COLORADO DEPARTMENT OF PUBLIC SAFETY

Colorado Department of Public Safety
Division of Criminal Justice

Report of Intensive Residential Treatment
Audit Findings & Recommendations

for

San Luis Valley Community Corrections – Intensive Residential Treatment Program (SLVCC-IRT)

Prepared by:
The Division of Criminal Justice
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AUTHORITY

The Division of Criminal Justice (DCJ) is mandated to conduct performance audits through the following:

- Statutory authority pursuant to C.R.S. §17-27-108 (2)(b);

- Section T in the contract established between the Twelfth Judicial District Community Corrections Board (Board) and the State of Colorado, with subcontractor responsibilities incorporated in the contract between the Board and its local program(s).

REPORT DISTRIBUTION

Pursuant to C.R.S. §17-27-108 (2)(b), copies of this report have been distributed to San Luis Valley Community Corrections (SLVCC) management, the Department of Corrections, Division of Adult Parole, Community Corrections and Youthful Offender System, the Twelfth Judicial District Community Corrections Board, and the Twelfth Judicial District Probation Department.

PURPOSE, METHODOLOGY & SCOPE

The Colorado Department of Public Safety's Division of Criminal Justice/Office of Community Corrections (DCJ/OCC) initiated this limited scope audit of the SLVCC Intensive Residential Treatment program in an effort to determine the facility's compliance with the Intensive Residential Treatment (IRT) Scope of Work (SOW) as well as the *Colorado Community Corrections Standards* (C.C.C.S.), as revised in August 2010. When appropriate, required changes and recommendations regarding compliance with the SOW and *Standards* are provided.

Audit procedures include tests of documentary evidence, data analysis, observations and internal control review, as well as interviews and discussions with program management, program staff and offenders.

Dates of on-site visit	7/18/2016-7/21/2016
Date Scope	1/01/2015-7/21/2016
Number of case files requested	21
Number of case files provided	21
Number of case files removed	0

The results of the auditor's findings are outlined in the following document. Data has been accumulated through a collection of quantitative and qualitative observations.

MEASUREMENT

Compliance with the *Standards* and the IRT Scope of Work (SOW) is described at three levels:

- Compliant (85% - 100%)
- Partially Compliant (70% - 84%)
- Noncompliant (69% or below)

Standards and SOW compliance ratings of 85% or above will not be addressed in the report. Compliance with other *Standards* and elements of the SOW is addressed more extensively within the body of the report. Some *Standards* and/or SOW elements may not have been sufficiently reviewed to determine compliance or non-compliance, in such cases, an "NR" will be noted on the chart. Some *Standards* may not apply to the program, in such cases, an "NA" will be noted on the chart. In some cases, there may be brief observations noted within the text of the audit report.

The Compliance Summary table provides an overall summary of the program's compliance with the SOW elements and *Standards* that were reviewed in this audit. The column titled *Score Band Rating* refers to the formal results of the 2011 ratings of the *Colorado Community Corrections Standards*. In this process, each *Standard* was rated by subject matter experts (SME) on its expected impact on *public safety*, *offender management*, and *offender treatment*. *Standards* rated in Bands A and B are among the *Standards* that the SME panel believed to be the most important across the three dimensions.

PROGRAM AND AUDIT OVERVIEW

SLVCC is a privately owned community corrections facility in the twelfth Judicial District. The Intensive Residential Treatment Program houses male Transition, Diversion and Condition of Probation clients. At the time of our audit, SLVCC was providing Intensive Residential services to 35 male offenders.

A full audit of the SLVCC-IRT program was published in December 2015. That audit demonstrated deficiencies in many critical areas related to treatment quality and dosage. Additionally, during that audit, auditors had concerns regarding the accuracy and validity of some of the documentation which was provided for review. Subsequent to the completed audit, a series of anonymous complaints and documented concerns regarding the SLVCC-IRT program were brought to the attention of the DCJ/OCC. This follow-up limited scope audit was undertaken for two primary purposes: 1) to determine the extent to which corrective actions had been taken to remedy previous audit findings; 2) to determine whether information provided to the audit team during the initial full audit conducted in October 2015 was in any way falsified.

