



State of Utah

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Governor

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Lieutenant Governor

Department of Human Services

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Executive Director

Division of Substance Abuse and Mental Health

DOUG THOMAS
Director

March 18, 2019

Commissioner Darin Bushman
Piute County Commission
PO Box 135
Marysvale, Utah 84750

Dear Commissioner Bushman:

In accordance with Utah Code Annotated 62A-15-103, the Division of Substance Abuse and Mental Health has completed its annual review of Central Utah Counseling Center and the final report is enclosed. The scope of the review included fiscal management, children, youth, family and adult mental services, substance abuse treatment and prevention services, and general operations.

The center has many strengths; however, this report by its nature focuses on the exceptions and areas in need of improvement. The Division has approved all corrective action plans submitted by the Center/County in response to each reported finding, which have been included in the final report. If you have any questions, please contact Chad Carter (801)538-4072

We appreciate the cooperation and assistance of the staff and look forward to a continued professional relationship.

Sincerely,

Doug Thomas

Doug Thomas
Division Director

Enclosure

cc: Commissioner Richard Hansen, Juab County Commission

Commissioner Evelyn Warnick, Millard County Commission
Commissioner Scott Bartholomew, Sanpete County Commission
Commissioner Ralph Brown, Sevier County Commission
Commissioner Dennis Blackburn, Wayne County Commission
Brian Wipple, Director of Central Utah Counseling Center



Site Monitoring Report of

Central Utah Counseling Center

Local Authority Contracts #160046 and #160047

Review Dates: November 6th, 2018

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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 Central Utah Counseling Center (also referred to in this report as CUCC or the Center) on November 6th, 2018. 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; Division Directives; 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 Deficiency	None None None None	
<i>Child, Youth & Family Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 1 1	9 - 10 10
<i>Adult Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None 1	12 - 13
<i>Substance Abuse Prevention</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 4 None	15 - 17
<i>Substance Abuse Treatment</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review of the Local Authority, Central Utah Counseling Center (CUCC). The Governance and Fiscal Oversight section of the review was conducted on October 2nd & 3rd, 2018 by Chad Carter, Auditor IV.

The site visit was conducted at CUCC as the contracted service provider for Juab, Millard, Piute, Sevier, Wayne and Sanpete Counties. 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. Executive travel reimbursements were reviewed to ensure they were appropriate and that no personal benefit has been gained. Board minutes were reviewed and discussions were conducted to determine if an appropriate level of involvement and financial oversight was provided.

As part of the site visit, CUCC provided backup to support their costs and billed amounts, using rates taken from their Medicaid Cost Report. This report is a cost study conducted by the Local Authority and then reviewed/approved by the Department of Health (DOH), Medicaid Division. This report establishes the center's cost allocation plan as it pertains to overhead/administrative costs and spreads these costs across the Current Procedural Terminology (CPT) billing codes used by the Center that year. This allows the Division to fairly incorporate these overhead/administrative costs into the payments sent for services that qualify for funding found on the Center's contract allocation letter. Random samples were taken from the backup provided to verify that the listed services qualified for each different service category.

As the Local Authority, CUCC received a single audit as required. The CPA firm Kimball & Roberts completed the audit for the year ending June 30, 2018. The auditors issued an unmodified opinion in their report dated September 28th, 2018. There were no findings or deficiencies reported.

Follow-up from Fiscal Year 2018 Audit:

No findings were issued in FY18.

Findings for Fiscal Year 2019 Audit:

FY19 Major Non-compliance Issues:

None

FY19 Significant Non-compliance Issues:

None

FY19 Minor Non-compliance Issues:

None

FY19 Deficiencies:

None

FY19 Recommendations:

- 1) As a subrecipient of Federal funds, CUCC is required to be in compliance with Federal regulations. It was discussed that, starting next year, DSAMH would check to ensure the Local Authority's written procurement policy meets Federal guidelines. It is recommended that CUCC include, at least by reference, the requirements listed under 2 CFR 200.318 Uniform Administrative Requirements in their procurement policy.
- 2) As part of monitoring next year, DSAMH will also be checking to ensure CUCC has a written Federal awards policy. Additional information and a sample awards policy was sent to the Local Authority. It is recommended that CUCC develop a written policy to have on file before the FY20 site visit. DSAMH is available for technical assistance.

