

State of Utah
Department of Human Services
Division of Substance Abuse and Mental Health



Site Monitoring Report of

Northeastern Counseling Center

Local Authority Contracts #122401 and #122402

Review Dates: September 30th and October 1st, 2014

For Official Use Only

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Section One: Report Information

Background

Utah Code Section 62A-15-103 outlines duties of the Division of Substance Abuse and Mental Health. Paragraph (2)(c) states that the Division shall:

- Consult and coordinate with local substance abuse authorities and local mental health authorities regarding programs and services,
- Provide consultation and other assistance to public and private agencies and groups working on substance abuse and mental health issues,
- Receive, distribute, and provide direction over public funds for substance abuse and mental health services,
- Monitor and evaluate programs provided by local substance abuse authorities and mental health authorities,
- Examine expenditures of any local, state and federal funds,
- Monitor the expenditure of public funds by local substance abuse authorities and mental health authorities,
- Contract with local substance abuse authorities and mental health authorities to provide a continuum of services in accordance with division policy, contract provisions, and the local plan,
- Assure that these requirements are met and applied uniformly by local substance abuse authorities and mental health authorities across the state,
- Conduct an annual program audit and review of each local substance abuse authority and mental health authority in the state and its contract provider in a review and determination that public funds allocated to by local substance abuse authorities and mental health authorities are consistent with services rendered and outcomes reported by them or their contract providers,
- Each local substance abuse authority and each mental health authority is exercising sufficient oversight and control over public funds allocated for substance abuse and mental health programs and services, and
- Other items determined by the division to be necessary and appropriate.

In accordance with these and other instructions, the Division of Substance Abuse and Mental Health (also referred to in this report as DSAMH or the Division) conducted its annual program audit and review of Northeastern Counseling Center (also referred to in this report as NCC or the Center).

Non-Compliance Issues, Action Plans and Timelines

This report is organized into individual sections, in which inadequacies will be identified and discussed. Inadequacies are assigned a level of severity based on the combined judgment of the monitoring team. In order to fully understand the degree of severity, a short discussion of the inadequacy levels follows.

A **major non-compliance issue** is non-compliance in contract requirements which affect the imminent health, safety, or well being of individuals. In cases of non-compliance at this level, a written corrective action plan must be completed by the Local Authority immediately and compliance must be achieved within 24 hours or less.

It should be noted that in extreme cases where, in the professional opinion of the monitoring team, an elevated threat of imminent health, safety, or well being of individuals exists, contract payments may be suspended indefinitely.

A **significant non-compliance issue** is either 1) non-compliance with contract requirements that do not pose an imminent danger to clients but that result in inadequate treatment or care that jeopardizes the well being of individuals; OR 2) non-compliance in required training, paperwork, and/or documentation that are so severe or pervasive as to jeopardize the effectiveness of services and continued contract funding. This type of finding will also require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 10 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 30 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **minor non-compliance issue** results when the reviewers identify a performance inadequacy that is relatively small in scope and does not impact client well being or jeopardize funding. This type of finding will require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 15 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 60 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **deficiency** results when the contractor is not in full compliance, but the deficiency discovered is not severe enough to require a formal action plan. However, the monitoring team may request action to fix the problem by a given date.

A **recommendation** occurs when the contractor is in compliance. The Division is simply making a best practice or technical suggestion. The contractor is encouraged to implement the suggestion but not required.

In rare instances, a non-compliance issue from a previous year may continue unresolved at the time of the monitoring site visit. A recurring non-compliance issue will be prominently displayed in the current monitoring report and will require special attention by the Local Authority to ensure its immediate resolution.

Section Two: Site Monitoring Report

Executive Summary

In accordance with Utah Code Section 62A-15-103, the Division of Substance Abuse and Mental Health conducted a review of Northeastern Counseling Center on September 30th and October 1st, 2014. The focus of the review was on governance and oversight, fiscal management, pediatric and adult mental health services, substance abuse prevention and treatment services and general operations.

