



Site Monitoring Report of

Northeastern Counseling Center

Local Authority Contracts #152250 and #152251

Review Dates: April 10th, 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 Northeastern Counseling Center (also referred to in this report as NCC or the Center) on April 10, 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 None	9-10
<i>Adult Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None 1	12-14
<i>Substance Abuse Prevention</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 1 1	16 16-17
<i>Substance Abuse Treatment</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 1 2	18-20 21-22

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review of Northeastern Counseling Center (NCC). The Governance and Fiscal Oversight section of the review was conducted on April 10, 2018 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 has been gained. Board minutes were reviewed and discussions were conducted to determine if an appropriate level of involvement and financial oversight was provided by the governing board and/or the contracted County.

As part of the site visit, the most recent version of the Medicaid Cost Report was reviewed. 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.

There is a current and valid contract in place between the Division and the Local Authority. NCC met its obligation of matching a required percentage of State funding.

The CPA firm Aycock, Miles & Associates, CPAs performed the Center's financial statement audit for the year ending June 30, 2017. The auditing firm reviews all Federal funds managed by NCC and determined that they did not meet the \$750,000 threshold to require a single audit in this audit year. The Independent Auditor's Report dated September 25, 2017 issued an unqualified opinion, stating that the financial statements present fairly, in all material aspects, the financial position of Northeastern Counseling Center. The auditors also issued a report on internal control over financial reporting and on compliance, no findings or deficiencies were reported.

Follow-up from Fiscal Year 2017 Audit:

No findings were issued in FY17

Findings for Fiscal Year 2018 Audit:

FY18 Major Non-compliance Issues:

None

FY18 Significant Non-compliance Issues:

None

FY18 Minor Non-compliance Issues:

None

FY18 Deficiencies:

None

FY17 Recommendations:

None

FY17 Division Comments:

- 1) Last year, a recommendation was made to better document their monitoring of subcontractors. NCC has two active subcontractors and has completed written reports detailing the criteria and results of their ongoing monitoring for both contractors.

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 10, 2018. The monitoring team consisted of Eric Tadehara, Program Administrator; Mindy Leonard, Program Manager; and Wendy Mair, Family Mentor with the Utah Family Coalition (Allies with Families). The review included the following areas: record reviews, discussions with clinical supervisors and management, program visits, and feedback from families through questionnaires. During the visit, the monitoring team reviewed FY17 audit findings and County responses; statistics, including the Mental Health Scorecard; Area Plans; Youth Outcome Questionnaires; family involvement; Family Resource Facilitation (Peer Support); High Fidelity Wraparound; Multi-Agency Coordinating Committee; 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 2017 Audit

FY17 Minor Non-compliance Issues:

- 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 of Utah statute 62A-15-703, through use of the proper forms located on the DSAMH website at: <https://dsamh.utah.gov/provider-information/civil-commitment/>.

This issue has not been resolved and is continued in FY18; see Minor Non-compliance issue #1.

Findings for Fiscal Year 2018 Audit

FY18 Major Non-compliance Issues:

None

FY18 Significant Non-compliance Issues:

None

FY18 Minor Non-compliance Issues:

- 1) *Juvenile Civil Commitment*: NCC are not completing the necessary Civil Commitment paperwork for youth. Specifically, NCC is not utilizing the Notice of Discharge From Commitment to the Local Mental Health Authority of a Child when a child and youth is being released from the Civil Commitment process. Civil Commitment paperwork for juveniles needs to be completed consistent with State of Utah statute 62A-15-703, through use of the proper forms located on the DSAMH website at: <https://dsamh.utah.gov/provider-information/civil-commitment/>.

Center's Response and Corrective Action Plan:

NCC has printed off the most recent revised forms from the above named site. The revised date for both forms are 2012. The Center has two Designated Examiners that are employed by the Center. As most hospitalizations are initiated by NCC, attempts will be made to conduct the NDF prior to the youth leaving for the Wasatch Front hospital placement. However, this will not always be possible. The Center hopes to enter into a contract with a provider that lives on the Wasatch Front that can conduct any NDF that are not completed locally. The Center will ensure that those NDF proceedings are completed on the most recent form. The Clinical Director would appreciate being notified of any Designated Examiner training available in the next several months as we hope to train an additional therapist locally and our liaison that lives on the Wasatch Front.