FY19 Division Comments:

- 1) DSAMH discussed some additional requirements for subcontractor monitoring. CUCC was very responsive and willing to be in compliance. We appreciate the relationship we have with CUCC and their willingness to work with the Division.

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 Central Utah Counseling Center on November 6th , 2018. The monitoring team consisted of Mindy Leonard , Program Manager; and Laura Adams, Utah Family Coalition (Allies with Families). The review included the following areas: record reviews, discussions with clinical supervisors and management, case staffing, program visits, allied agency visits, and feedback from families through questionnaires and a focus group. During the visit, the monitoring team reviewed the FY18 audit; statistics, including the Mental Health Scorecard; Area Plans; Youth Outcome Questionnaires; family involvement; Family Resource Facilitation (Family Peer Support); High Fidelity Wraparound; Multi-Agency Coordinating Committee involvement; school-based behavioral health; Mental Health Early Intervention Funding; juvenile 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 2018 Audit

FY18 Minor Non-compliance Issues:

- 1) *Objectives:* The recovery plan objectives did not meet the Division Directives criteria for clinical objectives. Of twelve charts that were reviewed, seven contained objectives that lacked measurable, achievable, or a time oriented focus.

This issue has not been resolved and will be continued in FY19; see Minor Non-compliance Issue #1.

Findings for Fiscal Year 2019 Audit

FY19 Major Non-compliance Issues:

None

FY19 Significant Non-compliance Issues:

None

FY19 Minor Non-compliance Issues:

- 1) *Objectives:* The recovery plan objectives were not measurable within the charts. Division Directives state, “The current version of the approved Utah Preferred Practice Guidelines shall be the preferred standard for assessments, planning and treatment.” The current Utah Preferred Practice Guidelines state, “objectives are measurable, achievable and within a timeframe.” Objectives in four of the ten chart reviews were vague and difficult to achieve (e.g. the “client will follow the safety plan”), while one chart did not include objectives.

Center’s Response and Corrective Action Plan:

Action Plan: CUCC will take the following steps to correct this deficiency. CUCC administration met together and outlined the following steps on February 4, 2019. It was

determined that CUCC would implement a new treatment plan template with required fields in the objective section that will include requiring the clinician to use terms of measurement in establishing person centered objectives. Training will be completed with each geographic team on the new treatment plan and staff will then have time to rewrite current objectives and then work with clients in the treatment planning process moving forward.

Timeline for compliance: 4/30/2019

Person responsible for action plan: Nathan Strait

FY19 Deficiencies:

- 1) *Youth Outcome Questionnaire:* The frequency the Youth Outcome Questionnaire (YOQ) was administered did not meet requirements set in the Division Directives. The Division Directives state, “DSAMH will require that the Youth Outcome Questionnaire (OQ/YOQ) be given to patients and consumers at intake, every thirty days or every visit (whichever is less frequent), and at discharge/discontinuation (inpatient stays for community mental health are exempt).” Through records reviews, four of the ten charts reviewed had YOQs that were not administered at the required rate of at least once every 30 days.

Center’s Response and Corrective Action Plan:

Action Plan: Based upon the most recent DSAMH published YOQ scorecard outcomes, CUCC has a 100% of clients participating in the YOQ. If the 40% were found to not be in compliance with the standard of rates of administration, then the other 60% could be assumed to be in compliance with the rate of administration. The 60% would therefore be 10% above the required 50% DSAMH participation rate. Even with these rates discussed, CUCC acknowledges that it can improve in its use of the YOQ. Internal auditing had brought this to CUCC’s attention and began to address these challenges. An internal audit review was completed on 2/4/19 which included a review of DSAMH’s site visit findings. Challenges were identified and the following action plan steps were outlined: 1. Therapists were identified that seemed to struggle with YOQ/OQ implementation; 2. Team Leaders were to address these deficiencies in supervision including DSAMH expectations for rates of administration and; 3. CUCC’s supervision plan, including recorded sessions, was reviewed to better monitor to fidelity.