The nature of this examination was to evaluate the Center's compliance with: State policies and procedures incorporated through the contracting process; State mandated mental health services; and Preferred Practice Guidelines. During the examination, the review teams evaluated: the reliability and integrity of the Center's data and its compliance with established programmatic and operational objectives. Additionally, the review included an examination, through sampling, of the Center's efficient and appropriate use of financial resources.

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

Summary of Findings

Programs Reviewed	Level of Non-Compliance Issues	Number of Findings	Page(s)
<i>Governance and Oversight</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None None	
<i>Child, Youth & Family Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None None	
<i>Adult Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None None	
<i>Substance Abuse Prevention</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None None	
<i>Substance Abuse Treatment</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance	None None 3	22 - 24

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health conducted its annual monitoring review at Northeastern Counseling Center (NCC) on September 30th and October 1st, 2014. The Governance and Fiscal Oversight section of the review was conducted by Chad Carter, Auditor IV. Overall cost per client data was analyzed and compared to the statewide Local Authority average; NCC was found to be within the client cost standards provided in the DSAMH Division Directives. Personnel files were examined for compliance with state licensing laws and adherence to contractual requirements, as well as the Center's own policy. Client fees were reviewed for consistency and adherence to approved fee schedules. Detailed service and operating expenditures were examined for proper approval and supporting documentation. All selected expenditures were found to be properly approved and were supported with adequate documentation. The Center did not have any active subcontractors in the time period reviewed.

All executive travel expenditures are paid directly by a Center credit card and a Center car is provided for travel, individuals are not reimbursed for travel related expenses. Travel reports and Board minutes were reviewed at the site visit for FY14. The Executive Committee (a subset of the board) reviews the same travel reports for each period, checks for appropriate expenses and approves them. The board also reviews financial reports for each period, compares expenses against budgets and approves them. There appears to be substantial oversight provided by the board over the Center's financial activities.

The CPA firm Aycock, Miles & Associates, CPAs performed the Center's financial statement audit for the year ending June 30, 2013. The Independent Auditor's Report dated September 30, 2013 issued an unqualified opinion, there were no reported findings.

Follow-up from Fiscal Year 2014 Audit:

No findings were issued in FY14.

Findings for Fiscal Year 2015 Audit:

FY15 Major Non-compliance Issues:

None

FY15 Significant Non-compliance Issues:

None

FY15 Minor Non-compliance Issues:

None

FY15 Deficiencies:

None

FY15 Recommendations:

None

FY15 Division Comments:

None

Mental Health Mandated Services

According to Utah Code 17-43-301, the Local Authority is required to provide the following ten mandated services:

Inpatient Care

Residential Care

Outpatient Care

24-hour Emergency Services

Psychotropic Medication Management

Psychosocial Rehabilitation (including vocational training and skills development)

Case Management

Community Supports (including in-home services, housing, family support services, and respite services)

Consultation and Education Services

Services to persons incarcerated in a county jail or other county correctional facility

The mandate to provide services to those in county correctional facilities is not applicable to the children and youth population.

In subsection (4)(a)(ii) each local authority is required to “annually prepare and submit to the Division a plan approved by the county legislative body for mental health funding and service delivery, either directly by the local mental health authority or by contract.” This annual area plan provides the state Division of Substance Abuse and Mental Health with a measuring tool against which the local authority is measured during the annual monitoring site review.

A major focus of the monitoring efforts of the Division of Substance Abuse and Mental Health is to measure compliance with this legislative mandate to provide these services to the adults, youth, and children of Utah.

Child, Youth and Family Mental Health

The Division of Substance Abuse and Mental Health (DSAMH) Children, Youth & Families team conducted its annual monitoring review at Northeastern Counseling Center on September 30th and October 1st, 2014. The monitoring team consisted of Dinah Weldon, Program Administrator; Eric Tadehara, Program Manager; and Lis Rosen, Utah Family Coalition (NAMI Utah). The review included the following areas: record reviews, discussions with clinical supervisors and management, program visits, and feedback from families through questionnaires and a discussion group. During the discussions, the monitoring team reviewed the Fiscal Year 2014 monitoring report; statistics, including the Mental Health Scorecard; Area Plans; Youth Outcome Questionnaires; family involvement; Family Resource Facilitation (Peer Support); Wraparound to Fidelity; partnerships with outside agencies; school-based behavioral health; Mental Health Early Intervention Funding; civil commitment; compliance with Division Directives; and the Center's provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 2014 Audit

No findings were issued in FY14.