FY18 Deficiencies:

None

FY18 Recommendations:

- 1) *Ongoing Assessments:* During the chart review, four of the fourteen charts reviewed were lacking current updates within the assessments. The Preferred Practice Guidelines lists the first principle of ongoing assessments that “assessment information is kept current.” Two of the charts did not have an updated assessment in the past two years. DSAMH recommends maintaining updated assessments throughout the treatment process.

FY18 Division Comments:

- 1) *Peer Support:* NCC has made an effort and has greatly improved the number of children and youth who have Peer Support Services documented within the Substance Abuse and Mental Health Information System (SAMHIS). Peer Support Services increased by 40% from FY17 to FY18.
- 2) *Community Support:* NCC works in collaboration with the new Children’s Justice Center (CJC) facility and law enforcement to ensure the community is provided with an appropriate continuity of care. NCC participates in regular staffings to educate all parties on each case. NCC has a referral system to correspond with the interviews that are provided at the CJC. An employee of NCC sits on the advisory board of the CJC to support community treatment.
- 3) *Wraparound & Family Resource Facilitators:* NCC provides High Fidelity Wraparound as defined by the Utah Family Coalition (UFC). The Family Resource Facilitators (FRF) are integral parts of the team and the service delivery system. NCC staff work closely with the FRF to provide more complete services to children, youth, and their families. It is recommended that NCC work closely with UFC and the FRF to find ways to continue to increase FRF services throughout the catchment area.

- 4) *Family Feedback:* The UFC gathered six family feedback questionnaires. NCC and the UFC will be hosting a family feedback group on May 1, 2018 to gain more information from families and youth. Families who participated in the survey reported being an integral part of their child's treatment team and an important part of the treatment planning process. Families reported the "staff is helpful" and "efficient." It is recommended that NCC continue to collaborate with the UFC, NAMI-UT, and the Family Mentor, Wendy Mair to strengthen the family feedback process.

Adult Mental Health

The Adult Mental Health team conducted its annual monitoring review of Northeastern Counseling Center on April 10, 2018. The team included LeAnne Huff, Program Manager Adult Mental Health and Cami Roundy, Recovery and Resiliency Peer Program Manager. The review included the following areas: Discussions with clinical supervisors, management teams and staff, record reviews, interviews with individuals in treatment, and a site visit to the administrative office, Roosevelt Day Program, and the Uintah Basin Medical Center (UBMC). During the discussions, the team reviewed the FY17 audit; statistics, including the Mental Health Scorecard; area plans; Outcome Questionnaires and the center's provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 2017 Audit

No findings were issued in FY17

Findings for Fiscal Year 2018 Audit

FY18 Major Non-compliance Issues:

None

FY18 Significant Non-compliance Issues:

None

FY18 Minor Non-compliance Issues:

None

FY18 Deficiencies:

- 1) *Documentation of Outpatient Services:* During the chart review, two of fifteen charts indicated the client had suicidal ideation and no follow-up was provided when they missed their next appointment. A third chart indicated a client had suicidal ideation, but there was no evidence of a C-SSRS being completed and no safety plan in their chart. Two other charts had no documentation on follow up after they did not show up for their appointment. Research shows that providing follow up to clients who have expressed suicidal ideation can reduce suicide attempts, and following up on clients who do not show for an appointment can promote recovery and prevent clients from dropping out of treatment.

Center's Response and Corrective Action Plan:

The Center has provided regular training related to this issue over the past year. The next C-SSRS, Safety Plan, follow up policy, etc., training is scheduled for September 2018 and will include all providers and case managers. The Center also desires to provide ongoing monitoring of all individual clients that have been or are at risk, that discontinue treatment, no show for appointments, etc. This will require increased monitoring of providers to ensure that training and policy are understood and followed. In addition to the Columbia score, the Center is exploring other EMR options to easily identify clients that are at risk or have been at risk, so that additional follow up after no show appointments or discontinuing treatment is more easily identified and then initiated by an assigned individual. Therapists are scheduled hour after hour and also provide unscheduled crisis services. Therefore, the Center will explore other follow up options internally. As the Division is aware, Northeastern Counseling serves more mental health individuals per capita than most Local Mental Health authorities. This means there are more clients to track that are a two or higher on the C-SSRS and manually tracking individuals is problematic with the resources available. An electronic solution must be identified.

The Center is not currently able to go back and identify all clients who may not have been contacted for follow up after no showing or cancelling appointments at some point in the past. However, if the Division can provide the three cases noted as part of the site review, NCC will research those cases and provide outreach as needed.

