

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: October 22nd and 23rd, 2013

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 October 22nd & 23rd, 2013. 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 1	16
<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 2	21 - 22

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health conducted its annual monitoring review at Northeastern Counseling Center (NCC) on October 22nd and 23rd, 2013. 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 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. Detailed service, operating and travel 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 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 2013 Audit:

FY13 Minor Non-compliance Issues:

- 1) Subcontractor files were found to be missing current insurance documentation.

This finding has been resolved.

Findings for Fiscal Year 2014 Audit:

FY14 Major Non-compliance Issues:

None

FY14 Significant Non-compliance Issues:

None

FY14 Minor Non-compliance Issues:

None

FY14 Deficiencies:

None

FY14 Recommendations:

None

FY14 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 October 22nd & 23rd, 2013. The monitoring team consisted of Dinah Weldon, Program Administrator and Eric Tadehara, Program Manager. Lis Rosen from NAMI Utah (Utah Family Coalition) also participated in the monitoring activities at a later time. 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 FY13 audit findings and Center responses; statistics, including the Mental Health Scorecard; Area Plans; Youth Outcome Questionnaires; family involvement; Family Resource Facilitation (Peer Support); Wraparound to fidelity; Multi-Agency Coordinating Committee; 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.

From our review, Northeastern Counseling Center is compliant with all of the mandated services.

Follow-up from Fiscal Year 2013 Audit

FY13 Minor Non-compliance Issues:

- 1) Safety/Crisis Plans were clinically indicated, but not present, in four of the 13 charts reviewed. Safety/Crisis Plans need to be developed when clinically indicated. An effective Safety/Crisis Plan should provide an individualized description of problematic and unsafe behaviors. It should identify specific safety interventions that can help families and other formal and informal supports prevent a situation from escalating into a crisis. It should also clearly state steps to be taken if a crisis does arise.

This finding has been resolved.

Findings for Fiscal Year 2014 Audit

FY14 Major Non-compliance Issues:

None

FY14 Significant Non-compliance Issues:

None

FY14 Minor Non-compliance Issues:

None

FY14 Deficiencies:

None

FY14 Recommendations:

- 1) NCC is encouraged to look at opportunities to expand services for Targeted Case Management, Respite, and Psychosocial Rehabilitation to meet the needs of the children/youth in the catchment area. Each of these services is being provided at a rate lower than the state average.

FY14 Division Comments:

- 1) *School-based Mental Health Services:* NCC is providing school-based mental health services in all three school districts located in their catchment area: Daggett, Duchesne, and Vernal School Districts. In meeting with one school district administrator, he described the partnership as “wonderful” and then mentioned that he “would love to expand services to all schools” in his district. In the same district, an elementary school principal discussed the struggles that many of the students have experienced due to poverty and family trauma histories. She felt that having a therapist help address the children’s emotional needs allowed them to then be able to focus on learning. As an example, she mentioned that one student who received services last year is presently excelling in school this year.

NCC has provided training to school staff members about recognizing when a child is experiencing a mental health crisis and how to respond to that crisis. That training is known as Mental Health First Aid, and has been provided to various staff throughout the three districts. NCC also assists schools when a local tragedy (or a national incident with significant media coverage) triggers distress or grief in the students and/or staff.

- 2) *Family Feedback:* Feedback was gathered from nine families who returned the Utah Family Coalition Questionnaire. Families reported that the “therapists really care” and “helped a lot.” They also reported that other staff are caring, supportive and helpful. One parent stated, “I really appreciate that the counseling center is always open and welcoming. I almost feel at home with my counselor and he is the best.” This reflects the overall trend that families have positive views of NCC and the staff.
- 3) *Wraparound:* NCC is providing Wraparound to fidelity as defined by the Utah Family Coalition. The Family Resource Facilitator (FRF) works well with the families, utilizes a collaborative approach, and maintains good documentation of the activities involved in the Wraparound process.