Findings for Fiscal Year 2015 Audit

FY15 Major Non-compliance Issues:

None

FY15 Significant Non-compliance Issues:

None

FY15 Minor Non-compliance Issues:

None

FY15 Deficiencies:

- 1) In seven of the 12 charts reviewed, the objectives were incomplete and difficult to measure and achieve for a child/youth. Examples include: the client "will process through past trauma and identify and express feelings in healthy ways," the client will "gain better social skills as observed by the client, parent, and therapist," and the client "will not pout when asked to do something." Each of these examples provides no method for measurement and is difficult for a child/youth to achieve. Division Directives state that the objectives should be "behavioral changes that are measurable, short-term and tied to the goals." By creating objectives which are measurable and achievable, the progress may be easier to track for the clinicians, the youth, and their families. The clearer and more measurable goals are, the easier it is for the client and therapist to perform and evaluate progress. There was also one chart present without an active recovery plan in the Electronic Medical Record (EMR) for a

client who had been receiving services for over six months. The Division Directives state that “Each client must have a Person-Centered Recovery Plan”. Please review the similar deficiency noted in the Adult Mental Health section of this report.

FY15 Recommendations:

- 1) NCC is encouraged to consider more opportunities to expand services for Targeted Case Management, Respite, and Psychosocial Rehabilitation to meet the needs of the children/youth in the catchment area. It is recognized that NCC has made efforts and improvements in each of these service areas over the past fiscal year. For FY14, NCC had rates of 5.5%, 2.4%, and 3.2% for Targeted Case Management, Respite, and Psychosocial Rehabilitation, respectively, while the rural averages are 32.1%, 9.44%, and 16.7%. From FY13, the rates for Targeted Management increased 0.7%, Psychosocial Rehabilitation increased 2.8% and the number of children served in Respite increased by 2%. It is recommended that NCC continue to strive to reach levels closer to the rural averages of each service.

FY15 Division Comments:

- 1) *Community Partnerships:* NCC collaborates effectively with various community partners in each of the counties in the catchment area. A positive relationship exists between NCC and the Juvenile Justice Service Multipurpose Facility in Vernal. The workers praised the partnership and reported that NCC provides aid for mental health needs, including trauma and suicide related issues. One particular issue involved the effective responsiveness of NCC workers to assist with a traumatic situation one of the youth was going through.
- 2) *Family Feedback:* Family feedback was gathered from 14 total families, with ten completing the Utah Family Coalition Questionnaire and four attending the family feedback group. A common, positive theme existed throughout the questionnaires showing that NCC has “therapists who really care” and are very helpful. Families stated that the therapists, staff, and Family Resource Facilitator (FRF) have been assets who have helped their families during the recovery process. One family stated, “[the FRF] has come to our house to help my daughter cope. I appreciate that”.
- 3) *Wraparound:* NCC is providing Wraparound to Fidelity as defined by the Utah Family Coalition. The FRF continues to work well with families, utilizes a collaborative approach, and maintains good documentation of the activities involved in the Wraparound process.
- 4) *Mental Health First Aid:* NCC’s efforts to train various community partners in Mental Health First Aid (MHFA) are commendable. NCC has helped to train administrators and staff at many of the schools throughout Duchesne and Uinta School Districts. NCC reports they will hold training in the Daggett School District in the upcoming weeks.