Timeline for compliance: 3/1/2019

Person responsible for action plan: Nathan Strait

FY19 Recommendations:

None

FY19 Division Comments:

- 1) *Family Feedback:* The Utah Family Coalition (UFC) collected feedback from 17 families who completed the UFC questionnaire. The Richfield office collected five Questionnaires, the Ephraim office collected seven, and the Nephi office collected five. Families who responded understood the YOQ and stated that treatment/recovery is going well. Families stated: “ It was hard to get her in once a week in the beginning. Now the wait time is not an issue;” “If we needed to be seen right away they always got me right in. (for a crisis

situation);” and “The center has been very helpful in getting me the resources I’ve needed.” Several families have reported, there is a lack of youth activities in the community.

- 2) *Family Resource Facilitation and Wraparound:* CUCC is providing High Fidelity Wraparound as defined by the UFC. CUCC continues to support and promote family involvement. The services provided by the Family Resource Facilitators (FRFs) are valued by CUCC and the community partners they interact with. Each chart had several meeting minutes that showed a complete team including natural supports, the voice and choice principal of wraparound came through in every chart. One family was interviewed for the Wraparound interview. The family was pleased with their progress. The father stated, “I have really had my opinion of the school changed for the better because of wraparound.” The youth stated, “I am doing better this year in school than I ever have, because of the accommodations of the team (well, since I was little like third grade).”

It is recommended that CUCC continue to look for ways to continue to clarify the roles and responsibilities of the FRFs for other staff and the families who may be in need.

Adult Mental Health

The Division of Substance Abuse and Mental Health and Adult Monitoring Team conducted its annual monitoring review at Central Utah Counseling Center on November 6th, 2018. The monitoring team consisted of Mindy Leonard, Program Manager. The review included the following areas: record reviews, review of CUCC internal chart audits, discussions with clinical supervisors, management teams, a Certified Peer Support Specialist and program participants. During the monitoring visit, charts were reviewed from Sevier, Juab, Sanpete, and Millard Counties. Visits were conducted at the Millard County Jail and Nephi outpatient services. During the discussions, the site visit team reviewed the FY18 Monitoring Report; statistics, including the mental health scorecard; area plans; outcome questionnaires; 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 2018 Audit

FY18 Deficiencies:

- 1) *Treatment Documentation:* This is a joint deficiency with the Children and Youth Team, and a follow up from FY17 recommendation that objectives be "behavioral changes that are measurable, short-term and tied to the goals." In FY17, six of fourteen charts included objectives that were not measurable. In FY18, five out of nine charts did not have measurable objectives. This was a recommendation in FY15 and FY17.

This Deficiency has not been resolved and will be continued in FY19; see Deficiency 1.

Findings for Fiscal Year 2019 Audit

FY19 Major Non-compliance Issues:

None

FY19 Significant Non-compliance Issues:

None

FY19 Minor Non-compliance Issues:

None

FY19 Deficiencies:

- 1) *Documentation:* A review of the documentation demonstrated that six of ten charts did not include measurable objectives (ie. "process past triggers", "being successful" or "50% decrease in negative thoughts" without identifying baseline or measurement). This was also reflected in the internal chart review. One solution would be encouraging staff to utilize SMART goals; Specific, Measurable, Attainable, Relevant, and Time-based. The CUCC internal peer review tool assesses whether objectives could be achieved quickly and could be modified to also include whether objectives are measurable.

