State of Utah
GARY R. HERBERT
Governor

SPENCER J. COX
Lieutenant Governor

Department of Human Services
ANN SILVERBERG WILLIAMSON
Executive Director

Division of Substance Abuse and Mental Health
DOUG THOMAS
Director

July 16, 2020

Doug Reynolds, Board Chairman
Uintah Basin Tri-County Mental Health and Substance Abuse Local Authority Board
1140 West 500 South
Vernal, UT 84078

Dear Mr. Reynolds:

In accordance with Utah Code Annotated 62A-15-103, the Division of Substance Abuse and Mental Health has completed its annual review of the contracted Local Authority, Northeastern Counseling Center; the final report is enclosed. The scope of the review included fiscal management, children, youth, family and adult mental health 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 (Jul 27, 2020 15:59 MDT)

Doug Thomas
Division Director

Enclosure
cc: Randy Asay, Daggett County Commission

Greg Todd, Duchesne County Commission
Brad Horrocks, Uintah County Commission
Kyle Snow, Director, Northeastern Counseling Center

utah department of
human services
SUBSTANCE ABUSE AND MENTAL HEALTH

Site Monitoring Report of

Northeastern Counseling Center

Local Authority Contracts #152250 and #152251

Review Date: May 1st, 2020

Table of Contents

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). 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)
Governance and Oversight	Major Non-Compliance	None	
	Significant Non-Compliance	None	
	Minor Non-Compliance	None	
	Deficiency	None	
Child, Youth & Family Mental Health	Major Non-Compliance	None	
	Significant Non-Compliance	None	
	Minor Non-Compliance	None	
	Deficiency	None	
Adult Mental Health	Major Non-Compliance	None	
	Significant Non-Compliance	None	
	Minor Non-Compliance	None	
	Deficiency	1	13
Substance Abuse Prevention	Major Non-Compliance	None	
	Significant Non-Compliance	None	
	Minor Non-Compliance	None	
	Deficiency	2	15-16
Substance Abuse Treatment	Major Non-Compliance	None	
	Significant Non-Compliance	None	
	Minor Non-Compliance	3	19-20
	Deficiency	1	20

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review of the Local Authority, Northeastern Counseling Center (NCC). Due to the COVID-19 pandemic, the Governance and Fiscal Oversight section of the review was conducted remotely on June 25th, 2020 by Chad Carter, Auditor IV.

The site visit was conducted with NCC as the Local Mental Health Authority for Daggett, Duchesne and Uintah 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, NCC 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.

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.

As the Local Authority, NCC received a single audit as required. The CPA firm Aycock, Miles & Associates, CPAs, P.C. completed the audit for the year ending June 30th, 2019. The auditors issued an unmodified opinion in their report dated November 4th, 2019. The SAPT Block Grant was selected for specific testing as a major program. There were no findings or deficiencies reported.

Follow-up from Fiscal Year 2019 Audit:

FY19 Minor Non-compliance Issues:

1) NCC had a difficult time showing that they had enough services to pregnant women and women with dependent children to justify the amounts they had billed in this category for FY18. They were able to substantiate their amounts during the review, but it took some additional steps. In their electronic health record, they have a flag that clearly identifies clients that fit this category. But in looking through samples, it was found that several women had dependent children, as evidenced by the notes, but the indicator flag was not

marked. NCC should ensure that staff are trained to ask if clients meet the requirements for this category and to mark it appropriately in the client file. It is essential that the Local Authorities are able to clearly identify clients that are eligible for specific funding.

This issue has been resolved. NCC was able to clearly identify services provided to women with dependent children and all other billed categories during the payment file review.

2) NCC received a single audit, but it was not submitted and available on the Federal Audit Clearinghouse website at the time of the site visit. According to Uniform Guidance 2 CFR 200.512(a), recipients of single audits are required to submit a copy 30 days after receipt of the auditor's reports, or nine months after the end of the fiscal year - whichever comes first.

