



PERFORMANCE AUDIT REPORT

Department of Social and Rehabilitation Services' Provision of Alcohol and Drug Abuse Treatment Services

**A Report to the Legislative Post Audit Committee
By the Legislative Division of Post Audit
State of Kansas
March 1990**

Legislative Post Audit Committee

Legislative Division of Post Audit

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PERFORMANCE AUDIT REPORT

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES' PROVISION OF ALCOHOL AND DRUG ABUSE TREATMENT SERVICES

OBTAINING AUDIT INFORMATION

This audit was conducted by Mary Beth Green, Senior Auditor, and Rick Riggs and Holly Zane, Auditors, of the Division's staff. If you need any additional information about the audit's findings, please contact Ms. Green at the Division's offices.

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**DEPARTMENT OF SOCIAL AND REHABILITATION
SERVICES' PROVISION OF ALCOHOL AND
DRUG ABUSE TREATMENT SERVICES**

Summary of Legislative Post Audit's Findings

Has the Department of Social and Rehabilitation Services contracted for outpatient alcohol and drug abuse treatment services that it did not use? Most licensed treatment facilities that received outpatient treatment grants from the Department's Division of Alcohol and Drug Abuse Services provided all or substantially all the outpatient alcohol and drug abuse treatment services they had proposed to perform with the grant moneys.

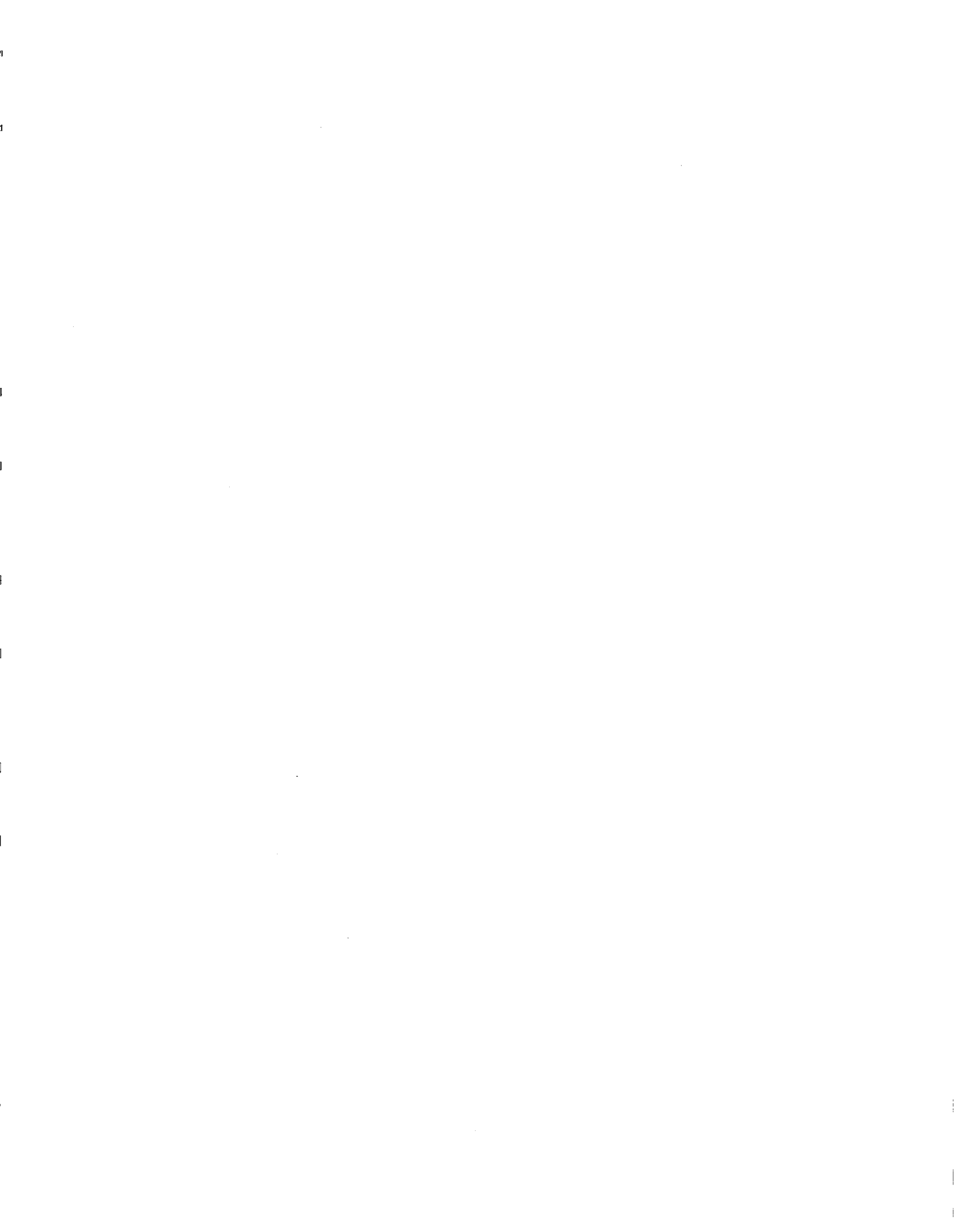
For five of the 27 grants reviewed, grantees did not provide the levels of outpatient service they proposed, although each provided some portion of those services. Of the five facilities, the Valley Hope Association provided the least service in proportion to its grant objectives, partly because the State's youth centers (the program's sole source of referrals) did not refer enough students to the Valley Hope program, and partly because the youths who were referred often did not show up for treatment. The other four facilities, which serve the general population, experienced a variety of problems that hindered their ability to meet their stated objectives.

