



Site Monitoring Report of

Northeastern Counseling Center

Local Authority Contracts #122401 and #122402

Review Dates: April 26th & 27th, 2016

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Section One: Site Monitoring Report

Executive Summary

In accordance with Utah Code Section 62A-15-103, the Division of Substance Abuse and Mental Health (also referred to in this report as DSAMH or the Division) conducted a review of Northeastern Counseling Center (also referred to in this report as NCC or the Center) on April 26th & 27th, 2016. 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 1 1	16 16 - 17

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review at Northeastern Counseling Center (NCC). The Governance and Fiscal Oversight section of the review was conducted on April 26th, 2016 by Chad Carter, Auditor IV. Overall cost per client data was analyzed and compared to the statewide Local Authority average. Personnel and subcontractor 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. Executive travel reimbursements were reviewed to ensure they were appropriate and that no personal benefit had been gained. Detailed service and operating expenditures were examined for proper approval and supporting documentation.

The CPA firm Aycock, Miles & Associates, CPAs performed the Center's financial statement audit for the year ending June 30, 2015. The Independent Auditor's Report dated September 25, 2015 issued an unqualified opinion, there were no reported findings or deficiencies.

Follow-up from Fiscal Year 2015 Audit:

No findings were issued.

Findings for Fiscal Year 2016 Audit:

FY16 Major Non-compliance Issues:

None

FY16 Significant Non-compliance Issues:

None

FY16 Minor Non-compliance Issues:

None

FY16 Deficiencies:

None

FY16 Recommendations:

None

FY16 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 Children, Youth & Families team conducted its annual monitoring review at Northeastern Counseling Center on April 26th & 27th, 2016. The monitoring team consisted of Dinah Weldon, Program Administrator; Eric Tadehara, Program Manager; and Wendy Mair, 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. During the discussions, the monitoring team reviewed Fiscal Year 2015 audit; 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 2015 Audit

No findings were issued in FY15.

Findings for Fiscal Year 2016 Audit

FY16 Major Non-compliance Issues:

None

FY16 Significant Non-compliance Issues:

None

FY16 Minor Non-compliance Issues:

None

FY16 Deficiencies:

- 1) *Juvenile Civil Commitment:* NCC is not using up to date Civil Commitment forms. Civil Commitment Paperwork for juveniles needs to be completed consistent with State statute 62A-15-703 utilizing the proper forms for children's civil commitment procedures located on the DSAMH website at <http://dsamh.utah.gov/provider-information/civil-commitment/>.

FY16 Recommendations:

- 1) *Case Management, Respite, and Psychosocial Rehabilitation Services:* NCC is encouraged to consider more opportunities to expand services for Case Management, Respite, and Psychosocial Rehabilitation to meet the needs of the children/youth in the catchment area. Case Management services decreased from a rate of 5.5% in FY14 to a rate of 2.3% in FY15. Respite services also decreased from 2.4% in FY14 to 1.6% in FY15. It is recognized that NCC has made efforts and improvements in Psychosocial Rehabilitation services with an

increase from 3.2% in FY14 to 3.7% in FY15. It is recommended that NCC attempt to reach levels closer to the rural averages of Case Management (25.8%), Respite (8.2%), and Psychosocial Rehabilitation (15.7%).

FY16 Division Comments:

- 1) *Community Access:* NCC has displayed a continued commitment to increasing access to services for children and youth in their catchment area. NCC has increased the number of children and youth receiving services from the 448 children and youth in FY11 to the 854 in FY15 (see table below).

	FY11	FY12	FY13	FY14	FY15
Number of Children Served	448	551	677	752	854

These efforts to increase service access for children and youth in need throughout the community is commendable.

- 2) *Family Feedback:* Family feedback was gathered from ten families who completed the Utah Family Coalition (UFC) Questionnaire. Families reported that NCC has a friendly, helpful, and knowledgeable staff. The majority of families believe they are a valuable part of their children’s treatment planning process. Overall, families gave positive feedback regarding their interactions with NCC.
- 3) *Wraparound and Family Resource Facilitation:* NCC is providing Wraparound to fidelity as defined by the UFC. NCC supports and values the Family Resource Facilitator (FRF) and the work they provide to families. One family member was grateful “for all the support and time that the [FRF] have given me and for working with my on my family’s plan.” It is recommended that the FRFs utilize a more strengths-based strategies, individualized for family cultures.