Adult Mental Health

The Adult Mental Health team consisted of Robert Snarr, Program Manager Adult Mental Health; Michael Newman, Recovery and Resiliency Peer 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 Uinta County Jail; adult psychosocial groups/facilities and day treatment in Roosevelt and Vernal; Northeastern Counseling Center Administrative Offices and with tribal service providers at Fort Duchesne. During the discussions, the team reviewed the FY13 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.

From our review, the Center is in partial compliance with the ten mandated services.

Follow-up from Fiscal Year 2013 Audit

FY13 Deficiencies:

- 1) NCC does not operate a licensed residential program and does not contract formally for residential services as defined by the Division of Substance Abuse and Mental Health.

NCC reports that they have a cooperative agreement with several community mental health centers and reported referring clients to Bear River Mental Health, Davis Behavioral Health and Wasatch Mental Health to provide residential housing to individuals transitioning out of acute psychiatric hospitalization and the Utah State Hospital.

This deficiency has been resolved.

- 2) The amount of targeted case management provided by Northeastern Counseling Center continues to be significantly less than the rural and state averages.

This deficiency has not been resolved and is continued in FY14; see Minor Non-compliance Issue #1.

Findings for Fiscal Year 2014 Audit

FY14 Major Non-compliance Issues:

None

FY14 Significant Non-compliance Issues:

None

FY14 Minor Non-compliance Issues:

- 1) The amount of targeted case management provided by Northeastern Counseling Center continues to be significantly less than the rural and state averages and is currently the lowest rural provider in the State as evidenced by the Adult Mental Health Scorecard and through chart reviews. In eight charts reviewed, only one chart had evidence of case management services. Case Management assists clients to meet their needs and keeps them out of higher levels of care.

Targeted case management services are defined as services furnished to assist 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.

Center's Response and Corrective Action Plan:

The Center's administrative team has met to discuss the Division's concern. The Center does and is willing and able to provide TCM to all adult Medicaid consumers that require the service. The Center does have a referral process for therapists to refer individuals for a formal "Needs Assessment" and subsequent TCM services. Therapists and medical staff will be formally trained in the referral process on an annual basis. In the past six months the Center trained Case Management staff on correct coding of TCM verses other related services including Personal Services and Psychosocial Rehabilitation. The Center's philosophy is to continue to be a community mental health center which includes treating a large number of non Medicaid consumers who are not eligible for TCM services. This philosophy will contribute to a lower percentage of NCC clients receiving TCM services.

FY14 Deficiencies:

None

FY14 Recommendations:

- 1) As NCC has cooperative agreements with other Local Mental Health Authorities to provide residential services it is recommended that NCC report the total number of clients referred to other providers for residential treatment including the number of days in services, length of stay, etc.
- 2) Chart reviews reflected improved person centered planning however, in several charts the goals and objectives had not been updated and the objectives were not tied back to the goal. Also, in one chart review the client had recently discharged from inpatient psychiatric hospitalization and then failed to show for a follow up session after one session; no outreach or follow up with the client were documented in the chart. Please clarify NCC's policy on follow-up for high risk clients when they fail to keep appointments.
- 3) DSAMH encourages NCC to continue looking into the hiring of Certified Peer Support Specialist(s) to work with consumers in group and/or a one-on-one setting using recovery-based practices. DSAMH commends NCC for the acceptance of a peer support recovery-

based staff training by Michael Newman, Recovery and Resiliency Peer Program Manager in the coming year.