Outpatient programs at these five facilities received only about eight percent of the total funds to the 27 grants. All five facilities have had their grants renewed. For the current fiscal year, the Division imposed special grant conditions on two of the five facilities, making continuation of the grants contingent upon the facilities making certain program changes. The other three grantees appear to have improved their performance in the following grant year.

The report makes recommendations to the Department on ensuring the accuracy of the data supplied by the grantees, and on ways to increase use of the Valley Hope grant. We would be happy to discuss the report with any legislative committees, individual legislators, or other State officials.



Meredith Williams
Legislative Post Auditor



DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES' PROVISION OF ALCOHOL AND DRUG ABUSE TREATMENT SERVICES

The Department of Social and Rehabilitation Services provides alcohol and drug abuse treatment services to various client groups through a system of grants to local, State-licensed counseling centers and residential treatment facilities. The grants are issued through the Department's Division of Alcohol and Drug Abuse Services. These services are generally provided to any person who abuses alcohol or other drugs. Services are also provided to relatives of substance abusers.

Generally, the Department makes grants to treatment facilities that have proposed to serve a certain number of clients or provide some set number of counseling hours with the grant funds. Legislative concerns have been raised that some services the Department has "paid" for through these grants are not being used. In particular, concerns have been raised that the Valley Hope Association received an \$85,000 grant from the Department in 1988, but treated only a small percentage of the number of youth center students it proposed to treat in its grant application.

To address these concerns, the Legislative Post Audit Committee directed the Legislative Division of Post Audit to conduct a performance audit reviewing the outpatient grants issued by the Department, and determining whether the grantees provided the levels of service proposed in their grant applications. The audit addressed this question:

Has the Department of Social and Rehabilitation Services contracted for outpatient alcohol and drug abuse treatment services that it did not use?

To answer this question, we reviewed Department records for 27 alcohol and drug abuse treatment grants that included outpatient services. This number included grants that ended in fiscal year 1989 or the first quarter of fiscal year 1990. We reviewed grant documents for each facility to determine what levels of service the grantee proposed to provide, and how much money each grantee received. We also examined quarterly reports submitted by those grantees to explain their progress toward meeting their objectives. We visited the treatment facilities for a sample of grantees, and audited the accuracy of the quarterly report data submitted to the Department. Finally, we interviewed various Department officials and grantees. In conducting this audit, we followed all applicable government auditing standards set forth by the U.S. General Accounting Office.

In general, most grantees provided all or substantially all of the outpatient alcohol and drug abuse treatment services they had proposed to provide with the grant moneys. For five of the 27 grants we reviewed, grantees did not provide the levels of outpatient services they proposed, although each provided some portion of those services. Of the five facilities, Valley Hope provided the least service in proportion to its grant objectives, partly because the State's youth centers did not refer enough stu-

dents to the Valley Hope program, and partly because the youths who were referred did not show up. The other four facilities, which served the general population, experienced a variety of problems that hindered their ability to meet their stated objectives. Outpatient programs at these five facilities received only about eight percent of the total funds to the 27 grantees; all five facilities have had their grants renewed for the current fiscal year. These findings will be discussed in more detail after the following overview of the Department's procedures for issuing alcohol and drug abuse grants.

Overview of the Alcohol and Drug Abuse Grants Funded By the Department

The Department of Social and Rehabilitation Services' Division of Alcohol and Drug Abuse Services makes grants to licensed community mental health centers, private counseling agencies, hospitals, and other similar facilities. These grants may be for alcohol and drug abuse prevention, training, or treatment. In general, grantees serve the general public, although some grantees may choose to target specific groups such as women or minorities. Treatment grants may be for residential or outpatient services. For fiscal year 1990, the Division has issued 75 grants totaling \$10.2 million. Of these, 57 grants totaling \$8.3 million (81 percent of the total) are treatment grants that may provide residential services, outpatient services, or both. The remainder of the grants are for prevention, education, consulting, or other purposes not directly related to treatment of drug and alcohol abusers or their families.

The grants may contain either State or federal dollars, or a mixture. Much of the available federal money is earmarked for specific target groups, such as intravenous drug users. State money generally has fewer restrictions on its use, and may be used for services to any group. As a result, State money tends to go to facilities providing services to the general population. The grant funds generally are paid to the facilities in equal monthly or quarterly installments, although the Division may occasionally approve larger payments for facilities with large start-up costs.

Division officials said that the Division deals in grants, rather than purchase-of-service contracts, because many of the treatment facilities do not have enough cash flow, or sufficiently sophisticated accounting systems, to make purchase-of-service reimbursement arrangements possible. In some cases, Division officials said, State money may simply increase the levels of service a grantee can provide (allowing it to hire an extra counselor, for example), or it may make the difference between a facility staying in business or closing its doors.

