page Left Blank Intentionally

Chapter III
Clinic Oversight Appears Sufficient But Audit Follow-Up and Outcome Measures Can Improve

We were asked to evaluate oversight of methadone clinics, including outcome reporting. Based on our risk assessment of the quality of findings reported by various oversight entities, we believe the breadth and depth of oversight constitute an acceptable level of review for state and federal compliance requirements. However, we would need to conduct further audit work to determine if performance level issues at the clinics were sufficient. For example, our audit work did not look at efficiency of the clinics, coding compliance, and other operational level matters.

We did review oversight of outcome reporting and found the measures to be compliant with federal requirements and best practices. However, the outcome measure targets are based on national averages and lack relevance to local level performance. We recommend that the division modify its substance abuse scorecard outcome targets to improve their usefulness. We also recommend that the division improve local substance abuse compliance by working to reduce the frequency of site review repeat findings, which we found to be excessive.

Multiple Entities Oversee Varied Clinic Functions

We conducted a risk assessment by reviewing multiple organizations' oversight reports for methadone treatment services. We found that important regulatory and programmatic areas were being reviewed and oversight reports frequently contained findings.

Our risk assessment found multiple oversight entities reviewing important regulatory and programmatic areas.

At least nine separate entities have some aspect of oversight regarding substance abuse clinics. In most cases oversight is active, meaning the oversight entity regularly reviews a clinic for compliance, whereas, in some cases the oversight is more passive. An example of passive oversight might be an unprofessional conduct complaint to the Division of Occupational and Professional Licensing (DOPL), which could trigger an investigation. Oversight entities, including the areas they oversee, are shown in Figure 3.1.

Clinic oversight ranges from treatment, safety, drug controls, to strategic planning and outcome reporting

Figure 3.1 In Most Areas, Multiple Entities Engage in Active Oversight of Substance Abuse Clinics. Financial controls, including client billing, is the area overseen by the most entities.

Entities	Treatment	Safety	Professional Standards	Financial Controls	Planning and Outcomes	Drug Controls
Local Substance Abuse Authorities	X			X		
DSAMH					X	
Accreditation	X	X		X	X	X
DHS Division of Licensing	X	X	X			
DOPL			X			
DEA						X
SAMHSA						X
Medicaid				X		
OIG				X		

Source: Synthesis of oversight records, statutory requirements, and staff discussions.

Figure 3.1 shows the entities involved in oversight of substance abuse clinic operations. Areas in the figure were groupings we generated to best display the oversight we found in entity reports. Those areas are described below.

- **Treatment** – Oversight activities monitor treatment documentation and justification. Treatment decisions are evaluated for the inclusion of the client. Treatment transition plans are also evaluated to ensure client needs are addressed and clients are involved in the decision making process.

- **Safety** – Oversight activities monitor emergency procedures and access to emergency equipment and information. Oversight activity also reviews critical incidents and safety training.

- **Professional Standards** – Oversight activities include reviewing clinician to client ratios. Oversight also reviews clinician licensure to prescribe medicine and provide treatment.

- **Financial Controls** – Oversight of finances includes review of internal controls and budget setting, as well as review of billing appropriateness and whether treatment documentation matches billing codes.

- **Planning and Outcomes** – Oversight of planning looks at strategic planning and performance outcomes. Entities also review data integrity for performance data accuracy.

- **Drug Controls** – Oversight of drug controls include policies and procedures for issuing medication. Oversight also involves reviewing inventory and medications being dispensed as take-home doses.

We documented and reviewed findings related to each of the areas listed in Figure 3.1. Listed below are examples of findings from different oversight entities.

- An accreditation entity recommended that one clinic specifically address clients' concurrent disabilities and/or comorbidities for a more integrated treatment plan.

- A local substance abuse authority reported that outcome measures reported by one clinic did not match the clinical documentation.

- The Office of the Inspector General reported investigating cases of improper balance billing for methadone services at some clinics.