This issue has been resolved. NCC submitted their single audit to the Federal Audit Clearinghouse website immediately after being made aware of the issue. Their most current single audit was submitted timely and was available on the website.

Findings for Fiscal Year 2020 Audit:

FY20 Major Non-compliance Issues:

None

FY20 Significant Non-compliance Issues:

None

FY20 Minor Non-compliance Issues:

None

FY20 Deficiencies:

None

FY20 Recommendations:

1) The NCC emergency plan was reviewed by Robert Snarr, Program Administrator and Geri Jardine, Program Support Specialist, as part of monitoring. A checklist based on SAMHSA recommendations was completed and is included at the end of this report as Attachment A. It is recommended that NCC review these suggestions and update their emergency plan accordingly.

2) *Timeliness/Responsiveness:* There has been an issue with NCC's timeliness in submitting year-end reports by the required deadline and responsiveness to Division correction requests for Area Plans. The Division appreciates the collaborative partnership shared with NCC, they are cooperative and willing to work together; but late submissions can sometimes affect the Division's ability to complete certain administrative processes. NCC has reported some technical issues with receiving communications through Google Docs. It is recommended

that NCC use calendar events to track important due dates listed in the Division Directives and continue working with the Division to resolve any communication issues.

FY20 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 June 8th, 2020. The monitoring team consisted of Mindy Leonard, Program Manager and Leah Colburn, Program Administrator. The visit was conducted virtually due to Covid 19 and included the following areas: record reviews, and discussions with the management. During the visit, the monitoring team reviewed FY19 audit findings and County responses; statistics, including the Mental Health Scorecard; Area Plans; school-based behavioral health; Mental Health Early Intervention funding; 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 2019 Audit

FY19 Deficiencies:

1) *Youth Outcome Questionnaire (YOQ):* Of the seven charts reviewed, there were no notes indicating that the YOQ data was used in the treatment process. Division Directives require that data from the YOQ shall be shared with the client and incorporated into the clinical process, as evidenced in the chart. The YOQ is listed in the National Registry of Evidence Based Programs and Practices in the United States and has been adopted by the State of Utah Local Mental Health Authorities (LMHAs) and by DSAMH. NCC is encouraged to continue training efforts on appropriate clinical use of the YOQ in the treatment process.

   This issue has been improved and will be continued in FY20 as a recommendation; see Recommendation #1.

2) *Objectives:* The recovery plan objectives were not measurable or achievable within the charts. Objectives in four of the seven charts reviewed were vague and difficult to achieve (e.g. the "client will learn social skills" and the client "will reduce anxiety"). 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."

   This issue has been resolved. All of the charts reviewed had objectives that were within preferred practice guidelines.

Findings for Fiscal Year 2020 Audit

FY20 Major Non-compliance Issues:

None

FY20 Significant Non-compliance Issues:

None

FY20 Minor Non-compliance Issues:
None

FY20 Deficiencies:
None

FY20 Recommendations:
1) *Youth Outcome Questionnaire (YOQ):* Of the ten charts reviewed, two charts lacked evidence that the YOQ data was used in the treatment process and that the YOQ was administered every 30 days. Division Directives require that data from the YOQ shall be shared with the client and incorporated into the clinical process, as evidenced in the chart. It is recommended that NCC continue training efforts on appropriate clinical use of the YOQ in the treatment process.

2) *Respite Services:* NCC provides respite services at a low rate. In FY19, ten youth received respite services, which decreased from 15 children in FY18. Respite is one of the ten mandated services as required by Utah Code 17-43-301. I t is recommended that NCC work to find ways to provide respite services to more children and youth as appropriate.

3) *Case Management Services:* NCC continues to provide case management services at a low rate. In FY19, ten youth received case management services, which decreased from 25 children who received case management services in FY18. Case Management is one of the ten mandated services as required by Utah Code 17-43-301. It is recommended that NCC find ways to provide case management services to more children and youth.