Adult Mental Health

The Division of Substance Abuse and Mental Health and Adult Mental Health team conducted its annual monitoring review at Northeastern Counseling Center on September 30th and October 1st, 2014. The monitoring team consisted of Pam Bennett, Program Administrator Adult Mental Health; Michael Newman, Recovery and Resiliency Program Manager and LeAnne Huff, Program Manager Adult Mental Health. The review included: record reviews, discussions with clinical supervisors and management teams. During this monitoring visit, site visits were conducted at Duchesne County Jail; adult psychosocial groups/facilities and day treatment in Roosevelt and Vernal; Northeastern Counseling Center Administrative Offices, Mountainlands Federally Qualified Health Center, and with Ute tribal service providers at Fort Duchesne. During the discussions, the team reviewed the FY14 audit findings and center responses; statistics, including the Mental Health Scorecard; area plans; Outcome Questionnaires and the center's provision of the ten mandated services.

Follow-up from Fiscal Year 2014 Audit

FY14 Minor Non-Compliance Issues:

- 1) The amount of Targeted Case Management provided by Northeastern Counseling Center is less than the rural and state averages as evidenced by the Adult Mental Health Scorecard. Targeted Case Management services are defined as services furnished to assist severely and persistently mentally ill (SPMI) individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes: coordinating, advocating, linking and monitoring to address the identified needs and goals of the individuals. NCC reports they serve a diverse population in their community, including a large number of non-Medicaid consumers who do not meet the need for Targeted Case Management, resulting in lower numbers. Chart reviews documented excellent coordination of care including case management services to SPMI individuals in need of this support and lower than average inpatient days for rural areas. NCC provides annual training on the referral process for case management needs assessment and continues to provide case management to those individuals who benefit from this service.

This issue has been resolved.

Findings for Fiscal Year 2015 Audit

FY15 Major Non-compliance Issues:

None

FY15 Significant Non-compliance Issues:

None

FY15 Minor Non-compliance Issues:

None

FY15 Deficiencies:

- 1) Charts need to contain crisis safety plans for individuals who, while in treatment, are experiencing suicidal ideation. During chart reviews, four of the seven charts reviewed did not have crisis safety plans for individuals who came into treatment due to suicidal ideation or were referred from a psychiatric inpatient setting post suicide attempt. When this was discussed during the site visit, it was reported that these cases are staffed regularly, but notation of this staffing was not evident in the chart reviews. Best practice involves a process in which crisis cases are staffed regularly, carefully documented and safety plans are regularly updated. Safety plans are a collaborative way to work with a suicidal individual, are necessary to help guide them through difficult moments, and help the individual to keep safe. The plan should be in the electronic medical record so it can be easily identified and accessed by those working with the individual with a copy given to the client. This finding should help inform NCCs agency suicide prevention evaluation and planning for 2015-2016 as described in DSAMH Division Directives.
- 2) During chart reviews, there was improvement in response to recommendations made last year, in that the objectives for the most part did tie back to the goals. However, only two of the seven charts reviewed this year had at least one measurable objective. Division Directives state that the objectives should be “behavioral changes that are measurable, short term and tied to the goals.” The clearer and more measurable goals are, the easier it is for the client and therapist to perform and evaluate progress. In addition, there was a lack of follow-up in one chart where an individual did not show up for an appointment. While issues like low staff retention can make this difficult, measurable goals have been an issue in previous years and ongoing improvement in goal development is expected. Please review the similar deficiency noted in the Child, Youth and Family Mental Health section of this report.

FY15 Recommendations:

- 1) DSAMH encourages NCC to continue looking into the hiring of Certified Peer Support Specialist(s) to work with individuals in recovery in group and/or a one-on-one setting using recovery-based practices. As listed in the 2015 Division Directives “Local Authorities shall continue to establish and/or expand Peer Support Services.” Peer Support services is a best-practice Medicaid reimbursable service for mental health and substance use disorders, and has been proven to lower inpatient costs and increase client participation. DSAMH acknowledges that Peer Support training was not available during FY14 which may have contributed to some delay in implementation of peer support services. Previous to FY14, over 300 individuals in Utah were trained in peer support and currently peer support training is available. It is recommended that NCC recruits from either the current pool of trained peer support specialists and/or newly trained individuals in FY15 to implement peer support services. Monitoring findings may result if NCC is unable to provide this valuable resource by the FY16 Monitoring Site Visit. For more information on peers support training, see <http://hsemployee.utah.gov/dsamh/cps/>