The Division has also noted “In addition, we expect to see training to address appropriate safety plans (recommending training by Craig Bryan) and a follow-up protocol for clients like these that have been identified as at risk.” The Center provides in house training on a biannual basis regarding the C-SSRS, follow up engagement and the Stanley Brown Safety Plan. The Center’s Medicaid Performance Improvement Project measures Medicaid enrollees only but policies and procedures apply to all individuals receiving services. Obviously, training does not always result in each individual provider following a policy or protocol. Northeastern Counseling is responsible for monitoring and overseeing a system that can track compliance to policy and training. The Center intends on doing that.

As to the recommended training cited above. The Center suggests, that if the Division recommends that a specific training be provided by a specific individual, that a feasible way to access it be offered to all Centers across the State. At present two clinical administrators at NCC have attended trainings in the past by the above mentioned provider. Although we feel capable of providing in house training it may be beneficial for outside experts to also train staff under certain circumstance. Given this individual is the Division’s recommended training provider, we would suggest that the Division fund and provide two to three days of training (depending on a Center’s size and sites) by the above named recommended provider at each Center across the State so that services may continue on a local level and still give providers the recommended training. If this is not possible -and we understand from a resource perspective it may not be- we would then

request a video format under similar circumstances be provided. Specifics to each Center would then need to be provided as an addendum to the recommended training.

FY18 Recommendations:

- 1) *Assessment updates:* During chart reviews, four charts did not have an evaluation or had an old one (2 years or older). DSAMH recommends that assessment updates be easily accessed by placement either within an assessment update or under the evaluation tab, and not embedded in an individual therapy note. Being able to get a quick and efficient overview of a client will facilitate ongoing treatment planning and will assist clients as they work to achieve their treatment goals.
- 2) *Peer Support Specialist Program:* DSAMH Recovery Resiliency and Peer Support Program Manager Cami Roundy met with the two Peer Support Specialists working with the Utah Transition Youth Empowered to Succeed (Utah YES) Grant. Both Certified Peer Support Specialists (CPSS) expressed feeling that they were receiving support and helpful supervision. None of the individuals in treatment who were interviewed were aware of Peer Support Services. DSAMH recommends that NCC expand their CPSS program to include individuals outside of the youth-in-transition age group.

FY18 Division Comments:

- 1) *Community partnerships:* DSAMH appreciates NCC's commitment to their community partners. A community meeting was recently formed by the Uintah Basin Medical Center (UBMC) in Roosevelt in response to their Community Health Needs Assessment. Agencies represented at the first meeting in March 2018 included NCC, UBMC, County Commissioners, Tri-County Health, Roosevelt City, Chambers of Commerce for both counties, and a representative from Ashley Regional Medical Center. This group is coordinating prevention activities to address mental health and substance use issues. NCC also reported on a beneficial partnership with the University of Utah Neuropsychiatric Institute where they have been receiving ongoing training.
- 2) *Utah YES Grant:* DSAMH appreciates NCC's ability to use grant funds to see transition aged youth from 16-25 years of age who are unfunded or have private insurance. This grant supports early intervention, intensive services to prevent severe mental illness and promote recovery.
- 3) *Participant Feedback:* DSAMH Recovery Resiliency and Peer Support Program Manager Cami Roundy met with a focus group of seven individuals in Day Treatment in Roosevelt. Two individuals said that they will have jobs soon and one additional member said that they were able to find their own job. They mentioned help with transportation if they need it. Three to Four of the individuals said that they have housing assistance. Participants indicated that the Day Program addresses wellness including making and eating healthy foods, walking around the church next door, being encouraged to stretch, dance, walk, get a swim pass and one member attends Special Olympics. Five members mentioned that they used to smoke, but do not any more. They have been offered classes on non-smoking. Several quotes from

participants are as follows: “Clubhouse has saved my life.” “I like that I can joke with everyone here, as long as it is appropriate.” “I can communicate well with my Counselor, Case Manager and Prescriber.”

Substance Abuse Prevention

Susannah Burt, Program Administrator, conducted the annual prevention review of Northeastern Counseling Center on April 10, 2018. 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 2017 Audit

FY17 Minor Non-compliance Issues:

- 1) Northeastern Counseling Center did not meet the required 90% compliance on Synar Checks. Tri-County reported a Synar compliance rate of 83%.

This issue was not resolved and will be continued in FY18; please see Minor Non-compliance Issue # 1.