Adult Mental Health

The Division of Substance Abuse and Mental Health Adult Mental Health team conducted its annual monitoring review at Northeastern Counseling Center (NCC) on April 26th, 2016. The monitoring team consisted of Jeremy Christensen, Assistant Director, Pam Bennett, Program Administrator, and Cami Roundy, Recovery and Resiliency Peer Program Manager. 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 Duchesne; Northeastern Counseling Center Administrative Offices and with Ute tribal service providers at Fort Duchesne. During the discussions, the team reviewed the FY15 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 2015 Audit

FY15 Deficiencies:

- 1) *Crisis Safety Plans:* Charts need to contain crisis safety plans for individuals who, while in treatment, are experiencing suicidal ideation. 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 deficiency has been resolved.

- 2) *Documentation:* 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. 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.

This deficiency has been resolved

Findings for Fiscal Year 2016 Audit

FY16 Major Non-compliance Issues:

None

FY16 Significant Non-compliance Issues:

None

FY16 Minor Non-compliance Issues:

None

FY16 Deficiencies:

None

FY16 Recommendations:

- 1) *Recovery Plus*: Four of 12 charts reviewed identified individuals using tobacco. However, none of the charts indicated that tobacco cessation had been discussed or offered. DSAMH encourages NECC to remind clinical staff to offer cessation services to clients who use tobacco.
- 2) *Peer Support Services*: NECC has hired a Certified Peer Support Specialist to work with individuals in recovery, although the FY15 Scorecard continues to report services below the rural average (NECC-0.4%, rural average-2.8%). It is recommended that NECC continue to look for opportunities to increase Peer Support services.
- 3) *Psychosocial Rehabilitation*: Review of the FY15 Scorecard indicates that the number of Psychosocial Rehabilitation services provided are significantly lower (4.9%) than the rural average (11.2%). FY16 year-to-date data indicates that Psychosocial Rehabilitation numbers are increasing and DSAMH recommends that NECC continue this trend.
- 4) *Case Management*: Case management (CM) provided by NECC was below rural averages in FY14 (8.1%, rural average-25.9%) and in FY15 (7.1%, rural average-23.2%). Case management is one of ten mandated services listed in Utah Code 17-43-301. NECC is encouraged to increase CM to meet rural provision standards.

FY16 Division Comments:

- 1) *Mental Health and Officers*: DSAMH was impressed with the partnership between NECC and the Duchesne County Sheriff. Duchesne Sheriff D. Boren is commended for implementation of a program to directly address officer trauma and decrease mental health stigma.
- 2) *Suicide Prevention*: NECC continues to train their community in Mental Health First Aid (MHFA) and add MHFA trainers. Currently NECC has trained 657 people including individuals in public safety, police dispatch, corrections, clergy, education professionals and the nursing school.
- 3) *Services for Unfunded Individuals*: NECC demonstrates a strong commitment to providing services to all individuals in the community, consistently reporting higher numbers of unfunded clients with the trend increasing.
- 4) *Participant Feedback*: NECC continues to provide exceptional services for SPMI clients. Individuals in the day treatment program in Duchesne reported that they are very satisfied with the overall program. Medication delivery, transportation and activities in the community were mentioned specifically. Individuals also stated that they would like more classes and more on communication skills. One of the members said “I have been in the program for 21 years and I have grown a lot”. Another member said “This gives me a reason

to get up in the morning.” Additional comments from several other members were: “The skills have really helped me every day.” “I look forward to coming each day and learning new tools and skills.” “We have healthy relationships here.”

Substance Abuse Prevention

Amy Frandsen, Program Manager, conducted the annual Prevention review of Northeastern Counseling Center on April 26th, 2016. 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 2015 Audit

No findings were issued.