In order to accomplish the goals established above, auditors reviewed three distinct sets of files. The seven case files reviewed in the initial audit were reviewed again. An additional seven files were selected which represented clients who participated in the IRT program at the same time as those clients within the original sample. This allowed auditors to determine what, if any, differences might exist within the original sample and a comparison group. Finally, seven more recent files were selected to determine current program compliance and quality with regard to the *Scope of Work*. It should be noted that a new Intensive Residential Treatment *Scope of Work*

became effective on July 1, 2016, just prior to audit fieldwork. However, due the recency of the *SOW* revisions and the period reviewed, findings within this audit report reflect compliance issues relevant to the previous *SOW*. Accordingly, it is likely that there are additional changes and program enhancements that will need to be made at the SLVCC-IRT program which are driven by the revised *SOW* and therefore outside the scope of the current audit.

As indicated in the Compliance Summary below, overall the IRT program at SLVCC rated *Compliant* in 0% of the *Scope of Work* elements tested; 15% of the *Scope of Work* elements were rated as *Partially Compliant*; and 85% of the *Scope of Work* elements were rated as *Noncompliant.*

SLVCC-IRT STANDARDS COMPLIANCE SUMMARY

SOW Section	Scope of Work/*Standards* Element	% Compliance	Compliant (85-100%)	Partially Compliant (70-84%)	Noncompliant (69% or below)	Report Page #
1C	Acceptance			✓		7
3A	Clinical Assessment (Differential)				✓	8
3B	Clinical Assessment (Individual Treatment Planning)				✓	8
3G	Treatment Services				✓	9
3H	Direct Therapeutic Contact				✓	9
3I	Curricula				✓	10
3L	Clinical Staff Credentials and Qualifications				✓	10
4A	Program Specific Training			✓		11
6D	Family Support Services				✓	12
7B	Quality Assurance				✓	13
8A	Treatment Plan Reviews and Updates				✓	14
8B	Daily Treatment Notes				✓	14
CCCS 6-080	Chronological or Progress Notes				✓	15
	13		0 0%	2 15%	11 85%	

Findings Related to Records Falsification

During the previous audit of the SLVCC-IRT program conducted in October 2015, auditors had concerns regarding the accuracy of documentation provided by the program. As a part of standard audit protocols, the DCJ/OCC provided SLVCC-IRT administration notice of the audit two weeks in advance of fieldwork. Fieldwork was to commence on Monday, October 19, 2015. On Friday, October 16, 2015 the case file sample list was sent to the Program Director so that the program could ensure files were ready for auditor review the following Monday. Upon the team's arrival, auditors discovered that the majority of digital treatment records had modification dates of October 17th and 18th. However, given that the treatment activities had occurred sometime prior to those dates, the auditors were concerned as to why the records would have been modified. There was no way at that time for the auditors to determine specifically what had been modified. When asked directly, program administration assured auditors that the only modifications made were simple matters such as grammar and spelling for quality assurance purposes.

Subsequent to the publication of the audit report, the DCJ/OCC received several anonymous emails, letters and phone calls indicating that program records had in fact been falsified in order to show that clients had received more treatment hours than had actually occurred.

Auditors reviewed documentation provided anonymously, interviewed staff and clients and reviewed client case files. Ultimately the allegations of clinical records falsification were found to be true.

The initial investigation was driven by an email provided anonymously which was sent to SLVCC-IRT staff by the then clinical director. This email, sent on October 16, 2016, included the case file sample list provided to the program by the DCJ/OCC and said, in part:

> *We MUST also tweak the therapeutic Recreation note to read as a therapy note. It must be different each day, focusing on a therapeutic issue in order to count as a therapy group. Without this, we will not make our required number of therapy hours.*

During fieldwork for this subsequent audit, SLVCC-IRT staff and the Program Director were asked about this email. Several staff, and ultimately the Program Director herself admitted that the email was sent. Discussions with staff and administration revealed that several staff members were required to come in over the weekend prior to the October 2015 audit in order to make modifications to the clinical notes. These modifications were meant to help the program have greater compliance on the upcoming audit and both staff and administration knew these changes to be false representations of the treatment actually provided to clients.