Center's Response and Corrective Action Plan:

Action Plan: CUCC will take the following steps to correct this deficiency. CUCC administration met together and outlined the following steps on February 4, 2019. It was determined that CUCC would implement a new treatment plan template with required fields in the objective section that will include requiring the clinician to use terms of measurement in establishing person centered objectives. Training will be completed with each geographic team on the new treatment plan and staff will then have time to rewrite current objectives and then work with clients in the treatment planning process moving forward.

Timeline for compliance: 4/30/2019

Person responsible for action plan: Nathan Strait

FY19 Recommendations:

- 1) *Case management (CM):* The DSAMH Adult Mental Health Scorecard reports case management services are lower at CUCC than the rural state average for the second year in a row (FY18 - 16.5%; rural FY18 average - 34.7%). This is a slight increase from FY17 (14.6%). DSAMH encourages CUCC to expand the use of Case Management to ensure that all clients needing this support are able to access the service.

FY19 Division Comments:

- 1) *Clinical Use of the Outcome Questionnaire (OQ):* The FY18 Adult Mental Health Scorecard reports that 100% of unduplicated clients participated in the OQ. The CUCC charts that were reviewed demonstrated excellent, consistent use of the OQ as a clinical intervention. The FY18 Adult MH Scorecard also indicates that CUCC has the highest percentage of clients in the State with OQ scores indicating positive outcomes, both while in treatment and at discharge.
- 2) *Suicide Prevention:* CUCC has done great work on improving suicide screening rates for clients utilizing services as well as in improving the percentage of patients at risk who are receiving same day safety plans. DSAMH commends CUCC for this and recommends ongoing training and support to staff to continue to see these numbers move in the right direction even as the Performance Improvement Plan ends.
- 3) *Evidence-Based Practices:* DSAMH commends CUCC for their commitment to fidelity to evidence-based treatment and best practices. This includes a focus on specific practices, development of expertise, and an improved supervision model.

Substance Use Disorders Prevention

Becky King, Program Administrator, conducted the annual prevention review of Central Utah Counseling Center on November 6th, 2018. The review focused on the requirements found in State and Federal law, Division Directives and contracts. In addition, the review evaluated the services described in the annual prevention area plan and the data used to establish prevention priorities.

Follow-up from Fiscal Year 2018 Audit

FY18 Minor Non-compliance Issues:

- 1) A Community Readiness Assessment was not completed in FY17. It was recommended that CUCC work with coalitions and use existing data to assess community needs, prioritized populations and readiness.

In FY18, CUCC completed a Community Readiness Assessment for Juab and Sevier County, but did not complete a comprehensive Local Authority Assessment according to requirements in the Division Directives.

This issue is not resolved and will be continued in FY19; see Minor Non-Compliance Finding #1.

- 2) 80% of programming provided by CUCC was considered evidence-based in FY17. This is below the Division Directive goal of 90%. CUCC increased evidence based strategies, but still did not meet the 90% requirement.

In FY18, 73% of CUCC's programs were evidence-based, which still does not meet Division's goal of 90%.

This issue is not resolved and will be continued in FY19; see Minor Non-Compliance Finding #2.

- 3) CUCC did not have a strategic plan in FY17, which was in part due to the lack of an assessment. It was recommended that CUCC work with the Regional Director to complete this.

In FY18, CUCC used their Area Plan as a Strategic Plan. While this acceptable, the Area Plan submitted by CUCC did not have all of the required elements of a Strategic Plan according to Division Directives.

This issue is not resolved and will be continued in FY19; see Minor Non-Compliance Finding #3.

- 4) No Eliminating Alcohol Sales to Youth (EASY) compliance checks occurred in FY17. CUCC continues to invite law enforcement agencies to trainings and coalition meetings.

In FY18, no EASY compliance checks occurred, which is not in compliance with Division Directives.

This issue is not resolved and will be continued in FY19; see Minor Non-Compliance Finding #4.

FY18 Deficiencies:

- 1) CUCC Prevention staff were not certified in Substance Abuse Prevention Specialist Training (SAPST) in the FY17. Staff were hired in August 2016.