Findings for Fiscal Year 2016 Audit

FY16 Major Non-compliance Issues:

None

FY16 Significant Non-compliance Issues:

None

FY16 Minor Non-compliance Issues:

None

FY16 Deficiencies:

None

FY16 Recommendations:

- 1) The Division recommends that NCC continue to work with Duchesne County School District to resolve concerns and allow students to re-engage in SHARP Survey.
- 2) The Division recommends that the Prevention Advisory Coalition train members in SAPST so they have a foundation of prevention science to guide them.

FY16 Division Comments:

- 1) Robin Hatch, prevention coordinator, has continued to improve the relationship between NCC, the counties and the Ute Tribe. The Ute tribe has expressed greater interest in participating in the 2017 SHARP survey.
- 2) NCC worked with law enforcement to increase the EASY checks from the previous year.

- 3) Robin Hatch is working on an intensive community assessment. She is using the coalition as a resource to assist her. The assessment will be completed in September, and a plan will be determined from it by December.
- 4) NCC is collaborating with the Family Support Center to provide parenting classes to young men in the jail.

Substance Abuse Treatment

Becky King, Program Administrator, conducted a review with Northeastern Counseling Center on April 26th, 2016 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 individually.

Follow-up from Fiscal Year 2015 Audit

FY15 Minor Non-Compliance Issues:

- 1) *Open Client Files:* A review of the open cases of clients admitted prior to 9-29-2014 showed there were 4.8% of old open admissions at that time.

In FY15, the rate of old open admissions decreased to 3.8%, which now meets Division Directives.

This issue has been resolved.

- 2) *Outcomes Measures:* The Outcomes Scorecard showed that:
 - a) The percent of clients completing a treatment episode successfully decreased from 40.9% to 36.0% from FY13 to FY14 respectively.

In FY15, the percent of clients completing a treatment episode successfully increased to 56.9%, which now meets Division Directives.

This issue has been resolved.

- b) The percent of clients using social recovery supports decreased from -1.9% to -61.3% from FY13 to FY14 respectively.

In FY15, the percent of clients using recovery supports moved to -25.0%, which still does not meet Division Directions. This is a repeat finding from FY14.

This issue has not been resolved and will be continued in FY16; see Significant Non-Compliance Issue #1.

- 3) *Consumer Satisfaction Survey:*

In FY14, NCC collected 5.4% of Youth Satisfaction Surveys, which did not meet the Division Directives of 10%.

In FY15, NCC collected 22.5% of Youth Satisfaction Surveys, which now meets Division Directives.

This issue has been resolved.

Findings for Fiscal Year 2016 Audit:

FY16 Major Non-compliance issues:

None

FY16 Significant Non-compliance issues:

- 1) The percent of clients using social recovery supports decreased from -61.3% to 25.0% from FY14 to FY15 respectively, which does not meet Division Guidelines. This is a repeat finding from FY14.

Local Substance Abuse Authorities' Scorecard will show that the percent of individuals participating in social support of recovery activities in FY15 increased from admission to discharge. Participation is measured as those participating in social support recovery activities during the 30 days prior to discharge minus percent of individuals participating in social support of recovery activities in 30 days prior to admission.

Center's Response and Corrective Action Plan:

The Center has reviewed some data to determine why the number indicates a decrease. This data point is also related to retention in treatment as individuals that suddenly discontinue treatment will generally be discharged as Zero or not collected. This creates a decrease when at admission individuals report some attendance. The significant majority of OP consumers report no attendance and do not follow through with provided schedules and encouragement. The Center is open to suggestions on how to increase attendance and decrease known barriers to attending social support meetings in the community or on line. Barriers include group dynamics among some community groups, transportation to social support for individuals that live in rural outlying areas, for a segment of the OP population not wanting to attend public groups, etc. Administration will continue to train and hold clinicians accountable for accurate data collection as services are provided. Therapists are expected to provide encouragement, engagement and education about the benefits of healthy social supports that do exist in the community. Additional documentation standards will be implemented to ensure that education and encouragement are provided. The Center administration has met and is considering hiring a Case Management/Peer position to engage individuals and encourage retention, social support and recovery.