- 2) Individuals in recovery interviewed by Michael Newman, the DSAMH Recovery and Resiliency Program Manager, reported that their treatment was helpful overall and stated that they felt supported in the areas of transportation, housing, and in their physical and spiritual health. However, individuals also reported concerns related to medication management, psychiatrists and other prescribers (i.e. they were unhappy with medication changes). These clients appeared to lack self-empowerment and appropriate assertiveness skills in their communication with their prescribers. It is recommended that NCC explore this concern further with clients and address effective communication skills, advocacy, and empowerment, within the day treatment groups and other levels of treatment as need is assessed.

FY15 Division Comments:

- 1) *Suicide Prevention:* NCC continues to train their community in Mental Health First Aid (MHFA) and add MHFA trainers. Currently NCC has trained six Training for Trainers (T4T) in MHFA, approximately 330 people including individuals in public safety, police dispatch, corrections, and assisted getting MHFA in the nursing curriculum. NCC reports they will provide trainings for Hope Squads in Duchesne County. In addition, the Duchesne County Police Department is mandating the public safety module of MHFA in their department.
- 2) *Cultural Competency Training:* Prejudice and discrimination are harmful to the success of any organization and the people they serve. DSAMH commends NCC in providing quarterly trainings in cultural competency. Their most recent training involved collaborating with the Ute tribe to provide training to help NCC staff recognize and address their own biases.
- 3) *Access to Services:* DSAMH recognizes NCC's commitment to the community and strong collaboration with community partners including the hospital, jail and improved partnerships with the Ute Tribe. One of NCC's strengths is their dedication in providing services to their community regardless of funding source.
- 4) *Wraparound Services:* The DSAMH commends NCC for the extensive wraparound care provided to SPMI clients assessed and recommended for this level of care, including housing, transportation, case management and other critical supports, in addition to provision of therapeutic services.

Substance Abuse Prevention

Ben Reaves, Program Manager, conducted the annual Prevention review of Northeastern Counseling Center on September 30th, 2014. Susannah Burt and Ben Reaves participated in the Data review on October 1st, 2014. The reviews focused on the requirements found in State and Federal law, Division Directives, and contracts. In addition, the reviews evaluated the services described in the annual prevention area plan and evaluated the data used to establish prevention priorities.

Follow-up from Fiscal Year 2014 Audit

No findings were issued in FY14.

Findings for Fiscal Year 2015 Audit

FY15 Major Non-compliance Issues:

None

FY15 Significant Non-compliance Issues:

None

FY15 Minor Non-compliance Issues:

None

FY15 Deficiencies:

None

FY15 Recommendations:

- 1) For the Eliminating Alcohol Sales to Youth for FY13, Uintah County saw an increase in number and compliance. However Duchesne County saw a decrease in number of compliance checks. It is recommended that NCC work with their coalition and law enforcement to increase the number of EASY compliance checks throughout all three counties.
- 2) The Division also recommends that NCC continues to increase evidence based prevention in each local community throughout the LSAA.

FY15 Division Comments:

- 1) The Prevention Coordinator, Robin Hatch, has fostered an improved relationship between NCC, the counties and the Ute Tribe. There was increased collaboration and willingness to invite NCC staff to present to the Tribe and more evidence of collaboration overall.

- 2) NCC is using Parents Empowered as a way to reach a large portion of parents. NCC reports that this strategy enables them to reach more parents in their rural area. NCC has been creative in how they utilize the Parents Empowered strategy in their area, from collaboration between private agencies as well as community events.

Substance Abuse Treatment

Dave Felt, Treatment Program Administrator; Becky King, Program Manager, and Janida Emerson, Program Manager, conducted a review with Northeastern Counseling Center on September 30th and October 8th 2014, focusing on substance abuse treatment (SAPT) block grant compliance; compliance with Division Directives and contracts; drug court program compliance, consumer satisfaction and clinical practices. Clinical practices were evaluated by reviewing charts for compliance. SAPT block grant, contract compliance, and drug court requirements were evaluated by a review of policies, procedures and contracts; interviews with program managers, attendance at a drug court staffing and session and client chart audits. Consumer satisfaction and compliance with Division Directives were evaluated using the Division Outcomes Scorecard and Consumer Satisfaction Scorecard. Agency selected clients were also interviewed face-to-face individually and in group settings.