In addition to staff and client interviews, auditors selected several clients who had attended treatment concurrently with those reviewed during the October 2015 audit in order to cross reference treatment files between the two groups. Three main differences were identified between the files of the initial audit group and the newly identified comparison group. First, auditors found that therapeutic recreation clinical notes had been altered in the October 2015 sample group as discussed in the above email language. The group note had been changed in the original sample files to indicate that the group was centered on treatment related activities as

opposed to recreation. Second, the comparison group revealed that the original sample files had been modified in some instances to show that a qualified clinician had run the treatment group as opposed to the unqualified case manager who had actually facilitated the group. Finally, in some instances, group duration had been modified in the original sample files showing more hours of treatment than the comparison clients who had attended the same treatment sessions on the same days.

While ultimately the October 2015 identified several deficiencies with regard to the quantity and quality of treatment being provided at the SLVCC-IRT program, the above identified modifications to the treatment records call into question the validity of the October 2015 audit findings. Accordingly, the most critical areas of treatment quantity and quality were reviewed again during the July 2016 audit. When appropriate, findings below will distinguish between those relevant to the October 2015 comparison group and those relevant to the more current July 2016 sample.

IRT Scope of Work
Section 1
Risk/Needs Assessment

- 1C Acceptance – *Partially Compliant*

  Of the seven current files reviewed, six (86%) clients were clinically appropriate for IRT placement. Additionally, two of the seven files (71% compliance) had assessment scoring errors.

  Of the seven comparison files reviewed, three (43%) were clinically appropriate for IRT placement. One of the inappropriate placements was a condition of probation client who was sent to IRT by court order and one client's last use was in 2011 with only two months of previous outpatient treatment. Additionally, five of the seven files (29% compliance) had assessment scoring errors.

IRT Scope of Work
Section 3
Program Dose and Duration

- 3A Clinical Assessment (Differential Assessment) – *Noncompliant*

  The SLVCC-IRT program uses the SOA-RS supplemental as their substance use differential assessment. The Scope of Work (SOW) requires that a differential assessment be completed within five days of intake into the IRT program.

  In the seven current files reviewed, three (43%) contained a differential assessment (SOA-RS) completed within five days of intake. One file was missing the differential altogether and three others were incomplete.

  In the seven comparison files reviewed, three (43%) contained a differential assessment (SOA-RS) completed within five days of intake. One file was missing the differential altogether and three others were incomplete.

  In both the current and comparison files reviewed, several differential assessments appeared to be filled out by the client. This practice is allowed by the Office of Behavioral Health (OBH) if there is evidence that the clinician has reviewed the responses with the clients and made notes to clarify or follow up on information provided. There was not any evidence of clinician notations found on any of the supplemental assessments reviewed. It should be noted that the December 2015 audit report recommended that this specific assessment should be clinician driven and done in an interview setting.

- 3B Clinical Assessment (Individualized Treatment Planning) – *Noncompliant*

  The SOW requires initial treatment plans be completed within five business days of entry.

  In the seven current files reviewed, one file (14%) included an initial treatment plan completed within five days of intake.

  In the seven comparison files reviewed, two files (29%) included an initial treatment plan completed within five days of intake.

  In addition to being completed late, treatment plans within both the current and comparison files were found to be deficient. Plans did not address immediate needs, substance abuse, treatment objectives, and were not specific, measurable, achievable, realistic, and time-focused (SMART). Generally, treatment plans should be designed in collaboration with the client in order to address their immediate needs, identify treatment objectives, and provide direction on how clients can accomplish the goals of their individual program. However, what was seen more often at SLVCC-IRT was that treatment plans were not created in collaboration but rather by the client themselves with little to no input from the clinician. Overall, treatment plans failed to address not only the criminogenic needs of client's but also often failed even to address substance abuse, the primary issue for which they were being treated.