To receive grants, facilities first submit a grant application to the Division. Division personnel then evaluate the applications based on 17 categories of criteria, ranging from the facility's access to other funding sources to the support a program enjoys in the community. For renewal of existing grants, officials said that the main criterion was whether the grantee met its

Grant Applications Are Reviewed By Committees of Division Officials

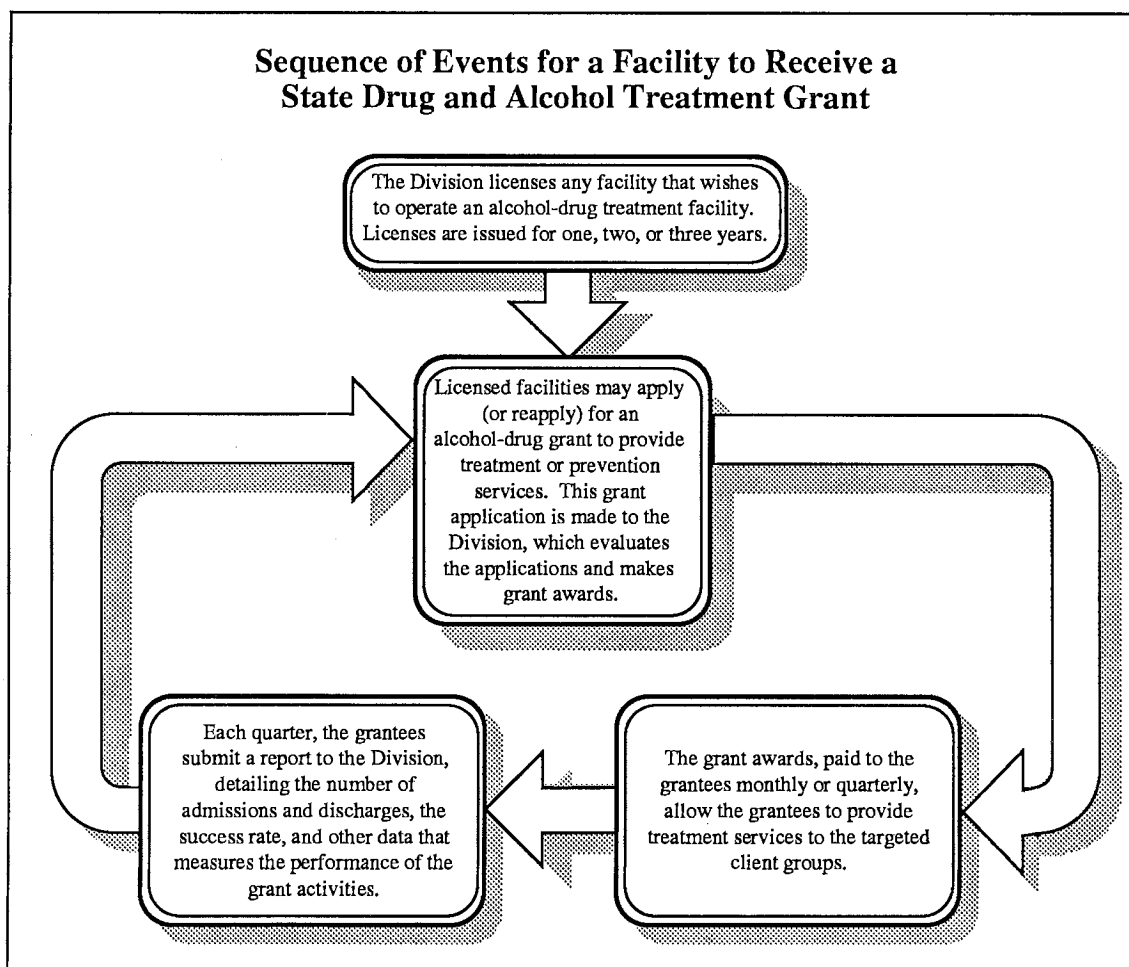
The Division of Alcohol and Drug Abuse Services reviews all applications for treatment grants and makes grant awards to alcohol and drug treatment providers. When a facility applies for a new grant, the grant application or proposal is reviewed by one of two grant review committees. Each committee comprises four Division staff. During the process of evaluating the proposal, the committees will usually call in a representative of the facility to answer questions. Committee members evaluate the program's proposed goals and objectives, the need for the proposed services in the program's geographic area, its financial structure and funding, and a number of other factors. For facilities seeking renewal of existing grants, the process is much the same. The main exception, according to Division officials, is that the committee looks mostly at the grantee's track record in the last year. If the facility has been doing a good job, Division officials said, it is very difficult for a new applicant to take a grant away from an existing grantee.

When the review committee finishes its deliberations, it makes a recommendation to the Commissioner of Alcohol and Drug Abuse Services. The Commissioner then makes the final recommendation to the Secretary of Social and Rehabilitation Services regarding the awarding of any grant.

goals and objectives for the previous grant. The box on page three provides more information on the grants approval process.

The facilities that receive grants submit quarterly progress reports to the Division outlining how the grant funds were spent and whether the facilities met their performance goals and objectives. The typical sequence of events for issuing and monitoring an alcohol and drug treatment grant is illustrated in the graphic below.

Division officials told us that in past years they performed routine site visits to monitor the grantees' operations. In those site visits, officials would review client files, interview clients and staff, and make observations and recommendations to the facility administration. Division officials said, however, that routine site visits were discontinued in the last year or two because the number of grants administered by the Division has increased (from 47 grants in fiscal year 1987 to 75 in fiscal year 1989, a 60 percent increase) while staffing levels have not. Division officials indicated that they conduct non-routine site visits when problems are identified or other issues surface that demonstrate the need for an on-site visit.



As shown in the graphic on page four, any facility that receives a State alcohol and drug treatment grant must also be licensed by the Division to provide alcohol and drug treatment. Although they only perform grant monitoring site visits on an as-needed basis, Division staff perform routine site visits on one-, two-, or three-year cycles as part of the licensing process. Licensing visits involve a wider range of reviews than grant-monitoring visits did, including fire safety, sanitation, staff qualifications, and the like.

Has the Department of Social and Rehabilitation Services Contracted for Outpatient Alcohol and Drug Abuse Treatment Services That It Did Not Use?