We believe oversight coordination efforts are reasonable. We reviewed oversight reports and interviewed oversight entities to determine the level of coordination and redundancy of oversight. In the oversight reporting, we documented entities reviewing other entities' findings. In addition, oversight entities reported to us that they collaborate with the other entities to improve their oversight.

Based on our limited review of the findings reported, we believe the breadth and depth of reviews constitute an adequate level of oversight. Though we believe the frequency of repeat findings at substance abuse local authorities, which we discuss later in the chapter, shows there is room for improvement.

Our limited review shows the breadth and depth of reviews constitute an adequate level of oversight.

DSAMH Measures Meet Criteria But Targets Can Improve

The Division of Substance Abuse and Mental Health (DSAMH) scorecard measures match outcome measures recommended by federal guidance and accreditation recommendations. However, the measure targets are based on national averages and lack relevance to past performance. We recommend the division modify its substance abuse scorecard outcome targets to improve their usefulness.

DSAMH Selected Outcome Measures Meet Criteria

DSAMH reports output and outcome measures in its substance abuse scorecard.

DSAMH reports its performance through a substance abuse scorecard. The scorecard contains 14 measures, with a mix of output and outcome measures. Outcome measures, such as those shown in Figure 3.2, are important because they reflect program impacts on clients' lives. For the full list of measures for 2019, see Appendix A for the substance abuse scorecard.

Figure 3.2 DSAMH Substance Abuse Scorecard Shows Outcome Measure Performance. Performance targets are tied to national averages. See Appendix A for the full scorecard.

Local Substance Abuse Authority	Percent Change in Drug Abstinence		Percent Change in Stable Housing		Percent Change in Employment	
	FY2018	FY2019	FY2018	FY2019	FY2018	FY2019
Bear River	258.8%	251.5%	0.2%	0.2%	17.2%	18.4%
Central Utah	179.1	121.6	1.0	2.0	14.4	11.0
Davis County	157.0	177.9	0.3	1.2	15.8	23.3
Four Corners	121.6	178.4	3.6	3.3	36.1	71.4
Northeastern	149.8	148.0	1.7	4.0	43.5	38.2
Salt Lake County	92.1	90.4	12.8	20.5	26.4	44.8
San Juan County	56.8	80.0	0.0	4.2	16.6	17.6
Southwest Center	163.2	459.8	4.3	4.4	25.1	27.7
Summit County	25.0	27.7	*	0.0	-1.1	5.0
Tooele County	58.2	47.2	0.0	-0.4	4.4	0.0
Utah County	44.4	55.6	0.3	5.6	35.6	37.1
Wasatch County	151.2	128.1	0.6	*	11.3	9.6
Weber Human Services	375.4	348.5	3.7	1.9	29.4	29.5
National Average/ Benchmark	17.3%	19.7%	3.4%	2.8%	13.0%	14.5%

** DSAMH reported no clients without stable housing in these counties for these years.*
Colors reflect performance on the measures in relation to the national average benchmark. Where colors were missing, DSAMH said the measures needed investigation to determine if outcomes met expectations.
Source: DSAMH Substance Abuse Scorecard

Figure 3.2 shows only 3 of the 14 measures reported on DSAMH's substance abuse scorecard. In addition to tracking drug abstinence, stable housing, and employment outcomes, DSAMH also tracks social service usage and criminal justice interaction.

We also observed that DSAMH evaluates outcome performance during its local substance abuse authority reviews. In at least some cases where an outcome measure fell below a performance target, the local authority received a review finding (which are included in the finding numbers listed in Figure 3.3).

Unfortunately, DSAMH's substance abuse scorecard does not isolate specific programs or treatments. For that reason, using the scorecard to gauge the success or failure of any specific program is impossible.

Overall, DSAMH's measures conform with federal and medical guidance on opioid treatment programs' continuous quality improvement. Federal guidance recommends tracking treatment outcomes and cites drug abstinence, criminal justice involvement, and employment among its examples. Those same examples are provided by an accreditation entity as recommended outcome measures.

The outcomes measures in the scorecard meet federal guidance and best practices.

DSAMH's scorecard also identifies the past year's performance. Showing past performance allows decision makers to see whether performance is improving or declining. Decision makers also benefit from seeing whether performance meets identified targets or benchmarks, which is the subject of the next section.