Findings for Fiscal Year 2018 Audit

FY18 Major Non-compliance Issues:

None

FY18 Significant Non-compliance Issues:

None

FY18 Minor Non-compliance Issues:

- 1) The Tri-County Synar Tobacco Compliance rate is 83.33%. This is below the directive standard of 90%.

Center's Response and Corrective Action Plan:

Northeastern Counseling Center was aware the compliance rate was below the directive standard of 90%. Northeastern Counseling Center has consulted with Jeramie Tubbs at TriCounty Health Department regarding this issue. Increased efforts to retailers regarding tobacco compliance have been topics of discussion, including developing tools to assist seller and a decrease of funding to complete more checks.

FY18 Deficiencies:

- 1) The Tri-County area saw a decrease in Eliminating Alcohol Sales to Youth (EASY) compliance checks from 584 to 95. The Uintah County Sheriff's department is the only law enforcement agency that reported any EASY Compliance checks.

Center’s Response and Corrective Action Plan:

Northeastern acknowledges there was a decrease in compliance checks but is concerned that the number decreased from 584. There are 99 places to purchase alcohol in the Northeastern District, 57 of those are off-premise and three of those are on Tribal land and not subject to compliance checks. Of those remaining 54 off-premise retailers, if they were all checked quarterly, that total would only be 216. We also acknowledge a decrease in on-premise checks in the Northeastern District since Troy Marx retired from his position at Utah Highway Patrol.

Daggett County has had some struggles with law enforcement but outreach regarding EASY Checks was made by Northeastern Counseling Prevention Staff on April 19, 2018. Outreach efforts are also being made with Duchesne County Sheriff's Department.

FY18 Recommendations:

None

FY18 Division Comments:

- 1) NCC has spent time reviewing treatment data to assist with prevention planning. This includes looking at different substances.
- 2) The Community Needs Health Assessment from the local hospital highlighted that they need to partner with the Prevention Advisory Coalition and Northeastern Counseling Center.
- 3) The coalition has increased partnerships with Uintah Basin Healthcare, Ashley Regional Medical Center (Private, for profit), and local mayors.
- 4) NCC has worked to increase the capacity of coalition members, staff members and partners.
- 5) NCC submitted the annual report on time and has shared it with key stakeholders in the community.

Substance Use Disorders Treatment

VaRonica Litle, Program Administrator, conducted the review of Northeastern Counseling Center on April 10, 2018, which focused on Substance Use Disorders Treatment, Drug Court, clinical practice and compliance with contract requirements, DORA, and JRI. Drug Court was evaluated through staff discussion, clinical records, and the Drug Court Scorecard. Clinical practices and documentation were evaluated by reviewing client charts and discussing current practices. Adherence to JRI and DORA requirements and contract requirements were evaluated through a review of policies and procedures by interviews with Northeastern Counseling staff. Treatment schedules, policies, and other documentation were reviewed. The Utah Substance Abuse Treatment Outcomes Measures Scorecard results were reviewed with staff. Client satisfaction was measured by reviewing records, Consumer Satisfaction Survey data and results from client interviews. Finally, additional data was reviewed for Opiate Use, Suicides, and Driving Under the Influence (*DUI*) rates for Duchesne, Uintah, and Daggett Counties.

Follow-up from Fiscal Year 2017 Audit

FY17 Minor Non-compliance Issues:

1) The Utah Substance Abuse Treatment Outcomes Measures Scorecard showed:

- The percent of individuals that completed a treatment episode successfully decreased from 65.8% to 52.5%, from FY15 to FY16 respectively which does not meet Division Directives.

This issue has not been resolved and will be continued in FY18; see Minor Non-compliance Issue #1.

- The percent of individuals that were employed prior to admission vs. prior to discharge decreased from 16.9% to 7.9%, from FY15 to FY16 respectively, which does not meet Division Directives.

This issue has been resolved. Employment increased from 13.6% to 29.5% from FY16 to FY17 respectively, which now meets Division Directives.

Findings for Fiscal Year 2018 Audit:

FY18 Major Non-compliance Issues:

None

FY18 Significant Non-compliance Issues:

None

FY18 Minor Non-compliance Issues:

1) The Utah Substance Abuse Treatment Outcomes Measures Scorecard showed:

- The percent of individuals that completed a treatment episode successfully decreased from 65.8% to 52.5%, from FY15 to FY16 respectively, then decreased again to 36.6% in FY17 which does not meet Division Directives.