In general, we found that most grantees provided all or substantially all of the outpatient alcohol and drug abuse treatment services they had proposed to perform with the grant moneys provided by the Division of Alcohol and Drug Abuse Services. For five of the 27 grants we reviewed, grantees did not provide the levels of outpatient services they proposed, although each provided some portion of those services. Of the five facilities, Valley Hope provided the least service in proportion to its grant objectives, partly because the State's youth centers (the program's sole source of referrals) did not refer enough students to the Valley Hope program, and partly because the youths who were referred did not show up. The other four facilities, which served the general population, experienced a variety of problems that hindered their ability to meet their stated objectives. Outpatient programs at these five facilities received only about eight percent of the total funds to the 27 grants; all five facilities have had their grants renewed for the current fiscal year.

The Division Has Not Paid For Significant Amounts Of Alcohol or Drug Treatment Services It Has Not Received

During this audit, we reviewed 27 grants that included alcohol and drug abuse outpatient treatment services and ended during fiscal year 1989 or the first quarter of fiscal year 1990. The table below summarizes these 27 grants, including the grantees' locations and the grant amounts:

Summary of Outpatient Treatment Grants Ended During Fiscal Year 1989 or the First Quarter of Fiscal Year 1990

<u>Grantee Name</u>	<u>Location of Facility</u>	<u>Grant Amount</u>
Services for Alcohol-Related Problems	Topeka	\$658,422(a)
New Chance, Inc.	Dodge City	494,111(a)
Parallax Program, Inc.	Wichita	478,475(a)
Mirror, Inc./F.A.R.M. House	Newton	326,236(a)
Depth Rehabilitation Alcohol Group, Inc.	Kansas City	227,732(a)
Douglas Co. Citizens's Council on Alcoholism	Lawrence	134,400
Douglas Co. Citizens's Council on Alcoholism	Lawrence	141,400
Northeast Kansas Mental Health and Guidance Center	Leavenworth	102,765
Sedgwick County Department of Mental Health and Sedgwick County Drug Treatment	Wichita	93,625
Valley Hope Association	Norton	85,000
Hoisington Lutheran Hospital	Hoisington	85,000(a)

Smoky Hill Foundation for Chemical Dependency, Inc.	Hays	81,243
Wichita-Sedgwick County Department of Community Mental Health Alcoholism Family Counseling Center	Wichita	58,643
Southeast Kansas Mental Health Center	Humboldt	55,000
Crawford County Mental Health Center	Pittsburg	53,000
Four County Mental Health Center	Independence	51,489
Kanza Mental Health and Guidance Center	Hiawatha	50,465
Mid-America All-Indian Center	Wichita	50,228
Northeast Drug Alcohol Referral and Tracking Station, Inc.	Wichita	48,000
Sedgwick County Department of Mental Health	Wichita	48,000
McPherson Area Council for Alcohol and Drug Services, Inc.	McPherson	30,000
Mental Health Center of East Central Kansas	Emporia	27,270
Elm Acres Youth Home, Inc.	Pittsburg	26,152
Cherokee County Mental Health Center	Columbus	22,415
Horizons Mental Health Center	Hutchinson	20,770
Bridgeway of Kansas, Inc.	Elwood	15,000
Sedgwick County Department of Mental Health—Alcohol Treatment Center	Wichita	<u>14,516</u>
Total value of grants reviewed:		<u>\$3,479,357</u>

(a) Grant amount includes funding for residential treatment services as well as outpatient services.

As the table shows, the 27 grants we reviewed comprised about \$3.5 million. The grants ranged in size from about \$14,500 to more than \$658,000. The five largest grants, as well as the \$85,000 grant to Hoisington Lutheran Hospital, include funds for the facility to provide both residential treatment services and outpatient services. For example, Parallax Program, Inc. received a \$478,475 grant to provide residential services to at least 144 clients and outpatient services to at least 80 individuals. The other 21 grant amounts are for outpatient services only. In addition to these 27 grants, during fiscal year 1989 the Division administered seven outpatient grants for the Department of Corrections. Those grants are now administered by the Department of Corrections and were not reviewed during this audit.

When licensed treatment facilities apply for a grant, as part of their application they must propose at least one broad program goal, such as “The program will provide alcohol and drug counseling to any adult resident of the county, with emphasis on indigent persons.” Applicants must also formulate at least one measurable objective for each goal. Examples of such objectives might include:

- The program will admit at least 200 persons during the grant period.
- The program will provide at least 1,500 hours of direct individual counseling within the grant period.
- At least 50 percent of the clients admitted will successfully complete the program.

Each of the quarterly reports that grantees subsequently submit to the Division is to describe the program’s progress toward meeting those objectives. Halfway through a successful grant year, the program in the example above would probably

have admitted about 100 persons, provided about 750 hours of counseling, and had a success rate of about 50 percent. By the end of the grant year, the program should have met or exceeded all its objectives. Division personnel review the quarterly reports submitted by grantees but do not routinely examine the grantees' records that support those quarterly reports.

Because Department personnel do not verify any of the quarterly report information for the levels of service provided, we visited a sample of three facilities and reviewed their supporting documentation to determine if their quarterly report information accurately reflected the actual services provided. At each of the three facilities visited, we found some small discrepancies between the quarterly reports and supporting documentation such as admission logs for clients. For example, one grantee had reported admitting a total of 55 outpatient clients during one quarter of the grant year and our review of the grantee's records showed only 54 outpatient admissions during that quarter. Another facility reported that it provided 2,117 hours of direct client services during one quarter while the supporting documentation indicated that 2,121 hours of direct client services were actually provided.