This issue has been resolved. In FY18, all three prevention staff at CUCC were certified in the SAPST Training, which now meets Division Directives.

- 2) All Coalitions in Central did not prioritize substance use related risk and protective factors in FY17.

This issue has been resolved. In FY18, all Coalitions in Central prioritized substance use related risk and protective factors.

Findings for Fiscal Year 2019 Audit

FY19 Major Non-compliance Issues:

None

FY19 Significant Non-compliance Issues:

None

FY19 Minor Non-compliance Issues:

- 1) In FY18, CUCC completed a Community Readiness Assessment for Juab and Sevier County with SHARPS data.; However, CUCC has not completed a comprehensive Local Authority Assessment. CUCC should work with coalitions and use existing data to assess community needs, prioritized populations and readiness.

E.ii.a. The Division Directives require each local authority to assess local prevention needs based on epidemiological data. This assessment shall include the most current Student Health and Risk Prevention Survey (SHARP) data and additional local data.

1. Assessments shall be done at minimum every three years.

2. Resources that shall be used to perform the assessment include, but are not limited to:

(a) <http://bach-harrison.com/utsocialindicators.html>

(b) <http://ibis.health.utah.gov>

(c) *Communities that Care, Community Assessment Training (CAT)*
<http://www.communitiesthatcare.net/getting-started/ctc-training/>.

Center’s Response and Corrective Action Plan:

Action Plan: CUCC will complete Community Readiness Assessments for Fillmore, Sanpete, and Wayne by July 2019. CUCC will also work with Regional Directors to complete a comprehensive Local Authority Assessment according to requirements in the Division Directives

Timeline for compliance: July 30, 2019

Person responsible for action plan: Gay Hansen will work with Prevention Specialists to complete this.

2) In FY18, 73% of CUCC’s programs were evidence-based. This is below the Division’s goal of 90%. During FY18 the required percentage increased to 90% of total strategies.

E.ii.i. Increase the number of evidence-based policies, programs and strategies to a standard of 90%. The remaining 10% of prevention policies, programs and strategies are to be research informed with a plan to be submitted to Evidence Based Workgroup (EBW) within one year.

- 1. The evidence- based policies, programs and strategies shall be broken down as follows:*
- (a) A minimum of 90% of the policies, programs and strategies shall be tier 3 or 4 per PART, or be programs listed on a national evidenced based registry approved by DSAMH.*
 - (b) A maximum of 10% of the policies, programs and strategies may be tier 1 or 2 per the program assessment rating tool Program Assessment Rating tool (PART). PART is available on the DSAMH website.*

Center’s Response and Corrective Action Plan:

Action Plan: CUCC will work with Regional Directors to raise programming to 90% evidence-based

Timeline for compliance: April 2019

Person responsible for action plan: Gay Hansen

3) In FY18, CUCC used their Area Plan as a Strategic Plan. While this acceptable, the Area Plan submitted by CUCC did not have all of the requirements of a Strategic Plan according to Division Directives. The Strategic Plan should include a comprehensive assessment, information on community capacity, planning, implementation and evaluation. CUCC should work with the Regional Director to complete this.

E.ii.c. Develop a strategic plan that is comprehensive, logical and data driven to address the problems identified during assessment with the current and future capacity developed. Post this plan publicly.

1. There shall be a minimum of one (1) strategic plan per LSAA. Within the plan, LSAA's shall identify and prioritize communities. Each prioritized community shall have a strategic plan.
2. LSAA's Strategic plan shall include how the LSAA will work with and support coalitions in their strategic plan.

Center's Response and Corrective Action Plan:

Action Plan: CUCC will finish their Strategic Plan according to Division Directives.

Timeline for compliance: March 30, 2019

Person responsible for action plan: Gay Hansen will be responsible to work with Prevention Specialists

- 4) No Eliminating Alcohol Sales to Youth compliance checks occurred in FY18. CUCC continues to invite law enforcement agencies to trainings and coalition meetings.