FY14 Division Comments:

- 1) *Consumer Feedback:* All individuals in recovery interviewed in focus groups felt supported by staff at NCC. It was reported that they felt supported in their transportation, physical health, housing, and mental health. They also expressed praise for the staff that work with them, especially in day treatment. The consumers also expressed a desire to have Certified Peer Specialists working alongside the Case Managers in their day treatment programs.
- 2) *Mental Health First Aid:* DSAMH recognizes and appreciates NCC's excellent efforts in educating their community on mental illness with Mental Health First Aid (MHFA). They have two instructors who have successfully trained over 200 people in multiple-disciplinary areas including nurses, LPNs, police officers, school educators, Tribes, and a training planned in January for Clergy.
- 3) *Access to Services:* DSAMH commends NCC for providing access to services to people regardless of their funding source, the total number of clients served has increased from 955 to 1,133. DSAMH recognizes NCC's commitment to the community and strong collaboration with community partners including the hospital, jail and improved partnerships with the Tribe.
- 4) *Outcome Questionnaire (OQ):* NCC is making excellent use of the OQ as evidenced in chart reviews. The OQ is well documented, including progress or lack of progress, and clinicians' documentation of follow-up with clients.
- 5) *Integrated Physical Health and Mental Health:* NCC is partnering with Mountainlands, a Federally Qualified Health Center (FQHC), to provide quality medical and dental care to underserved populations. NCC will provide a licensed clinician to offer mental health services 16 hours a week at the FQHC.
- 6) *Wellness Practices:* NCC provides excellent services to the program participants in their day treatment programs regarding overall wellness. DSAMH observed that NCC provides groups on healthy dieting, maintaining good physical health and hygiene, self care and other topics. NCC's staff also encouraged daily physical and spiritual goals for consumers.

Substance Abuse Prevention

Ben Reaves conducted the annual prevention review of Northeastern Counseling Center on October 22nd, 2013. 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 evaluated the data used to establish prevention priorities.

Follow-up from Fiscal Year 2013 Audit

No findings were issued in FY13.

Findings for Fiscal Year 2014 Audit

FY14 Major Non-compliance Issues:

None

FY14 Significant Non-compliance Issues:

None

FY14 Minor Non-compliance Issues:

None

FY13 Deficiencies:

- 1) NCC is engaged in completing the Eliminate Alcohol Sales to Youth (EASY) alcohol compliance checks with local law enforcement in Uinta and Daggett counties, but Duchesne County law enforcement is not participating in the checks yet. NCC prevention staff has made efforts to plan with a law enforcement official on the Parents Empowered prevention committee to assist in collaborating with local law enforcement to implement the EASY checks.

DSAMH Recommends NCC continues its efforts to assist local law enforcement in Duchesne County to implement the EASY checks. DSAMH is available for technical assistance as needed.

FY13 Recommendations:

None

FY13 Division Comments:

- 1) Prevention staff has collaborated with community agencies and businesses to promote suicide prevention by training over 200 individuals in Mental Health First Aid. NCC continues to assist in promoting the training each month. NCC is also collaborating with the local Health Department to meet with school district and law enforcement professionals to promote interest in the Question, Persuade, Refer (QPR); a suicide prevention gatekeeper

training that teaches skills of recognizing warning signs of suicide, and offers hope through a referral process.

Substance Abuse Treatment

Dave Felt, Treatment Program Administrator, and Becky King, Program Manager, conducted a review with Northeastern Counseling Center on October 22nd, 2013 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 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 in two small groups.

Follow-up from Fiscal Year 2013 Audit

FY13 Deficiencies:

- 1) Treatment Plan Objectives are not changing or showing progress in treatment. Most objectives read more as general statements than goals and are not measurable and achievable. While a time frame is included for each, usually “By the end of the review period”, the objectives are not changed or even commented on at the end of the review period.

This deficiency has been resolved.

- 2) *Open Client files:* A review of the open cases of clients admitted prior to 7-1-2011 shows the following for Open Non-Methadone Admissions:

Clients Served in 2012:	559
Clients open for admissions prior to 7-1-2011:	98
Percentage :	17.5%
This percentage is over the allowable amount.	

In FY13, the percent of open cases was 5.3%, which continues to be above the Division Requirements of 4%.

This deficiency has not been resolved and is continued in FY14; see Minor-Non-Compliance Issue #1.