Department personnel do not routinely verify quarterly report data even though a grantee's performance of its objectives is the main criterion for determining whether a grant will be renewed. Without procedures for periodically examining quarterly report information, the potential exists for a grantee to submit inaccurate information to secure continued funding even though the proposed levels of service are not being provided.

For the 27 grants reviewed, we found that five facilities failed to substantially meet some of their outpatient treatment goals and objectives. Those five facilities received about \$509,000, or 14.6 percent of all grant funds on our sample. However, two of those facilities—Depth Rehabilitation Alcohol Group, Inc., and Hoisington Lutheran Hospital—also provided residential or inpatient services. Although the Division does not track the outpatient portions of its grant awards separately, Division officials estimated that only about \$30,000 of the \$227,732 granted to the Depth Rehabilitation Alcohol Group facility went for outpatient services, and that \$65,000 of Hoisington Lutheran Hospital's \$85,000 grant was devoted to outpatient services. Thus, only about \$291,000, (8.4 percent) of the grant funds we reviewed went to outpatient programs or portions of programs that failed to meet their outpatient goals and objectives. The table on page 10 gives more information about these five facilities.

Reasons Varied for the Five Programs' Failure to Meet Their Outpatient Goals and Objectives

To determine why the five facilities did not meet all of their outpatient objectives, we interviewed the grantees and Department staff and reviewed any available Department records. The first four of the five facilities listed above served the general population. In general, we found that two of them got a late start at providing services during the grant year, and the other two apparently proposed unrealistically high levels of service. The fifth grantee, Valley Hope Association, received a grant to serve youths who had been released from the State's youth centers and referred to

**Grantees That Failed To Substantially Provide the
Levels of Outpatient Services Proposed**

<u>Grantee</u>	<u>Grant Amount</u>	<u>Summary of Outpatient Performance</u>
Smoky Hill Foundation for Chemical Dependency, Inc.	\$81,243	This facility provided intervention assistance to only 233 families, compared with its goal of 404. It provided 3,210 counseling hours of the 3,500 proposed, and admitted 529 clients, only about 76 percent of its goal of 700 admissions.
Depth Rehabilitation Alcohol Group, Inc. (a)	\$227,732	The information provided by this grantee showed that its goal was to provide 47,840 hours of counseling, but the grantee's quarterly progress reports did not provide the information we needed to determine whether this objective was met. In addition, the grantee only acted as a receiving agency for 120 persons, 371 short of its goal of 500 persons.
McPherson Area Council for Alcohol and Drug Services, Inc.	\$30,000	This facility admitted only 97 new clients, not the 202 proposed (48% of its goal). The grantee reported that it exceeded all other objectives.
Hoisington Lutheran Hospital (a)	\$85,000	This program reported admitting only 39 clients in three quarters of the grant year, which projects to an annual total of 52, 72% of the objective. Also, the facility had a success rate of 72%, not the 85% shown as a program goal.
Valley Hope Association	\$85,000	The Association reported that it fell short of all goals, admitting only 33 of the proposed 100 clients and providing only 225 of the proposed 2,809 counseling hours (b).

(a) This grant amount includes funding for residential treatment services as well as outpatient services.

(b) In its quarterly progress reports to the Department, the grantee reported that only 28 youths were admitted for treatment during this grant. Valley Hope's detailed records, however, indicated that 33 youths were admitted during that period. Valley Hope officials indicated that they varied the way they counted admissions during the early months of the grant, and could not reconstruct for us which specific youths they counted during each quarter.

Valley Hope's facilities in Wichita, Topeka, or Mission. We determined that Valley Hope did not satisfy its treatment objectives for the grant primarily because the youth centers did not always refer an adequate number of youths to the program and because many of those referred did not show up for treatment.

The problems experienced by each of the five grantees that failed to meet their outpatient objectives for providing alcohol and drug abuse treatment are described in more detail below.

Depth Rehabilitation Alcohol Group: According to Department officials, this Kansas City grantee did not meet its outpatient treatment-related goals and objectives because grant administrators failed to correctly estimate the amount of service they could provide, and the demand for

that service. Division officials told us that this facility primarily provides residential care, and that outpatient services were a recent addition to their program offerings. In addition, this grantee's quarterly progress reports did not provide the information necessary to determine whether one of its outpatient objectives was met. Department staff apparently had not noted that this objective could not be monitored using the quarterly reports.

Hoisington Lutheran Hospital: This grantee apparently failed to provide the levels of service proposed in its grant application because of a late start by the program. The program director told us that although the grant officially started in October 1988, he did not receive permission from the Division of Alcohol and Drug Abuse Services to start marketing the program until November of that year. In addition, the director said that the grant was oriented toward referrals from the courts and the law enforcement community, and he had to work with those sources for a while before the facility started getting a steady stream of referrals.

McPherson Area Council for Alcohol and Drug Services: This grantee apparently also got a late start on its grant. Although the grant was approved in May 1988 for the period from May 1988 to March 1989, the facility did not actually receive any funds until July 1988. No services were provided under the grant until July. In addition, program officials told us that they lost the services of one of two full-time counselors, which further hindered the program's ability to serve the number of persons originally proposed in the grant application.

Smoky Hill Foundation for Chemical Dependency: According to Department officials, this Hays facility failed to provide the proposed levels of service because of problems with management of the facility and because the goals and objectives stated in their grant application were too high. During the grant period we reviewed, the program's director had apparently inflated the performance figures to reflect higher levels of service than called for in the grant objectives. Department officials subsequently detected this questionable practice, and the facility revised its performance figures downward.