Follow-up from Fiscal Year 2014 Audit

FY14 Minor Non-compliance issues:

- 1) *Open Client Files:* A review of the open cases of clients admitted prior to 10-18-2013 show the following for Open Non-Methadone Admissions:

Clients Served in 2013:	524
Clients open for admissions prior to 7-1-2011:	28
Percentage:	5.3%

This percentage is over the allowable amount of 4%. This issue was addressed as a deficiency in the FY13 report and is now being addressed as a finding.

The FY15 data shows that the Open Non-Methadone Admissions prior to 9/29/14 was 4.8%, which is still over the allowable amount of 4%. While this is an improvement over last year, it continues to be an issue.

This issue has not been resolved and is continued in FY15; see Minor-Non-Compliance Issue #1.

- 2) *Outcomes Measures:* The Outcomes Scorecard shows that:

- a) The percent of clients completing a treatment episode successfully decreased from 42.3% to 40.9% from FY12 to FY13 respectively. The Division Standard is that treatment completion will increase from FY12 to FY13.

In FY14, the Outcomes Measures Scorecard shows that the percent of clients completing a treatment episode successfully decreased from 40.9% to 36.0%, which continues to not meet Division Standards.

This issue has not been resolved and is continued in FY15; see Minor-Non-Compliance Issue #2(a).

- b) The percent of clients using social recovery supports increased from a -12.8% to -1.9% from FY12 to FY13 respectively. While this is an improvement, it remains an overall decrease from admission to discharge. The Division Standard is that social recovery supports will increase by at least 10%.

In FY14, the percent of clients using social recovery support measured at admission versus discharge decreased from -1.9% to -61.3%. This continues to fall below Division Standards.

This issue has not been resolved and is continued in FY15; see Minor-Non-Compliance Issue #2(a).

- c) The percent of tobacco use from admission to discharge increased from 81.7% to 82.7% from FY12 to FY13 respectively. The Division Standard is that tobacco use will decrease from admission to discharge.

In FY14, the percent of tobacco use from admission to discharge decreased from 75.8% to 74.0%, which now meets Division Standards.

This issue has been resolved.

FY14 Deficiencies:

- 1) NCC clients reported that the Drug Court Judge was adding a \$20.00 fee on top of Drug Court fees for positive drug test results. This was verified as an approved sanction in the Sanctions and Incentives Matrix for the NE Drug Court. Drug Court Fees should be set and based on a Sliding Fee Scale, not used as a sanction.

NCC addressed this issue with the Drug Court Judge and the \$20.00 fee for drug test results has been eliminated.

This deficiency has been resolved.

- 1) NCC clients report that they have not been provided information or resources on the Recovery Plus Program. Most individuals report that they have not received education, counseling or resources on tobacco cessation, nor was there any evidence in the clinical records that tobacco use had been addressed, either in recovery planning or in individual sessions.

NCC has made an effort to provide more awareness and education regarding tobacco cessation since last year, but there continues to be a need to provide resources to clients, such as the "Way To Quit Line," who are still unaware of this service. In addition, there are still issues related to maintaining a "tobacco free" campus at NCC.

This deficiency has not been fully resolved and is continued in FY15; see Recommendation #1.

Findings for Fiscal Year 2015 Audit:

FY15 Major Non-compliance issues:

None

FY15 Significant Non-compliance issues:

None

FY15 Minor Non-compliance issues:

- 1) *Open Client Files:* A review of the open cases of clients admitted prior to 9-29-2014 shows the following for Open Non-Methadone Admissions:

Clients Served in 2014:	374
Clients open for admissions prior to 9-29-2014:	25
Percentage:	4.8%

Over the past year, there has been a reduction in the number of open admissions, but the current percentage is still over the allowable amount of 4%.