- 3G Treatment Services – *Noncompliant*

  None (0%) of the weeks reviewed in either current (14 weeks) or comparison (14 weeks) files demonstrated that clients received 40 hours of treatment services per week.

  In the current files reviewed, clients received anywhere between 20.5 and 31 total treatment service hours in a week, averaging just over 27 total hours per week.

  In the comparison files reviewed, clients received anywhere between 19 and 31 total treatment service hours in a week, averaging 24.5 total hours per week.

  Treatment services are defined as individual and group therapeutic sessions, didactic or educational services, self-help groups, vocational counseling, and life skills. In addition to reviewing client files for actual attendance, the audit team reviewed the treatment services schedule for the week audit work was conducted in July 2016. This schedule did not reflect a sufficient amount of scheduled hours, meaning that even if clients attended all scheduled treatment for the week, they would not have received the required number of treatment hours.

- 3H Direct Therapeutic Contact – *Noncompliant*

  The SOW requires that an individual therapy session be completed within the first week of admission into IRT and then every other week for the duration of the program.

  In the seven current files reviewed, only one (14%) client received an individual session within the first week. Additionally, four of the seven (57%) had documented individual therapy sessions every other week thereafter.

  In the seven comparison files reviewed, four (57%) clients received an individual session within the first week. Additionally, four of the seven (57%) had documented individual therapy sessions every other week thereafter.

  The SOW also requires a minimum of 20 hours of direct therapeutic contact each week for the duration of the IRT program. None (0%) of the 14 weeks reviewed in either the current or the comparison files indicated sufficient direct therapeutic treatment contact hours.

  In the current files reviewed, clients received anywhere between 5.5 and 16.75 Direct Therapeutic Contact hours in a week, averaging 12.25 direct therapeutic hours per week.

  In the comparison files reviewed, clients received anywhere between 5.5 and 16 Direct Therapeutic Contact hours in a week, averaging 12.35 direct therapeutic hours per week.

  In both current and comparison files, any hours facilitated by unqualified clinicians were not counted toward Direct Therapeutic contact hours. However, it should be noted that even if these hours had been counted, none of the total 28 weeks reviewed would have met the 20 hour requirement.

- 3I Curricula – *Noncompliant*

  SLVCC-IRT lacked variety in their curricula, both in the current and comparison groups. The Office of Behavioral Health does not recommend that Strategies for Self Improvement and Change (SSIC) be used more than twice a week and diversification of evidence-based, manualized curricula is recommended for this population. File reviews indicated that the program provided SSIC five days a week. The treatment schedule also placed too much emphasis on psycho-educational classes which were client led rather than staff facilitated (7.5 of the 13.5 psycho-educational hours scheduled). At the time of the audit, SLVCC was not offering trauma informed care, a requirement in the new IRT *Scope of Work* which was effective July 1, 2016.

  SSIC group sessions observed by the audit team veered from the intentions of the curriculum, lacking quality control and fidelity. It appeared that the manual was utilized for topical areas; however, staff did not strictly adhere to the content and skill building elements of the curriculum. There was room for growth in the quality of group facilitation by the counselors observed. This was likely due to insufficient clinical observation and supervision (this issue is discussed further later in the report). Interviews with staff and clients also indicated that staff struggled to redirect the groups to the curriculum and those groups observed by the audit team were much more structured than typical groups conducted within the SLVCC-IRT program.

  File reviews also indicated that clinical staff showed a full length movie during group treatment sessions on more than one occasion. Per OBH, movies shown in full, while convenient at times, do not count towards direct therapeutic contact hours even if a CACII or higher is present. Short clips of movies may be shown in an effort to stimulate conversation; however, the majority of the group should be focused on processing. The audit team also discovered that therapeutic recreation was actually free time for clients with no staff oversight or facilitation. This was confirmed through staff and client interviews as well as direct observation by auditors. Such self-directed recreation cannot be counted toward treatment hours.