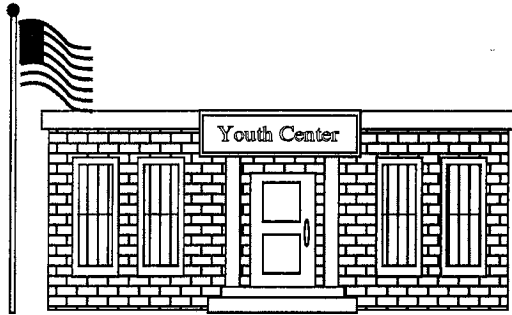
The Valley Hope Association: This grantee was to provide alcohol and drug abuse treatment to former students from State youth centers. Valley Hope did not meet its objectives because the Department did not refer enough youths to the program and because many of those referred did not actually show up at Valley Hope for treatment.

We reviewed the problems with the Valley Hope grant in more detail because Valley Hope provided the least amount of services in proportion to its outpatient objectives and because the grant involved only clients referred by Department officials. We found that Department staff at the State youth centers are responsible for referring youth center students to the Valley Hope program when youths are released from the centers. This is usually included as part of the youth's conditional release contract although some youths who are released without conditions are also referred.

Under the grant, Valley Hope has agreed to provide counseling to students in the Kansas City, Topeka, and Wichita areas using their offices in Mission, Topeka, and Wichita. As the graphic on the following page shows, after the youths are released from the youth centers and referred to Valley Hope, Valley Hope officials are responsible for contacting youths and setting up counseling schedules. Finally, Department staff in the area offices are responsible for ensuring that youths are attending Valley Hope.

One reason Valley Hope did not provide the proposed levels of service was that the youth centers did not always refer enough youths to the program. During the grant period we reviewed, which was the first grant period and ran from June

How the Valley Hope Grant Is Supposed to Work



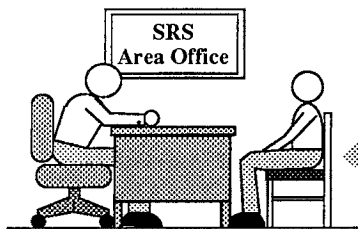
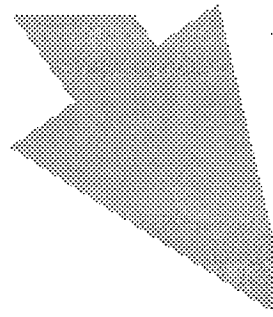
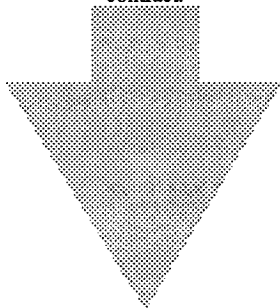
Any of the four State youth centers can refer youths to the Valley Hope treatment facilities in Wichita, Mission, or Topeka, upon their release from the youth center. Such a referral, for a youth freed on "conditional release," is included as a condition in the youth's release contract.

The youth center sends a packet of case material to the appropriate Valley Hope office, in most cases before the youth is released. This packet provides the counselor with information on the youth, and serves as notification of the referral.



The Department of Social and Rehabilitation Services' Division of Alcohol and Drug Abuse Services funds the Valley Hope program.

The grant partially funds counselors in the local Valley Hope offices. The Department monitors the performance of Valley Hope using quarterly progress reports. These reports include statistics on the number of youth center releases who showed up and were admitted for treatment.



After release, the youth reports to his or her conditional release supervisor in the Department's local area office. The supervisor's role involves monitoring the youth's behavior in much the same way a probation officer would. One aspect of that monitoring may be seeing that the youth follows through on the referral to treatment at Valley Hope.

The Department's conditional release supervisor may meet periodically with the Valley Hope counsellor, and the counsellor generally provides progress reports to the supervisor.

Valley Hope



After release, the youth contacts Valley Hope and arranges an appointment. The counselor will evaluate the youth's needs, and will admit the youth for treatment, if he or she is an appropriate candidate (the youth centers are supposed to only refer youths who meet the Valley Hope guidelines). Eventually, if the youth continues with treatment, he or she will be discharged.

1988 through March 1989, the four youth centers only referred a total of 55 students to Valley Hope. Because the grant called for Valley Hope to admit at least 100 youths, the low number of referrals meant that Valley Hope could not fulfill its admissions goal even if all referred students showed up. During the first 11 months of the second year of the grant (April 1989 through February 21, 1990), 110 youths were referred compared with a proposal for 115 admissions. Thus, it appears that a low referral rate by itself will probably not cause the current grant to fall short of its admissions goal.

Many youths who were referred to the Valley Hope program did not appear for treatment or counseling, particularly youths referred from the Youth Center at Topeka. During the first year of this grant, only 33 of 55 youths (60 percent) referred from the youth centers kept appointments for at least one treatment session. During the first 11 months of the grant's second year, the number of youths who appeared for treatment did not improve—only 45 of 110 referrals (41 percent) had come in for at least one session as of February 21, 1990. This low admission rate was particularly a problem with the Youth Center at Topeka, as the following table shows:

**Valley Hope Program
Youths Referred and Treated by Youth Center (a)**

<u>Youth Center</u>	<u>First Grant Year</u>			<u>Second Grant Year (b)</u>		
	<u>Youths Referred</u>	<u>Youths Treated</u>	<u>Percent Treated</u>	<u>Youths Referred</u>	<u>Youths Treated</u>	<u>Percent Treated</u>
Atchison	6	6	100.0%	13	7	53.8%
Beloit	15	13	86.7%	25	16	64.0%
Larned	1	1	100.0%	2	1	50.0%
Topeka	<u>33</u>	<u>13</u>	<u>39.4%</u>	<u>70</u>	<u>21</u>	<u>30.0%</u>
Totals	<u>55</u>	<u>33</u>	<u>60.0%</u>	<u>110</u>	<u>45</u>	<u>40.9%</u>

(a) Youths were considered as treated or admitted if they showed up for at least one counseling session.