FY20 Division Comments:
1) *School-Based Behavioral Health:* NCC has experienced changes in their service delivery of school-based behavioral health services (SBBH) as the school districts in their catchment have made changes to the internal approach to SBBH. NCC has continued to engage with their local districts to provide support and access to their continuum of care for the youth and families in their area. NCC is exploring telehealth opportunities to provide SBBH throughout the rural and frontier areas of their communities. NCC is encouraged to continue to seek opportunities to provide services to youth and families beyond service delivery in a school setting as these changes may impact the number of clients and the types of services they provide.

Adult Mental Health

The Adult Mental Health team conducted its annual monitoring review of Northeastern Counseling Center on June 8th, 2020. Monitoring was conducted remotely due to Covid 19. The team included Mindy Leonard, Program Manager and Pam Bennett, Program Administrator. The review included the following areas: Discussion with the clinical supervisor and record reviews. During the discussions, the team reviewed the FY19 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 2019 Audit

FY19 Deficiencies:

1) *Administration and Clinical Use of the Outcome Questionnaire (OQ):* The FY18 scorecard indicates that 100% of the adult mental health clients have received the OQ. However, the OQ is being administered at a lower frequency than that described in the Division Directives ("every thirty days or every visit, whichever is less frequent"). A review of documentation demonstrated that the OQ was not administered in three of seven charts at the required frequency and five charts lacked evidence that the OQ was being used clinically. Division Directives require that the data from the OQ be shared with the client and incorporated into the clinical process, as evidenced in the chart. DSAMH encourages NCC to have an updated training on the use of the OQ in the treatment process.

   This issue has been resolved. Eight of ten charts had evidence that the OQ was being used as a clinical tool.

2) *Measurable Objectives:* In accordance with Preferred Practice Guidelines and ongoing planning principles, short term goals/objectives are to be measurable, achievable and within a time frame. Five of seven charts that were reviewed demonstrated objectives that were not measurable (ie. "less depression", "more stability", "improve skills"). One possible option for developing measurable goals is encouraging staff to utilize SMART goals - Specific, Measurable, Attainable, Relevant, and Time-based.

   This issue has not been resolved and will be continued for FY20; see Deficiency #1.

Findings for Fiscal Year 2020 Audit

FY20 Major Non-compliance Issues:

None

FY20 Significant Non-compliance Issues:

None

FY20 Minor Non-compliance Issues:

None

FY20 Deficiencies:

1) *Measurable Objectives:* In accordance with Preferred Practice Guidelines and ongoing planning principles, short term goals/objectives are to be measurable, achievable and within a time frame. Five of ten charts that were reviewed demonstrated objectives that were not measurable (ie. "I want to be happy", "control and peace", "bi-polar therapy"). One possible option for developing measurable goals is encouraging staff to utilize SMART goals - Specific, Measurable, Attainable, Relevant, and Time-based. Northeastern will need to continue to monitor and train staff to incorporate both the client's stated goal and SMART goals to help show progress in care.

Center's Response and Corrective Action Plan:

Action Plan: The Center provided training in the past year and anticipates the continued need for ongoing training related to objectives. This need is also identified in NCC internal reviews. The above cited examples of, "I want to be happy", "control and peace", "bi-polar therapy" do not meet the standard for objectives but may listed in the Recovery Plan as Life or Treatment goals. With new clinicians, the need for training is constant as is the monitoring of seasoned clinicians. The Center will continue to train and monitor clinical staff to improve objectives that meet the SMART philosophy. The Center again requests a short list of approved objective examples directly from the Division. The samples will be used for training of clinical staff.

Timeline for compliance: Monitoring is an ongoing process as part of the Center's internal reviews. These are conducted monthly as is one on one training for select clinicians following reviews. The Center will provide each clinician with additional training on objectives by January 1, 2021. These training will begin in August 2020.