Some Performance Targets Lack Relevance

DSAMH's scorecard ties most outcome performance targets to national averages. The scorecard in Figure 3.2 shows that, in some cases, area authorities' outcomes are significantly outperforming the performance targets. For example, most area authorities are outperforming the drug abstinence target by more than four times two years in a row.

Performance targets should be based in part on experience and evidence of what has previously been achieved. At the very least, we believe targets should not be significantly lower than past performance unless analysis shows that meeting past performance would be too challenging.

Outcome performance targets are tied to national averages, but lack local relevance.

In this case, we were told that most of the outcome targets were simply tied to the national average. While simple targets have value, if they lack relevance to the organization being measured, they may not provide any support in improving performance. For that reason, we recommend that the division examine its outcome measures and develop meaningful targets to help improve substance abuse treatment.

Frequency of Repeat Findings at Substance Abuse Authorities May Be Cause for Concern

DSAMH's percentage of repeat findings against substance abuse local authorities shows compliance could improve. We found that 27 percent of DSAMH site monitoring findings at the local substance abuse authorities were repeated across multiple years. While the local substance abuse authorities are not methadone clinics themselves, they frequently oversee opioid treatment programs. For a list of opioid treatment programs, see Appendix B. Figure 3.3 shows the number of findings on substance abuse local authorities reported by DSAMH site monitoring reports.[2]

[2] DSAMH Site Monitoring Reports include all oversight of local substance authorities, not opioid treatment programs directly.

Figure 3.3 Between 2016 to 2020, 27 Percent of Findings Were Repeated Across Consecutive Years. In 15 cases, the findings were repeated more than two years consecutively.

Authority	Findings	Repeats	% of Findings
Bear River	14	5	36%
Central Utah Counseling	30	6	20
Davis County	21	2	10
Four Corners	17	4	24
Northeastern Counseling Center	22	5	23
Salt Lake County	26	10	38
San Juan	35	12	34
Southwest Behavioral Center	12	3	25
Summit County	36	14	39
Tooele County	44	11	25
Utah County	28	9	32
Wasatch County	13	1	8
Weber County	15	4	27
All	**313**	**86**	**27%**

Source: DSAMH Site Monitoring Reports,

The percentage of repeat findings at local substance abuse authorities appears excessive.

We analyzed repeat findings to determine if DSAMH was exercising enough authority to ensure that problems are corrected. While all but 15 repeat findings were corrected after the second year, DSAMH needs to review its oversight processes to ensure timely compliance is occurring.

Recommendations

1. We recommend that the Division of Substance Abuse and Mental Health amend its audit processes to decrease the rate of repeat findings at local substance abuse authorities.

2. We recommend that the Division of Substance Abuse and Mental Health modify its substance abuse scorecard outcome targets to improve their usefulness.

This Page Left Blank Intentionally

Appendices

This Page Left Blank Intentionally

Appendix A
Substance Abuse Scorecard

This Page Left Blank Intentionally

FY2019 Utah Substance Abuse Treatment Outcomes Measures Scorecard for all clients 10/1/2019