(b) Figures presented for the second year of the grant are for about the first 11 months of the grant year, from April 1, 1989 through February 21, 1990.

As the table shows, during both grant years the Youth Center at Topeka referred more students than the other three youth centers combined, and it had the lowest percentage of its referrals appear for treatment of any of the youth centers. As indicated above, youths were considered to be admitted to Valley Hope if they showed up for at least one counseling sessions. For all four youth centers, the average student who was treated attended 7.1 counseling sessions during the first grant period. For the second grant period, as of February 21, 1990, the average student had attended 5.2 counseling sessions.

We also found that the attendance rate for youth center referrals varied between Valley Hope locations. The number of youths referred and treated by each Valley Hope location are shown in the table on page 14.

**Valley Hope Program
Youths Referred and Treated by Valley Hope Location**

<u>Valley Hope Location</u>	<u>First Grant Year</u>			<u>Second Grant Year</u>		
	<u>Youths Referred</u>	<u>Youths Treated</u>	<u>Percent Treated</u>	<u>Youths Referred</u>	<u>Youths Treated</u>	<u>Percent Treated</u>
Kansas City	17	9	52.9%	44	13	29.6%
Topeka	12	7	58.3%	20	16	80.0%
Wichita	<u>26</u>	<u>17</u>	<u>65.4%</u>	<u>36</u>	<u>16</u>	<u>44.4%</u>
Totals	<u>55</u>	<u>33</u>	<u>60.0%</u>	<u>100(a)</u>	<u>45</u>	<u>45.0%</u>

(a) Only 100 referrals are shown here because Valley Hope officials said they did not receive referral packets on 10 students—two from the Youth Center at Atchison and eight from the Youth Center at Topeka.

As the table shows, the Valley Hope facility at Wichita had the highest percentage of its referrals show up during the first grant year, with 65.4 percent attending at least one counseling session. During the second year, the Topeka office had by far the highest percentage come in, with 80 percent of the referred youths showing up at least once. This occurred even though the Valley Hope counselor is only in the Topeka office one day per week and does not have a Topeka telephone number where youths can reach him (the Topeka counselor is employed at Valley Hope’s residential facility in Atchison). The only significant difference we could identify between procedures used at the Topeka location and those used in Wichita and Mission was that the Topeka counselor attempts to contact youths by telephone to set up counseling sessions while the Wichita and Mission counselors send youths letters and tell the youths to contact Valley Hope to set up appointments.

Department and Valley Hope staff listed a number of reasons why so few of the youths referred to Valley Hope actually came in for treatment. To determine why youths released from the youth centers were failing to follow through on their referrals to Valley Hope, we interviewed staff in the State youth centers, the Department’s area offices, and Valley Hope facilities in Mission, Topeka, and Wichita. We found that:

- Some youth center social workers reported that they had been given little or no information about the Valley Hope program.
- Youth center social workers do not always make Valley Hope referrals a strong condition of release. They often used equivocal language, saying that a youth “is referred” to Valley Hope, rather than saying that the youth “is required to attend treatment” at Valley Hope. Some workers said that they thought a student’s failure to attend treatment would not or should not result in revocation of conditional release; others said that they used softer language because they wanted to give flexibility to the conditional release supervisor or the Valley Hope counselor.
- Even when youths are released with definite requirements in their release contracts that they attend Valley Hope, area office staff did not always enforce those requirements. Some area office officials said that they did not have time or sufficient staff to enforce the referrals; others

said that the Department and the courts were not willing to revoke a youth's release just for failing to go to treatment unless other the youth also had other aggravating circumstances such as a new crime.

- Both area office and Valley Hope staff said that transportation to Valley Hope facilities may be a problem for many youths. This seemed to be most significant for Valley Hope's Mission office which is intended to serve youths from Wyandotte and Johnson Counties. Some area office officials said that, in those cases, they allowed youths to substitute other treatment facilities closer to home.

All of the Grants Reviewed During This Audit Were Renewed for Fiscal Years 1990 or 1991

The Division of Alcohol and Drug Abuse Services renewed all 27 of the grants we reviewed during this audit and those renewed grants will end during fiscal year 1990 or 1991. We found that the Department had attached special conditions to two of the five facilities that did not satisfy all of their outpatient objectives during the previous grant period. These two facilities were the Smoky Hill Foundation for Chemical Dependency and the Depth Rehabilitation Alcohol Group. For example, the Division made Smoky Hills' 1990 grant contingent upon numerous changes, such as improved recordkeeping and certain personnel changes. The Division also required Smoky Hill to submit revised progress reports for its 1989 grant. The Division required the Depth Rehabilitation Alcohol Group to submit revised goals and objectives for its grant activities, and has contracted with outside consultants to work with the facility.

Although the Division did not attach any special conditions to the three other grantees that did not satisfy their outpatient objectives, all three appear to have improved their performance in the following grant year. For example, the McPherson Area Council had admitted 159 new clients during the first nine months of its grant that will end in March 1990. If that admission rate continues for the last three months of the grant year, the Council will admit 212 new clients during the year, exceeding its goal of 209 admissions. Of the three, Valley Hope was still reporting the poorest performance. As of February 21, 1990, Valley Hope officials reported that 45 youths had been admitted during the second year of the grant. This represents only about 39 percent of Valley Hope's objective to admit 115 youths.