G.i.v.e Number of "Eliminate Alcohol Sales to Youth" (EASY) alcohol compliance checks within Local Authority area. (Target for FY2019 is an increase from the previous year.)

Center's Response and Corrective Action Plan:

Action Plan: CUCC continues to work with local law enforcement agencies throughout our LSAA to provide training and encourage quarterly EASY compliance checks.

- a) A meeting was held February 5, 2019 with Law Enforcement from Ephraim City Police Dept., Gay Hansen, Elizabeth Hinckley, and Dennis Schugk, Criminal Justice Professor at Snow College.
- b) A plan was created to allow students working towards a degree in Criminal Justice to apply through Ephraim City Police to assist in EASY Compliance Checks in Central Utah.
 - 1) Prof. Dennis Schugk will introduce EASY program to his students by February 11th.
 - 2) Ephraim City Secretary will prepare an application form, advertise, do background checks, and set up interviews.
 - 3) 10 students will be chosen through application and interview process by February 27th.
 - 4) Students will get training from Prevention Staff and law enforcement by March 10, 2019 and assist in EASY Compliance Checks as contacted by law enforcement in Central Utah.
 - 5) Students names and contact information will be given to each law enforcement agency by March 7, 2019.

Timeline for compliance: April 2019

Person responsible for action plan: Gay Hansen will be responsible to see that all parties follow through with this plan. Prevention Specialists Gay Hansen, Ashlee Gleave, and Elizabeth Hinckley will continue to encourage law enforcement to do quarterly EASY Compliance Checks in each area.

FY19 Deficiencies:

None

FY19 Recommendations:

- 1) *Grants:* It is recommended that CUCC continue to work with groups and coalitions to apply for grants that fit their community. CUCC applied for the Drug Free Community Grant, which they did not receive this year, but are planning to try again. Other possible grants include the Parents Empowered Mini Grants.
- 2) *Coalition Efforts:* It is recommended that CUCC continue to work with their new Regional Director to improve coalition efforts within the LSAA.
- 3) *Strategic Prevention Framework / Communities that Care:* It is recommended that CUCC continue to work with coalitions to go through the Strategic Prevention Framework and/or use the Communities that Care Model.

FY19 Division Comments:

- 1) *Community Partnerships:* CUCC has done an excellent job of partnering with several organizations in their community, which has increased access to services and improved outcomes. Through these partnerships, CUCC has been able to solve community challenges and develop strategies to improve prevention efforts in their local area.
- 2) *SHARP Survey:* For several years, Juab County school system did not allow the SHARP survey to be administered, but through ongoing perseverance and dedication from CUCC's prevention coordinators and community members, they were able to get the SHARP Survey completed for the first time in Juab County, which was a major accomplishment for their community. CUCC is planning to continue to seek methods of completing the SHARP Survey by incentivising kids to stay late Fridays and working with the Regional Director for other ideas.
- 3) *Evidence-based Practice:* CUCC worked on implementing Guiding Good Choices in their community over the past year. They did not have time to saturate all of the communities with Guiding Good Choices, but are planning to continue working on this. Meanwhile, they are trying to find parents to be involved in parenting classes to improve positive outcomes for kids and their families.

Substance Use Disorders: Treatment

Becky King, Program Administrator, conducted the review of Central Utah Counseling Center on November 6th, 2018. The review focused on compliance with State and Federal law, Substance Abuse Treatment (SAPT) Block Grant regulations, and adherence to DSAMH directives and contract requirements. The review consisted of an interview with program staff, data submitted to DSAMH, a review of clinical records and an evaluation of agency policy and procedures. In addition, performance and client satisfaction was measured using the Utah Substance Abuse Treatment Outcomes Measures Scorecard and Consumer Satisfaction Survey Data.

Follow-up from Fiscal Year 2018 Audit

FY18 Minor Non-compliance Issues:

- 1) The FY17 Substance Abuse Treatment Scorecard showed that the percent of clients reporting a decrease in tobacco use from admission to discharge declined from -0.09% in 2016 to -2.1% in 2017.