Local Substance Abuse Authorities will meet or exceed their FY2018 Successful Treatment Episode Completion rates in FY2019 and will work towards achieving a goal of 60%. Local Substance Abuse Authorities whose FY2018 completion rate was over 60% are required to meet or exceed a 60% completion rate in FY2019. Successful Treatment Episode Completion is defined as a successful completion of an episode of treatment without a readmission within 30 days. An episode of treatment is defined in the Treatment Episode Data Set.

Center’s Response and Corrective Action Plan:

The Center hired two case managers that have been providing initial and ongoing engagement, phone follow up and tracking for the JRI population since the fall of 2017. These positions also meet with clients when they make initial contact with the agency. The Center believes that immediate contact and recovery support is important, as it may take up to two weeks for a non emergency clinical evaluation. This initial contact provides an opportunity for initial engagement following release from incarceration or booking. This is hoped to have some positive results in the retention and successful completion DATA for coming years. The Center believes that another crucial element of encouragement, engagement and retention is positive supervision and structure for High Risk High Need clients. Although, supervision and some form of accountability are no guarantee of retention or success, when provided at a quality level by AP&P and NCC, it does assist in treatment retention which can then contribute to successful completion. The Center would like to see consistency in supervision and more involvement and support from supervising agencies regarding treatment. The Center would also like to mention that in some cases there is support from supervising individuals that are supportive of the treatment process, and encourage individuals involved in recovery. The Center anticipates that the percentage retention rate may continue to be a challenge with the increased number of High Risk High Need individuals that are being admitted on a pre-trial basis prior to having formal supervision. The Center continues its efforts to work with the courts and county attorneys in providing NCC case manager tracking. However, this will continue to be a challenge with many High Risk High Need individuals entering treatment with only case management oversight. In past years, many of these individuals may not have entered treatment until adjudicated and under formal supervision with AP&P, etc. We are pleased these individuals are entering treatment earlier and being diverted from extensive or excessive

criminal justice involvement. The Center will continue to strive to control and or influence all factors to improve data outcomes.

- The percent of individuals that engaged in Social Support Recovery Services decreased from 12.1% in FY16 to -35.7% in FY17, which does not meet Division Directives.

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

Center's Response and Corrective Action Plan:

This area remains a challenge and part of the issue is the number of meetings reported by individuals when they enter treatment versus what they report at a later time. The Center encourages involvement when appropriate to groups supported by a various churches or other local community groups and activities. However, it remains a challenge for individuals to attend based on their own motivations, transportation, etc. The Center also recognizes that individuals being released from incarceration may report a higher attendance rate in the last thirty days but do not continue that pattern once released. The Center is also training on the definition of Social Support Recovery as this has been restrictive and in some cases only included 12 step groups.

- Percentage of decrease in individuals reporting the use of tobacco products from admission to discharge went from 6.2% in FY16 down to -0.6% in FY17. This does not meet Division Directives.

Local Substance Abuse Authorities' scorecard will show that the percent of clients who use tobacco will decrease from admission to discharge by 5%.

Center's Response and Corrective Action Plan:

The Center shows that for FY 2017 that Compelled individuals improved by 6.7%. The Center is looking to understand why all clients show the decline of -.6%. The Center will continue its efforts implemented in previous years. Tobacco cessation and offering MAT or NRT remains in place. Motivational interviewing will also continue to be used for individuals involved in treatment that do not have a current desire to quit tobacco products.

FY18 Deficiencies:

- 1) There was no evidence of urine drug screens being conducted with clients. The Division Directives state that “Drug use during treatment should be carefully monitored through drug testing and other means.” If this drug testing is conducted outside NCC, there should be documentation that drug testing is being conducted off site and that there is ongoing collaboration between NCC and this outside provider.

Center’s Response and Corrective Action Plan:

The Center does not provide Urine Analysis directly in the treatment Center for criminal justice purposes. Urine analysis provided by the Drug Court Program at the Jail is entered into their data system and then shared with therapists involved on the drug court treatment team. When problems do arise they are often documented in the treatment notes. All drug court testing meets state guidelines including lab confirmations when needed. The Center will continue to work with the County Attorney’s office who oversees the testing program. The Center would prefer not to enter each and every UA conducted by the Drug Court Testing Lab into the NCC EMR. The Center will document the process and requirements in the Treatment Plan. The Center will also explore whether a client testing summary can be scanned into and attached to the clinical record at a minimum of several times a year. The Drug Court Testing program also provides testing for others falling under the Pre-trial program in Uintah County. The Center is considering entering these UA results in the EMR as they are received. Testing provided by the Duchesne County Sheriff’s department or AP&P is only recorded in treatment notes when a problem arises. The Center will also note those participation requirements in the EMR. The Center does fund and refer individuals to a local collection agency for those participating in MAT. The Center is going to enter these results in the EMR as they are received.