- *Continue to monitor open admissions to reduce the number of old client files that are still open to meet the Division Standards of 4%.*

Center's Response and Corrective Action Plan:

The Center recognizes this as an ongoing issue requiring ongoing effort. As the Center has switched electronic medical records it is anticipated that additional updates to the SAMHIS system will be required for cases closed in the EMR but no yet showing closed in the State's data system. The Center anticipates that with the software change it may be three to four months before additional discharges start showing up in the SAMHIS system. The Center is committed to updating and decreasing the percentage of open admits by the end of the current fiscal year so that report cards and open admissions are accurately reflected (below the 4% cut off).

- 2) *Outcomes Measures:* The Outcomes Scorecard shows that:

- a) The percent of clients completing a treatment episode successfully decreased from 40.9% to 36.0% from FY13 to FY14 respectively. The Division Standard is that treatment completion will increase from FY13 to FY14.

Local Substance Abuse Authorities will meet or exceed their FY2013 Successful Treatment Episode Completion rates in the FY 2014 and will work towards achieving a

goal of 60%. Local Substance Abuse Authorities whose FY 2013 completion rate was over 60% are required to meet or exceed a 60% completion rate in FY2014. Successful Treatment Episode Completion is defined as a successful completion of an episode of treatment without a readmission within 30 days. An episode of treatment is as defined in the Treatment Episode Data Set.

More than 42% of NCC's clients are leaving against professional advice. Another 16% are terminated by the facility. This may be one reason why the successful completion rate is so low. NCC should review the data for accuracy and determine if staff are using the same definition for discharge or not.

- b) The percent of clients using social recovery supports decreased from -1.9% to -61.3% from FY13 to FY14 respectively, which does not meet Division standards.

Local Substance Abuse Authorities' Scorecard will show that the percent of clients participating in social support of recovery activities increased from admission to discharge by at least 10%. Participation is measured as those participating in social support recovery during the 30 days prior to discharge minus percent of clients participating in social support of recovery activities in 30 days prior to admission.

Northeastern did not collect Social Recovery Support information at discharge on more than half of their episodes. NCC should review their data for accuracy and investigate the collection process to determine what lead to low collection rates during the past year.

Center's Response and Corrective Action Plan:

The Center has determined that not all staff are using the same definition of TEDS discharge status related to completion. Training will be provided to staff by May 1, 2015 on discharging out of the Center's new electronic medical record. Training will include definition training on discharge form to improve the integrity of the data. In addition, the Center continues to recognize the clinical need for outreach and encouragement. The Center will continue its efforts at follow up and engagement to increase the likelihood of successful treatment completion. The Center has recently been having some discussions with supervising probation services to assist in treatment engagement.

The Center's new EMR will electronically require that this information is completed by the provider at both admission and discharge. Triggers have been put in place to prompt clinicians to encourage and ask about attendance. The Center is also actively encouraging consumers to engage in recovery support and the community has increased options for those that chose to engage.

3) Consumer Satisfaction Survey:

NCC collected 5.4% of Youth Satisfaction Surveys, which is below the Division requirement of 10%.

A minimum sample rate of 10% of the number of annual unduplicated clients served for the prior year is required by all providers. Providers returning less than 10% will be considered deficient and will receive a finding in the audit report.

Review the data collection process to determine the best method of collecting at least 10% of the Youth Satisfaction Surveys to obtain accurate outcome results.

Center’s Response and Corrective Action Plan:

The Center recognizes this area as needing improved. The Center’s quality improvement committee had already investigated the challenges of administering the instrument to youth. The Center’s combined adult was at 21% significantly higher than the youth. The Center recognizes the challenges of getting adolescents to complete the form. However, the Center is going to provide additional opportunities for adolescents to complete the form by increasing efforts for those receiving school based services. Therapists will be responsible for having youth complete the survey while at the school for those within the age range of 12-17.