Findings for Fiscal Year 2014 Audit:

FY14 Major Non-compliance issues:

None

FY14 Significant Non-compliance issues:

None

FY14 Minor Non-compliance issues:

- 1) *Open Client files:* A review of the open cases of clients admitted prior to 10-18-2013 shows 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.

Recommendation:

- Conduct a review of open files and establish a process for a periodic review of open cases.

Center’s Response and Corrective Action Plan:

The Center has reviewed the 28 cases open for admission prior to 7/1/2011. Thirteen of these 28 cases were discharged in the Center’s EMR and should have been discharged previously in a timely manner. The remaining cases are MAR consumers that must remain open for physician and support services as needed. These individuals will be closed as medication services are discontinued. The Center will review open admissions quarterly for discharge.

- 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.
- 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%.
- 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.

Recommendations:

- Check the data for accuracy, and if necessary, develop a plan to increase the use of social support services and improve treatment episode completion rates.

- Implement the Recovery Support Services Program; provide tobacco cessation education and resources. Post Recovery Support Services flyers at the front desk and provide brochures in various areas of the building.
- These recommendations should be completed by the FY15 Site Visit.

Center’s Response and Corrective Action Plan:

The Center will continue its support of social support services in the community including referring consumers to appropriate support services when they exist. The Center is also emphasizing accurate data collection at admission and discharge related to social support participation.

The Center will continue its efforts to increase treatment episode completion. This has included reaching out to community stake holders to gain support and accountability that will contribute to treatment compliance. In addition, treatment staff will continue to be trained in following up with consumers that drop out or suddenly begin no showing for appointments. Treatment staff’s role in engagement and motivational interviewing will be emphasized.

The Center will emphasize in clinical training of staff the 5 As (to be presented during individual service appointments) and will cover and implement portions of The Toolkit for Substance Abuse Treatment Providers, including utilizing QUITNET and QUITNOW. Substance Abuse Groups will increase the amount of time devoted to tobacco cessation treatment. Training will again emphasize Tobacco cessation objectives to be addressed in both individual and group settings. In addition, accurate data collection at admission and discharge will be emphasized.

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.

Recommendation:

- It is recommended that NCC follow up with the Drug Court Judge to change this policy, and if unsuccessful, notify the DSAMH Justice Programs Manager of the continuing problem.
- 2) 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.

Recommendation:

- It is recommended that NCC begin addressing tobacco use as an addiction and incorporate tobacco cessation education and counseling into its program, as well as providing cessation resources to clients.

FY14 Recommendations:

- 1) In the group interview, it was reported that childcare is often a barrier to treatment and that the Family Support Center (who provides childcare for NCC) will not provide childcare after 5:00 p.m. It is recommended that NCC follow up with the Family Support Center to coordinate childcare services for clients attending evening groups.
- 2) NCC does not have plans to hire a Substance Use Disorders Peer Specialist at this time. It is recommended that NCC consider identifying volunteer peer specialists and sending them to the State training to become certified.

FY14 Division Comments:

- 1) NCC has made great efforts to incorporate suicide prevention and mental health first aid in their community. Several community members from various disciplines have been trained on suicide prevention and the Health Department is currently in the process of training a QPR Specialist.
- 2) Clients interviewed at the site visit reported that they feel supported by NCC staff and receive treatment services that are beneficial and helpful.
- 3) NCC is preparing for the Affordable Health Care Act and currently accepts various insurance plans, Medicaid and Medicare. An FQHC will be setting up a clinic in their area and NCC is planning to have one of their therapists work part time in their program. Regardless of the changes that may occur in Medicaid Expansion, NCC plans to continue being a community behavioral health care center that provides services to everyone regardless of their funding source.
- 4) NCC continues to support medication assisted recovery (MAR) and has two doctors in the community prescribing Suboxone. In addition, the Drug Court Team continues to support MAR.

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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