- 3L Clinical Staff Credentials and Qualifications – *Noncompliant*

  The clinical supervisor at SLVCC-IRT during the time of the current audit had a Master's degree and was a registered psychotherapist. While she was working on her CACIII, without it, she was not qualified to provide clinical supervision. Additionally, one of the three primary clinicians at SLVCC-IRT was providing direct therapeutic and one-on-one treatment, but was not qualified to do so. He had a Master's degree with no certification or licensure, and was not registered with the Department of Regulatory Agencies (DORA).

IRT Scope of Work
Section 4
Skill Training

- 4A Program Specific Training – *Partially Compliant*

  The SOW requires staff to be formally trained in program curricula and the structured interventions used. There was evidence that *some, but not all* program staff were trained in SSIC and Motivational Interviewing. Specifically the Program Director, who was the Clinical Director during the October 2015 audit, had yet to attend SOA-R and motivational interviewing training. Additionally, the newly hired Clinical Director had also not attended any motivational interviewing training or training in the core programmatic curriculum, SSIC.

- 6D Family Support Services – *Noncompliant*

  None (0) of the files reviewed in either the current or comparison sample contained any documented family support services. It appears that the SLVCC-IRT program still does not incorporate any forum for family support services into their programming (e.g. work on dysfunctional interactions, safety planning in the home, relapse prevention, and support for ongoing treatment and risk reduction).

IRT Scope of Work
Section 7
Program Quality Assurance

- 7B Quality Assurance – *Noncompliant*

Quality assurance can be measured through multiple methods including sitting in on treatment sessions, providing coaching, and discussing techniques while in supervision. This is vital for a program to thrive and meet the requirements of a treatment program. While the last DCJ audit in October 2015 indicated that clinical supervision was inadequate, the audit team found no evidence that any group or individual clinical supervision had taken place since that time. Insufficient emphasis was placed on the importance and necessity of clinical supervision within the SLVCC-IRT program, which is evident in the treatment quality issues detailed within this report.

Additionally, as some clinicians were not yet certified and working toward a CAC, DORA sets minimum supervision requirements at 3 hours per month. Counselors were presumably obtaining hours toward certification, though the supervision requirement was not being met. This raises ethical concerns around the possibility of falsified applications to DORA for subsequent certification.

IRT Scope of Work
Section 8
Program Feedback

- 8A Treatment Plan Reviews and Updates – *Noncompliant*

  In the seven current files reviewed, four (57%) contained at least one updated treatment plan within the first month. Updates beyond that were sporadic.

  In the seven comparison files reviewed, four (57%) contained at least one updated treatment plan within the first month. Updates beyond that were sporadic.

  In both the current and comparison samples, treatment plan update practices varied greatly when completed. During interviews, clinical staff indicated that a new procedure had been initiated since the October 2015 audit. However, this new procedure was unclear and not implemented consistently. In some cases updates were simply a cut and paste of the individual treatment session notes. In others, new objectives would be added so that objectives became cumulative over the course of treatment. However, these new objectives were similar to those in initial treatment plans. Objectives failed to address identified criminogenic needs including substance abuse, and were not specific, measurable, achievable, realistic, and time-focused (SMART). There was little evidence of adjusting or enhancing client treatment goals or action steps as they progressed through treatment.

- 8B Daily Treatment Notes – *Noncompliant*

  Overall, daily treatment notes reviewed in both current and comparison files were significantly lacking in quality. Auditors were told during staff interviews that treatment notes were started by case managers who put together a template prior to the start of the week for each client with all scheduled sessions entered. This template would include the session name, duration and a brief note regarding the general topic meant to be covered. Clinicians were then intended to utilize this template to enter individualized notes for each client and each session. While reviewing the seven current and seven comparison files, auditors found several alarming practices occurring regarding the completion of treatment notes. Most notes were not individualized as the "progress" section frequently read the exact same for all clients. There was a clear pattern of copying and pasting as it was not unusual to see other client names appearing within a specific client's notes, sometimes multiple clients in a single note. Often times only the basic description of the curriculum session or even just a definition of the type of treatment was in the daily clinical note. Start and end times did not match the documented duration and facilitator names and signature lines did not always match.