Process Measures

	Initial Admissions		Number of Clients Served		Percent of Admissions in Outpatient/IOP/ Residential/Detox		Number of Completed Treatment Episodes, excluding Detox		Median Days in Treatment		Percent of clients retained in treatment 90 or more days		Percent Completing Treatment Episode Successfully	
LSAA	FY2018	FY2019	FY2018	FY2019	FY2018	FY2019	FY2018	FY2019	FY2018	FY2019	FY2018	FY2019	FY2018	FY2019
Bear River	602	680	972	1,111	85/15/0/0	88/12/0/0	530	606	117	94	60.2%	52.6%	50.9%	59.2%
Central Utah	353	384	521	574	97/2/1/0	88/11/0/1	323	376	141	121	69.7%	64.6%	70.6%	73.4%
Davis County	1,136	1,295	1,548	1,784	75/19/6/0	78/19/3/0	1,007	954	90	135.5	50.0%	61.1%	59.1%	54.9%
Four Corners	217	306	557	584	61/37/2/0	64/35/0/1	234	258	273.5	238.5	86.8%	85.3%	39.3%	39.9%
Northeastern	22	326	684	650	99/0/1/0	99/0/1/0	190	184	92.5	129.5	51.6%	60.9%	26.3%	31.0%
Salt Lake County	5,136	5,891	7,497	8,013	30/17/17/36	25/14/18/43	3,345	3,739	92	93	54.9%	58.9%	48.1%	45.6%
San Juan County	12	41	82	62	100/0/0/0	100/0/0/0	24	25	403	105	83.3%	56.0%	37.5%	36.0%
Southwest Center	336	402	596	624	53/28/19/0	48/28/24/0	334	307	239.5	220	73.1%	72.0%	47.9%	44.6%
Summit County	110	107	288	269	76/24/0/0	61/37/2/0	128	81	156	142	72.7%	64.2%	60.9%	51.9%
Tooele County	236	256	464	549	55/44/1/0	64/35/1/0	163	240	132	155.5	62.6%	67.9%	25.2%	37.1%
Utah County	755	809	1,229	1,135	33/27/21/18	33/27/25/15	301	706	155	119	72.4%	60.8%	39.9%	46.3%
Wasatch County	204	164	277	260	81/17/2/0	80/16/4/0	171	165	64	77	39.8%	46.7%	63.7%	62.4%
Weber Human Services	1,059	1,112	1,757	1,695	73/22/5/0	72/19/10/0	1,118	1,133	134	126	61.8%	59.8%	41.2%	40.5%
State Average/Total	10,048	11,569	16,224	16,950	44/19/14/23	40/16/15/29	7,868	8,774	104	112	58.8%	59.6%	48.6%	47.8%
State Urban Average/Total	7,995	8,975	11,878	12,423	38/19/15/27	34/16/16/34	5,771	6,532	94	104	56.3%	63.4%	48.3%	46.2%
State Rural Average/Total	2,086	2,663	4,428	4,667	76/19/4/0	76/19/5/0	2,097	2,242	142	132	65.4%	60.6%	49.5%	52.4%
National Average/Benchmark														
Male	6,346	7,280	9,908	10,396	42/17/13/27	38/15/14/33	4,924	5,414	97	102	58.0%	59.3%	50.9%	49.3%
Female	3,702	4,289	6,316	6,554	48/23/14/14	44/20/15/20	2,944	3,360	120	129	60.0%	62.6%	44.8%	45.3%
Adolescents	605	622	1,002	902	72/20/8/0	77/15/8/0	653	563	103	106	56.4%	56.0%	42.4%	44.9%
DORA	545	549	852	852	54/27/13/6	53/28/14/5	422	501	168	167	58.4%	68.1%	51.4%	54.7%
Drug Court	1,151	1,235	2,246	2,220	41/31/24/4	36/30/28/6	920	1,120	247	261	71.2%	79.5%	47.1%	58.1%
Justice Involved	8,006	9,504	12,842	13,973	45/22/14/19	41/19/16/24	6,650	7,572	105	115	60.3%	62.3%	50.5%	50.2%
Heroin & Other Opiates Primary	3,134	3,506	4,898	5,321	39/20/17/23	40/17/18/25	2,164	2,423	93	125	55.4%	62.6%	40.2%	42.1%