FY15 Deficiencies:

- 1) *Drug Court:* The *Utah County Drug Court Participant Handbook* outlines specific treatment obligations for each phase of drug court. Clients are required to meet these obligations in order to progress to the next phase. *Adult Drug Court Best Practice Standards* states that, “Adjustments to the level of care are predicated on each participant’s response to treatment and are not tied to the Drug Court’s programmatic phase structure.” Treatment for drug court clients should be person centered and not directly tied to the phases of the drug court program.

FY15 Recommendations:

- 1) *Tobacco Cessation:* While NCC has brought more awareness regarding tobacco cessation, not everyone knows about the resources, such as the “Way to Quit Line.” During a group interview in Vernal, it was observed that group participants were smoking on campus (*right outside the door*) and only two out of five individuals that smoked in the group were offered tobacco cessation services or were having their smoking addressed with their individual counselors. NCC should continue making efforts to promote a tobacco free campus; provide tobacco cessation education classes and resources in individual sessions, groups, waiting rooms, and other areas of the building.
- 2) *Electronic Charting System:* NCC switched to a new electronic charting system (*Credible*) on September 1st. NCC is still in the process of learning this system and entering new data. It was noted that the American Society of Addiction Medicine (ASAM) has its own form and review process. NCC may want to consider combing the ASAM in the Assessment, which

can help increase efficiency. NCC can use Credible as a tool to increase client engagement at intake and throughout treatment. DSAMH may return to NCC in six months to review progress in the chart records.

- 3) *Program Structure:* There still seems to be a “Program Approach” at NCC, where clients start at the same level of treatment and are required to do the same assignments. In addition, it was noted in the Vernal Office, that “high risk” and “low risk” clients were combined in the same groups. It is recommended that NCC focus on individualizing treatment and separating “high risk” and “low risk” clients, which produces better outcomes.
- 4) *Friday Night Groups:* It was noted that there are no Friday groups available at the Roosevelt or Vernal Office. NCC may want to consider starting Friday night groups for high risk clients to provide them with additional support. NCC could rotate staff in covering these groups to make it a little easier to provide services on a Friday.
- 5) *Recovery Support:* At some point, NCC should consider expanding their continuum of services to include Peer/Recovery Support Services.
- 6) *Drug Court:* NCC should adjust their practice and drug court participant handbook to reflect current best practice standards. This should include updates regarding frequency of status hearings for drug court participants in later phases of the program and a more person-centered approach to treatment for drug court clients that does not tie to the drug court’s programmatic phase structure.
- 7) *Drug Court:* NCC should consider incorporating Aftercare requirements, as outlined in their drug court participant handbook, a phase of drug court or incorporating this into the requirements for successfully completing Phase IV.
- 8) *Drug Court:* NCC should consider expanding their continuum of services to include Peer/Recovery Support services for drug court clients.

FY15 Division Comments:

- 1) *Client Interviews:* Clients reported that they feel supported by NCC staff and benefit from the services provided by their agency.
- 2) *Behavioral and Physical Health Integration:* NCC has contracted with the local Federally Qualified Health Center (FQHC) to provide behavioral health services, which is provided by one of their therapists who works on-site at the FQHC twelve hours a week. NCC is considering using Screening, Brief Intervention and Referral to Treatment (SBIRT) at the FQHC, which they will research further.
- 3) *Community Collaboration:* NCC has contracted with Indian Health Services (IHS) to provide behavioral health care, which has expanded services for local residents. IHS has provided several trainings on Cultural Competency at NCC, which has been beneficial for staff and the clients they serve. The collaboration between IHS and NCC has been a positive experience for both agencies.

- 4) *Drug Court:* The drug court team seems very engaged and informed about drug court clients. The team works well together, and the Judge does an excellent job of considering the input of NCC treatment staff. Incentives and sanctions are clearly articulated in the drug court participant handbook and appropriately vary in magnitude. Overall, the drug court program is operating well and in FY14 72% of those who exited the drug court program did so successfully. It should be noted this is one of the highest graduation rates in the state.

Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Northeastern Counseling Center and for the professional manner in which they participated in this review.

If there are any questions regarding this report please contact Chad Carter at (801)538-4072.

The Division of Substance Abuse and Mental Health

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