  Additionally, while individual treatment session notes appeared at first glance to be more comprehensive, auditors quickly discovered that the first individual session note was often cut and pasted into all subsequent individual session notes. Additionally, these notes looked similar across client case files. Overall, the quality of individual treatment session notes depended greatly on the clinician completing the treatment note.

Colorado Community Corrections Standards

While the focus of this audit was compliance with the IRT Scope of Work, several concerning issues were came to the auditors' attention with regard to the *Colorado Community Corrections Standards* both within the IRT program and within the regular residential community corrections program at SLVCC.

SLVCC-IRT Specific Issues

- 6-080 Chronological or Progress Notes – *Noncompliant*

  Chronological notes are meant to address criminogenic needs, document any interactions, or progress that happens with the client from a case management perspective. This should include what happens outside of group or weekly individual treatment sessions. The quality of chronological entries reviewed was deficient. Chronological entries were brief and focused primarily on terms and conditions instead of criminogenic needs and treatment goals. The client's progress, attitudes, and motivation were rarely documented as having been addressed or discussed. Based on the chronological notes reviewed, it was difficult to determine what types and to what extent interventions and/or services were being provided to SLVCC-IRT clients by case managers.

SLVCC Regular Residential Specific Issues

- 6-120 Movement of Offenders

  Information obtained through staff and client interviews indicated there was a significant delay, ranging from three to four months, for some clients progressing to the non-residential program after they had successfully completed all the requirements in the residential program. This information was confirmed reviewing the client's files. Both staff and clients interviewed indicated that program administration was unresponsive to inquiries from either staff or client (i.e. email, grievance, letter, etc.) regarding the delay in progression. While never specifically stated by administration, the implication from staff was that in other contexts administration had alluded to the need to keep bed counts up. This was generally seen as the primary reason for failing to progress clients despite their having completed all of the requirements of the residential program.

- 4-181 On-Grounds Surveillance & 4-200 Random Headcounts

  Interviews with clients and staff as well as case file reviews demonstrated a significant drug problem within the residential facility. The above listed *Standards* are but two that have a likely impact on this issue, though further investigation is necessary to determine whether compliance with other *Standards* is also problematic.

  Prior to the audit, the DCJ/OCC received several telephone calls from clients and family members stating drugs were rampant at SLVCC. Through interviews conducted during fieldwork with both clients and staff, auditors were told that there had been an unprecedented

number of "hot" UAs in the residential program. IRT clients reported being afraid to progress to the residential side due to the abundance of drugs making it rather difficult to stay clean and work their program. When asked why they believed drugs were so easily hidden within the program, clients who were interviewed stated that headcounts were not randomized. They stated that clients all know when and what route staff takes when conducting headcounts making it rather predictable and allowing clients to prepare for the headcount by hiding any contraband in advance.

The severity of this issue was punctuated by a review of one of the IRT client assessments. While the client was found to be clinically appropriate for IRT placement, he was in fact initially placed within the residential program. At the time of entry into the residential program the client did not have a drug problem significant enough to be placed in IRT. However, throughout the course of his stay in the SLVCC residential program, his substance abuse habit became so severe that he subsequently required placement in the IRT program.

General SLVCC Issues

- 3-170 Incident Notification

During this audit, several incidents were reported to us by staff and clients that were never reported to the DCJ/OCC. Auditors were told about a client slitting his wrists in an attempted suicide in September 2015, after which clients were required to clean up blood. It was also reported that sometime in September or October a client went into a coma due to spice use. This incident actually occurred in December, and while notice was sent to the DCJ/OCC, it was sent to an outdated email address and therefore was never received by the DCJ/OCC. Finally, while reviewing employee personnel files, auditors discovered that two clinical staff had been accused of inappropriate relationships with clients. There was sufficient evidence to support these claims; however, neither of them was reported to DCJ, DORA, or the authorities.