Outcome Measures

	Increased Alcohol Abstinence - Percent increase in those reporting alcohol abstinence from admission to discharge		Increased Drug Abstinence - Percent increase in those reporting other drug abstinence from admission to discharge		Increase in Stable Housing - Percent increase in non-homeless clients admission to discharge		Increased Employment - Percent increase in those employed full/part time or student from admit to discharge		Decreased Criminal Justice Involvement - Percent decrease in number of clients arrested prior to admission vs. prior to discharge		Social Support Recovery - Percent increase in those using social recovery support		Tobacco Use Percent decrease in number of clients reporting tobacco use from admission to discharge	
LSAA	FY2018	FY2019	FY2018	FY2019	FY2018	FY2019	FY2018	FY2019	FY2018	FY2019	FY2018	FY2019	FY2018	FY2019
Bear River	98.6%	85.8%	258.8%	251.5%	0.2%	0.2%	17.2%	18.4%	54.9%	58.2%	384.6%	114.8%	0.2%	8.5%
Central Utah	47.7%	31.1%	179.1%	121.6%	1.0%	2.0%	14.4%	11.0%	65.7%	68.2%	13.4%	42.3%	1.0%	1.3%
Davis County	25.3%	24.0%	157.0%	177.9%	0.3%	1.2%	15.8%	23.3%	59.1%	78.4%	21.9%	17.0%	-33.0%	-7.6%
Four Corners	31.8%	19.6%	121.6%	178.4%	3.6%	3.3%	36.1%	71.4%	59.3%	61.5%	57.7%	30.8%	-9.6%	7.8%
Northeastern	50.7%	40.6%	149.8%	148.0%	1.7%	4.0%	43.5%	38.2%	54.1%	59.0%	-54.8%	-48.6%	1.6%	-0.5%
Salt Lake County	15.2%	14.8%	92.1%	90.4%	12.8%	20.5%	26.4%	44.8%	53.2%	52.5%	66.5%	66.5%	12.8%	7.5%
San Juan County	63.8%	114.3%	56.8%	80.0%	0.0%	4.2%	16.6%	17.6%	60.0%	83.3%	-14.2%	294.7%	-13.3%	0.0%
Southwest Center	70.7%	88.0%	163.2%	459.8%	4.3%	4.4%	25.1%	27.7%	29.9%	35.2%	24.1%	29.1%	0.3%	-2.2%
Summit County	40.7%	36.2%	25.0%	27.7%	*	0.0%	-1.1%	5.0%	6.0%	0.0%	73.9%	100.0%	8.9%	-3.2%
Tooele County	11.8%	8.4%	58.2%	47.2%	0.0%	-0.4%	4.4%	0.0%	9.8%	11.3%	-12.2%	46.5%	8.7%	3.8%
Utah County	1.1%	4.6%	44.4%	55.6%	0.3%	5.6%	35.6%	37.1%	65.0%	55.2%	23.3%	5.9%	13.7%	6.1%
Wasatch County	40.0%	53.1%	151.2%	128.1%	0.6%	*	11.3%	9.6%	45.3%	56.7%	28.5%	19.8%	-6.7%	4.2%
Weber Human Services	56.3%	45.6%	375.4%	348.5%	3.7%	1.9%	29.4%	29.5%	62.8%	54.8%	5.5%	6.7%	-0.3%	-0.6%
State Average/Total	28.8%	24.5%	129.7%	123.6%	5.9%	9.1%	23.1%	30.6%	55.9%	61.1%	38.2%	37.7%	3.8%	4.2%
State Urban Average/Total	22.0%	18.8%	121.5%	113.9%	7.8%	12.1%	25.4%	36.6%	57.0%	62.4%	45.1%	39.9%	5.2%	4.3%
State Rural Average/Total	54.6%	47.1%	154.9%	154.9%	1.4%	1.7%	18.7%	20.3%	52.6%	57.7%	26.2%	29.8%	0.2%	4.0%
National Average/Benchmark	10.8%	10.5%	17.3%	19.7%	3.4%	2.8%	13.0%	14.5%	30.1%	35.7%	44.1%	36.4%		
Male	31.9%	28.0%	125.3%	115.8%	7.1%	10.2%	21.2%	27.5%	54.5%	61.8%	53.3%	41.4%	5.3%	5.1%
Female	23.9%	19.8%	139.0%	137.5%	4.2%	7.3%	27.0%	38.2%	58.1%	60.3%	21.7%	31.7%	1.0%	2.7%
Adolescents	26.2%	24.3%	178.5%	212.9%	-1.1%	-0.9%	0.1%	-3.0%	68.6%	59.9%	51.7%	5.3%	3.2%	-0.2%
DORA	30.7%	25.0%	168.1%	167.6%	1.5%	3.3%	17.8%	19.1%	71.1%	73.1%	64.1%	30.7%	-10.6%	-7.9%
Drug Court	26.1%	20.3%	205.7%	147.1%	6.3%	10.3%	71.0%	107.5%	68.9%	64.1%	39.2%	48.0%	4.3%	2.8%
Justice Involved	29.5%	24.9%	133.4%	125.0%	6.1%	9.5%	22.5%	31.9%	56.8%	62.9%	43.6%	39.1%	5.7%	4.8%