FY16 Minor Non-compliance issues:

- 1) The percent of clients retained in treatment 60 days or more decreased from 70.1% to 62.7% from FY14 to FY15 respectively, which does not meet Division Directives.

Local Substance Abuse Authorities will meet or exceed their FY2014 treatment retention in the FY2015 and will work towards achieving a goal of 70%. Local Substance Abuse Authorities who FY2014 retention rate was over 70% are required to meet or exceed a 70% retention rate in the FY2015. Retention is defined as the percentage of individuals who remain in treatment over 60 days.

Center's Response and Corrective Action Plan:

The Center has been considering what is within the Center's control and influence to keep individuals involved in treatment past 60 days. Engagement, person centered principles, motivational interviewing follow up and coordination with other stake holders (e.g. AP&P, private probation providers, DCFS, family, clergy and Court Probation, etc.) are endeavored, in the hopes of improving treatment attendance, retention and adherence. The Center is also studying the diverse population that is seeking treatment services at NCC and how to provide appropriate treatment for the wide variety of individuals seeking services. This includes not mixing risk levels in a treatment setting. In reviewing data over the last six months 40% of the individuals admitted to the OP level of care were *not* "compelled" to receive treatment services at the time of admission. Some of these individuals may be compelled to treatment later on and others will remain separate from the criminal justice system. Being compelled for treatment services and being on some type of structured probation does not ensure retention. However, in some cases, structure and accountability accompanied by ROSC principles does help some individuals to remain in treatment up to and beyond the 60 day mark. The Center has met and is considering hiring a Case Management/Peer position to engage individuals and encourage retention and recovery. The Center will continue its efforts to increase retention and successful completion of treatment.

FY16 Deficiencies:

- 1) *Electronic Charting System:* NCC continues to make improvements in their new electronic charting system (*Credible*) to improve charting methods. It is recommended that NCC continue to refine the charts in the following areas: (1) Individualizing goals in the treatment plan; (2) including objectives that are specific, time-limited and measureable (*Chart #'s: 80511, 91878, 85112, 82477, 89173, 90584*).

FY16 Recommendations:

- 1) *Justice Reinvestment Initiative (JRI):* NCC has experienced difficulties in collaborating with Adult Probation and Parole (AP&P) and receiving the Level of Service Inventory –Revised (LSI-R&R) Screening Tools for clients referred to their program. As a result, NCC has been completing a duplicate LSI-R&R. With the recession and other community issues, NCC reports that JRI is not on the radar for Roosevelt and Vernal at this time. It is recommended that NCC continue to work with their community partners in developing a plan to improve the coordination of services between AP&P and other programs.

FY16 Division Comments:

- 1) *Tobacco Cessation:* Over the past year, NCC has increased awareness regarding tobacco cessation and Recovery Plus, which has improved their outcomes.
- 2) *Program Structure:* NCC has made an effort to move away from a “program approach” and individualize treatment. This new approach has produced better outcomes and sustained recovery.
- 3) *Recovery Support:* NCC now has a youth Peer Support Specialist which is being funded by the UT YES Grant. This Peer Support Specialist has made a positive difference in their program.
- 4) *Drug Court:* NCC has made efforts over the past year to incorporate aftercare requirements in their Drug Court Program by referring to clients to community support programs, such as 12-step groups, etc. Connecting clients to the community during and after treatment has been helpful in improving outcomes.
- 5) *Adolescent Treatment:* Through increased community awareness through prevention efforts, there have been more adolescents receiving treatment services in the school system. The UT YES Grant has been able to fund two therapist positions in the High Schools, which has been effective.
- 6) *Community Collaboration:* NCC continues collaborate well with community programs, including the Ute and Navajo Tribes. NCC has been able to work with these programs to expand outpatient and residential treatment options. The Ute Tribe facilitates a residential treatment program (*Red Pine*), which provides State-wide residential treatment services. NCC has been able to refer their clients to this residential program, which has been beneficial.

Section Two: 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.

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.

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

Prepared by:

Chad Carter _____ Date _____
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