- 2) There were no Recovery Plans found in the client’s charts. The Division Directives require recovery planning, which is an important part of the individuals engagement in treatment and long term sobriety (Charts reviewed: 73811, 95214, 93107, 32269, 53170, 95914, 95800, 94460, 95336 and 23977). Below is a summary of these requirements:

Recovery Planning Principles: The client is involved in ongoing and responsive recovery planning.

- *Plans incorporate strategies based on the client’s motivations.*
- *Where possible, the plan represents a negotiated agreement.*
- *The plan is kept current and up to date.*
- *Short term goals/objectives are measurable, achievable and have a timeframe.*
- *Planning anticipates developing and maintaining independence.*

Center’s Response and Corrective Action Plan:

Respectfully, the Center is not in agreement with this finding as stated above. Please note, the Center has never intended to have a separate “Recovery Plan” from the “TX Pluse Treatment Plan” (as named in the Center’s Electronic Medical record). In past years, recovery objectives, etc., have been found in many “TX Treatment Plans.” In the future, the Center will explore renaming the plans to “Recovery Plans” as the system allows. The Center recognizes that a name change alone is insufficient. The Center also recognizes there will always be a need to improve Recovery Plans/Treatment Plans with individual recovery principles and language. The Center recognizes that some individual providers need additional training and focus on individualized plans that are more toward recovery oriented principles as stated in the Directives. Quality Improvement efforts will focus on improving recovery principle details and language within the existing “TX Treatment Plan format” for the client in recovery. Treatment/Recovery plans are an ongoing challenge for both the Division and the providers of the State, as judgement can be subjective at times. This issue also exists within the Center when conducting internal quality reviews. To clarify the expectations of Directives, the Center would invite the Division to produce a few examples, of approved “recovery plans” that include treatment components required for Medicaid and other partners. The intent would be to use these examples in training staff on Division expectations and best practices regarding Treatment/Recovery Plans.

FY18 Recommendations:

- 1) *Outreach:* NCC staff have not been following up with clients that “no show” for their appointments. It is recommended that NCC follow up with clients who are not attending therapy appointments to increase engagement in treatment and improve outcomes. Outreach can be done by licensed or unlicensed staff. (Charts reviewed: 73811, 95214, 93107, 32269, 53170, 95914, 95800, 94460, 95336 and 23977).
- 2) *Medication Assisted Treatment:* NCC’s clinical charts show that they are being screened for Medication Assisted Treatment (MAT). There is also information on education and referral, but it is unclear whether these services are being provided or not. It is recommended that there is consistent documentation on screening, assessment, education and referral to MAT so that it is clear whether clients are receiving these services or not. (Charts reviewed: 73811, 95214, 93107, 32269, 53170, 95914, 95800, 94460, 95336 and 23977).
- 3) *Drug Court:* NCC reported that they had a higher number of individuals served in Drug Court in FY17 than was indicated in the State level data. It is recommended that the data be reviewed for accuracy and that it is being entered correctly into the state system. DSAMH can provide technical assistance upon request.

- 4) *Recovery Support Interventions*: There was discussion with NCC regarding the importance of understanding the types of recovery support interventions and activities and that the data is being entered into the State system correctly. It is recommended that staff receive training on recovery support and data collection measures.

FY18 Division Comments:

- 1) NCC discussed hiring peer support staff and two case managers to improve treatment engagement and retention.
- 2) NCC does a good job of determining the level of need and risk, including separating individuals into groups based on their needs.
- 3) NCC has received training from the Utah Support Advocates for Recovery Awareness (USARA) to implement the following models in their local area: (1) Community Reinforcement and Family Training (CRAFT) and (2) Self Management and Recovery Training (SMART) recovery groups.

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.

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

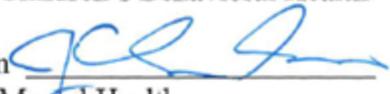
Prepared by:

Chad Carter  Date: July 31, 2018
Auditor IV

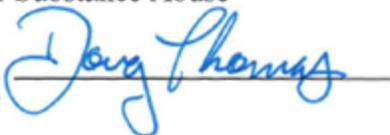
Approved by:

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