Heroin & Other Opiates Primary	**6.6%**	**4.9%**	**253.9%**	**184.1%**	**8.5%**	**13.1%**	**50.0%**	**69.8%**	**57.5%**	**55.1%**	**30.5%**	**34.3%**	**1.4%**	**3.0%**

Note: Outcomes exclude detox discharges
Salt Lake, Davis, Weber (Mogan is included in Weber County), and Utah Counties are reported as Urban. All other counties are reported as rural.

Green = 90% or greater of the National Average or meets/exceeds division standards.
Yellow = Greater than or equal to 75% to less than 90% of the National Average.
Red = Less than 75% of the National Average or not meeting division standards.

*** No one homeless at admission so no opportunity for change.**
**** No one reported at discharge.**
^ Unknown count too high (above 50%)
Decreased Use and Completing Modality Successfully are not national measures and are not scored.

State Total for Clients Served is an unduplicated client count across all modalitites and is not a sum of the clients served for the providers listed.
Final Discharges are reported by treatment episode.

Initial Admissions are the number of unduplicated non-transfer admissions to a treatment modality that occurred within the fiscal year. Clients served are an unduplicated count of clients served during the fiscal year. Due to a change in reporting procedures, The numbers on this chart may not be the same as reported in previous years.

Justice Involved includes DORA, Arrests, Compelled for Treatment, probation & parole, justice referrals and Drug Court

Calculations for SA Outcomes:

All outcomes are percent increase or decrease. Specific percentages are calculated as follows using FY final discharges, excluding detox-only clients. Percents at admission and discharge are calculated by dividing the number of clients reporting the outcome divided by the total number of discharged clients with valid, non-missing, data for that measure:

Abstinence (Percent Increase):
(Percent abstinent at discharge ***minus*** percent abstinent at admission) ***divided by*** percent abstinent at admission

Stable Housing (Percent Increase):
(Percent not homeless at discharge ***minus*** percent not homeless at admission) ***divided by*** percent not homeless at admission.

Employment/School (Percent Increase):
(Percent employed/student at discharge ***minus*** percent employed/student at admission) ***divided by*** percent employed/student at admission.

Criminal Justice (Percent Decrease):
(Percent arrested at 30-days prior to admission ***minus*** percent arrested 30-days prior to discharge) ***divided by*** percent arrested 30-days prior to admission.

Length of Stay:
Median length of stay calculated from admission date to date of last contact for those discharged in the fiscal year

Appendix B
Opioid Treatment Programs

This Page Left Blank Intentionally

Utah Opioid Treatment Providers
OCT 2020

County	Clinic	Contracted with Local Substance Abuse Authorities?
Cache	Intermountain Dayspring	Yes, but haven't been able to utilize
Carbon	Operation Recovery	Yes
Davis	Bountiful Treatment Center	No
	Discovery House Layton	Yes, unclear if the contract has been utilized
Salt Lake	De Novo	No
	Discovery House Taylorsville	No
	Discovery House Salt Lake	No
	BAART Programs Salt Lake City	No
	Project Reality, Inc. Salt Lake City	Yes
	Project Reality- SL Co Jail	Yes
	Project Reality - Murray	Yes
	Tranquility Place	No
Utah	Discovery House Orem	No
	Project Reality, Inc. Provo	Yes
	True North Recovery & Wellness Center	No
Washington	St. George Metro Treatment Center	Yes, unclear if the contract has been utilized
	True North Recovery & Wellness– St. George	No
Weber	BAART Programs Ogden	Yes, unclear if the contract has been utilized