This issue has been resolved. In FY18, the percent of clients using tobacco from admission to discharge decreased from -2.1% to 1.0%, which now meets Division Directives.

- 2) The 2017 Treatment Episode Data Set (TEDS) submissions showed that 17% did not indicate whether clients had been “compelled to treatment” by the criminal justice system.

This issue has been resolved. In FY18, 100% of the data was collected for clients involved in the criminal justice system upon admission: 78.3% of clients reported being compelled while 21.7% reported not being compelled to treatment. This now meets Division Directives.

- 3) The FY17 Treatment Episode Data Set (TEDS) submissions showed that 45.8% of the criminogenic risk levels were not identified. This field is required and critical to evaluating Utah’s Justice Reinvestment Initiative.

This issue has been resolved. In FY18, 1.7% of criminogenic risk data was not collected upon admission for clients in the criminal justice system, which meets the 10% required collection rate in Division Directives.

- 4) The Substance Use Disorder Treatment Charts reviewed showed that the majority of the charts did not contain a RANT and or an LSI-RNR. This information is required for all those who are criminally involved.

This issue has been resolved. In the FY19 site visit, the charts reviewed showed that the RANT or an LSI-RNR were included in the charts.

FY18 Deficiencies:

- 1) The FY17 Treatment Episode Data Set (TEDS) shows that 75.3% of clients completed their treatment episodes successfully. Successful Completion of Treatment is defined as a client completing 75% of their treatment objectives. However in the charts audited, the majority of those with closed treatment episodes were marked as treatment completed, but the charts indicated that the client had left treatment early/ stopped engaging in treatment. (*Chart #'s: 20541, 81448, 82833, 82737, 82752, 45507, 50094, 83330, 83049*). The Discharge Summaries should reflect the reason for episode closure according to TEDS discharge definitions.

This issue has been resolved. The FY18 TEDS showed that 70.6% of clients completed their treatment episodes and the Discharge Summaries also reflected that clients completed their treatment successfully.

Findings for Fiscal Year 2019 Audit:

FY19 Major Non-compliance Issues:

None

FY19 Significant Non-compliance Issues:

None

FY19 Minor Non-compliance Issues:

None

FY19 Deficiencies:

None

FY19 Recommendations:

- 1) *Transportation and Service Access:* Central Utah does not have public transportation, which creates a challenge for clients to attend treatment that live several miles away from the treatment center. Clients usually walk, ride their bike or get a ride with family or friends to treatment. CUCC tries to schedule clients' appointments on the same day and has been working on other ways to help clients attend treatment. CUCC started using Doxy.me for video therapy services in remote areas, which seems to be working well. It is recommended that CUCC continue to use Doxy.me in all areas of Central Utah to increase access to treatment services.

FY19 Division Comments:

- 1) *Expansion of Services:* CUCC expanded their services over the past year by including intensive outpatient treatment and day treatment services in Tri-County, Sanpete and Juab / Millard. In addition, they have added gender responsive programming for men and women, youth treatment groups, Yoga, Life Balance and self reflection groups and continue to provide Prime for Life Groups. All of these services are located within the same building on

a campus close to the main building, which has increased access to services in their community.

- 2) *Evidence-based Practice*: CUCC has made an effort over the past year to improve fidelity measures in their evidence-based practices through observation and improving clinical supervision. CUCC continues to seek methods of providing quality services to their community.

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 be categorized as a non-compliance issue. A written corrective action

plan is required without a formal timeline. 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.

March 19, 2019

Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Central Utah 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 *Chad Carter*
Auditor IV

Date March 18, 2019

Approved by:

Kyle Larson *Kyle Larson*
Administrative Services Director

Date March 19, 2019

Jeremy Christensen *Jeremy Christensen*
Assistant Director Mental Health

Date March 19, 2019

Brent Kelsey *Brent Kelsey*
Assistant Director Substance Abuse

Date March 19, 2019

Doug Thomas *Doug Thomas*
Division Director

Date

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