Department officials plan to broaden the Valley Hope grant beginning April 1, 1990. Because of the low number of referrals and admissions this grant has experienced, the Division of Alcohol and Drug Abuse Services plans to make Valley Hope services available to all Department clients with the beginning of the next grant cycle. Officials say they hope that by increasing the number of possible referrals, the number of admissions to the program will also rise. For the third year of the Valley Hope grant, from April 1990 through March 1991, the grant will allow Valley Hope to treat all Department clients, with priority given to referrals from the youth centers. Valley Hope will receive \$85,000 for this grant, the same amount as they received for the last two grant periods. Under this new arrangement, Department staff who have not made referrals to this Valley Hope grant in the past may be making referrals to the program. For example, many of the referrals will probably come from area office staff other than those responsible for monitoring former youth center clients.

Conclusion

The Department's Division of Alcohol and Drug Abuse Services has generally obtained the amount of substance abuse treatment services it "bought" with its grant dollars. During the period we reviewed, only about eight percent of the total grants made went to the five outpatient programs that did not meet or exceed the performance levels included in their grant applications. Even those programs provided some services, and most of those five programs improved their performance during the subsequent grant cycle. The Division has renewed the grants for all five. The grant with the worst performance, the Valley Hope program, was entirely dependent for its clientele during the grant year on referrals from the youth centers, and dependent on the enforcement of the referrals by the Department's area offices. Overall, too few youths were referred, and too few of those who were referred for treatment made and kept their appointments.

Recommendations

1. To ensure that grant decisions are based on accurate information concerning levels of service provided by grantees in the past, the Department of Social and Rehabilitation Services' Division of Alcohol and Drug Abuse Services should establish procedures for periodically verifying quarterly report data. The Division could consider doing this as part of its on-site licensing visits.
2. To ensure that grantees are providing the levels of service proposed in their grant applications, Division of Alcohol and Drug Abuse Services' staff should make sure that the information submitted by grantees in quarterly progress reports addresses the grant goals and objectives.
3. To ensure that the Valley Hope grant for alcohol and drug abuse treatment services is fully used, the Department should:
 - a. provide accurate, up-to-date information on the nature of the Valley Hope grant program to all Department staff who might make or monitor referrals to the program. This should include all youth center social workers and area office staff responsible for making referrals to Valley Hope.
 - b. develop standard language for youth center referrals to the Valley Hope program, and instruct all social workers to use that language and convey its meaning to their students.

- c. closely monitor services provided by Valley Hope under the grant renewed in April 1990 throughout the grant period. If more clients are not served, despite the increase in client population to serve all Department clients, the Department should take further actions. Possible further actions might include requiring Valley Hope counselors to visit youths still at the youth centers, reducing the grant amount, or not renewing the grant.

APPENDIX A

Agency Response

On March 19, 1990, we provided a copy of the draft audit report to the Department of Social and Rehabilitation Services. Its response is included in this Appendix.



STATE OF KANSAS

MIKE HAYDEN, *Governor*

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

Docking State Office Building, Topeka, Kansas 66612-1570

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March 26, 1990

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Mary Beth Greene
Legislative Division
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Dear Ms. Greene:

The staff of the Alcohol and Drug Abuse Services and Youth Services of SRS have reviewed the final draft of the Post Audit report on SRS/ADAS and I have the following changes to recommend to you.

1. On page 3, in the boxed section, the end of the last sentence should read "who makes the final recommendation to the Secretary of SRS regarding the...."
2. On page 4, second full paragraph, please change "these" to "routine" in the sentence "Division officials said, however that routine...."
3. On page 4, please add after the last paragraph the following: "Non routine site visits are performed by Division staff when problems are identified or other issues surface that demonstrate the need for an on site visit."
4. On page 5, please change "regular" to "routine" in the sentence "Although they no longer visit the facilities on a routine basis..."
5. On page 5, please add the language in #3 above.

Mary Beth Greene
March 26, 1990
Page 2 of 2

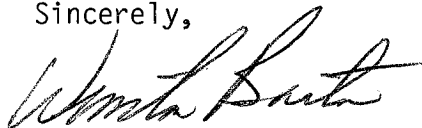
6. On page 9, second full paragraph, the report states "Without procedures for periodically examining quarterly report information,...." ADAS staff review all quarterly reports when they are received at ADAS, so this statement is incorrect. I would concur that ADAS staff do not routinely verify this information on site of the grantee. It is important that it is stated that ADAS staff do review the quarterly fiscal and program reports that each grantee sends in.

Youth Services has implemented several of the audit recommendations including: 1) Standard language in conditional release contracts for youth referrals to Valley Hope and 2) Information is being provided to the youth center social workers and conditional release supervisors in the area SRS offices regarding the grant.

All four youth centers now have Substance Abuse Program Coordinators on staff. These coordinators are assuming an active management of referrals made to Valley Hope. This management will improve linkages with Valley Hope staff and area office staff.

Thank you for the opportunity to submit my suggestions. I wish to take this time to thank you and Rick Riggs for the professional, competent and thorough manner in which you conducted your review. Your recommendations will be helpful in the future management of SRS.

Sincerely,



Winston Barton
Secretary

WB:AOD:MF:cp

cc: Andrew O'Donovan
Bob Barnum
Mike Flyzik
Jim Trast