This Page Left Blank Intentionally

Agency Response

This Page Left Blank Intentionally

State of Utah

GARY R. HERBERT
Governor

SPENCER J. COX
Lieutenant Governor

DEPARTMENT OF HUMAN SERVICES
ANN SILVERBERG WILLIAMSON
Executive Director

Division of Substance Abuse and Mental Health
DOUG THOMAS
Director

Department of Human Services
Division of Substance Abuse and Mental Health
Response to Recommendations

RESPONSE: A Performance Audit of Methadone Clinic Oversight (Report No. 2020-12)

Thank you for the opportunity to respond to the audit titled: *A Performance Audit of Methadone Clinic Oversight (Report No. 2020-12).* As the audit identifies "opioid use disorder (OUD) is a chronic disease for which medication has been shown to be highly effective in treating." DSAMH recommends increased use of medication assisted treatment (MAT) to reduce the social and human costs of untreated addiction. Our response describes the actions the DHS-DSAMH has taken or plans to take to implement the following recommendations:

Chapter II Data Shows Methadone Treatment Outcomes Often Improve with Time, but Better Tracking Is Needed

Recommendation 1. We recommend that the Division of Substance Abuse and Mental Health periodically review program-specific outcome data to ensure programs continue to meet division needs and expectations.

Department Response: We concur with this recommendation.

DSAMH has developed an online data portal that will allow policymakers and the community to evaluate program specific data. All programs receiving funds appropriated to the DSAMH report on each client served. DSAMH has also moved from episode of care based reporting to event based reporting, which will allow for more robust reporting in the future. Finally, DSAMH has developed a data sharing agreement with the Utah Department of Corrections and the Commission on Criminal and Juvenile Justice (CCJJ). This agreement will allow DSAMH to match data with UDC data to better evaluate treatment's impact on the criminal justice system.

Contact: Brent Kelsey, Assistant Director 801-540-5242

Implementation Date: July 1, 2021

Recommendation 2. We recommend that the Legislature require specific methadone treatment outcome reporting if the Legislature wants more targeted substance abuse outcome information.

Department Response: We concur with this recommendation.

Division of Substance Abuse and Mental Health 195 N 1950 W Salt Lake City, Utah 84116
Telephone (801) 538-3939 Facsimile (385) 465-6040

DSAMH will continue to develop and make public a scorecard for clients with opioid use disorder. This scorecard will be designed to provide methadone treatment outcomes as well as outcomes for other types of treatment for opioid use disorder.

Contact: Brent Kelsey, Assistant Director 801-540-5242

Implementation Date: July 1, 2021

Recommendation 3. We recommend that the Division of Substance Abuse and Mental Health periodically require outcome data on ongoing patients to determine effectiveness of ongoing treatment.

Department Response: We concur with this recommendation.

DSAMH will work with county local authorities to develop outcome metrics for clients participating in chronic disease management. Specifically, DSAMH will require local authorities to provide performance updates at scheduled intervals rather than only at discharge. This will provide DSAMH, county local authorities and policy makers with a better idea of how clients participating in long term treatment are faring.

Contact: Brent Kelsey, Assistant Director 801-540-5242

Implementation Date: July 1, 2021

Chapter III Clinic Oversight Appears Sufficient But Audit Follow-Up and Outcome Measures Can Improve

Recommendation 1: We recommend that the Division of Substance Abuse and Mental Health make changes to its audit processes to decrease the rate of repeat findings.

Department Response: We concur with this recommendation.

DSAMH has already changed its audit process to incorporate additional controls that will ensure more timely monitoring and follow up to ensure findings are timely and appropriate fixes are identified and implemented.

Implementation Date: July 1, 202

Recommendation2: We recommend that the Division of Substance Abuse and Mental Health modify its substance abuse scorecard outcome targets to improve their usefulness.

Department Response: We concur with this recommendation.

DSAMH will review all targets negotiated with county local authorities to ensure they are useful and provide appropriate benchmarks.

Contact: Brent Kelsey, Assistant Director 801-540-5242

Implementation Date: July 1, 2021