Person responsible for action plan: Robert Hall

FY20 Recommendations:

1) *Nicotine Cessation:* Three of ten charts reviewed indicated that the client used nicotine, but had not been offered nicotine cessation assistance. Aside from well-documented physical impacts, nicotine use during recovery has been associated with poorer outcomes including increased depression, increased chance of rehospitalization and increased suicidal behavior. Nicotine use accelerates the metabolism of many psychiatric medications. DSAMH recommends that NCC educate staff regarding the importance of addressing nicotine use with clients.

2) *Wellness and Holistic Care:* Division Directives require that Local Authorities promote integrated programs and use a holistic approach to wellness. Ten of ten charts reviewed did not include identification of a primary care doctor, discussion of weight/diabetes, or education around physical health and how to improve it. Of note, wellness and holistic care were well-documented two years ago during a visit to the day program, and endorsed as a

strength by participants interviewed at that time. DSAMH recommends that NCC review whether this is a gap within their services or a documentation issue.

FY20 Division Comments:

1) *Provision of Support Services:* The FY19 Adult Mental Health Scorecard indicates that NCC provides lower amounts of Psychosocial Rehabilitation (3.6% vs 10.4% rural average), Case Management (6.9% vs 35.7% rural average), and Peer Support (2.4% vs 4.3% rural average). In discussion regarding the scorecard, NCC has indicated that these services are provided to the large population of unfunded individuals, and are therefore not always captured on the scorecard.

Substance Use Disorders Prevention

Becky King, Program Administrator, conducted the annual prevention review of Northeastern Counseling Center on May 5th, 2020. 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 2019 Audit

FY19 Deficiencies:

1) The Tri-County area saw a decrease in Eliminating Alcohol Sales to Youth (EASY) compliance checks from 95 to 64, which does not meet Division Directives.

   This issue has not been resolved and will be continued for FY20; see Deficiency #1.

Findings for Fiscal Year 2020 Audit

FY20 Major Non-compliance Issues:

None

FY20 Significant Non-compliance Issues:

None

FY20 Minor Non-compliance Issues:

None

FY20 Deficiencies:

1) The Tri-County area did not complete any Eliminating Alcohol Sales to Youth (EASY) compliance checks in FY19, which does not meet Division Directives. Local Authorities are required to complete one more EASY check than the year before.

Center's Response and Corrective Action Plan:

Action Plan: The Northeastern Counseling Center's Prevention Team had officers from Uintah and Duchesne Counties ready to attend EASY training but due to changes in the alcohol laws, health problems with the E.A.S.Y Program Coordinator at the Utah Department of Public Safety, and Covid-19, the State has been unable to provide the training.

Northeastern Counseling's Prevention Coordinator will coordinate with the Regional Director, Heidi Peterson on July 8, 2020, to discuss possible options to train local law enforcement.

Once training dates are secured, Northeastern Counseling Center's Prevention Coordinator will coordinate with local officers.

Timeline for compliance: A date has been set for July 8, 2020 to discuss a plan with the Regional Director. Training will depend on the Department of Public Safety's ability to provide the training.

Person responsible for action plan: Robin Hatch, Prevention Coordinator:

2) The Tri-County area had an 82% compliance rate for SYNAR compliance checks, which does not meet the Division requirements of 90%.

Center's Response and Corrective Action Plan:

Action Plan: Northeastern Counseling Center's Prevention Coordinator will meet with the SYNAR Coordinator from the TriCounty Health Department to coordinate efforts to increase compliance with local tobacco retailers in Uintah, Duchesne, and Daggett Counties.

Timeline for compliance: A date has been set for July 16, 2020, for Northeastern Counseling Center's Prevention Coordinator and TriCounty Health Department's SYNAR Coordinator to discuss a plan to increase compliance with SYNAR checks.

Person responsible for action plan: Robin Hatch, Prevention CoordinatorAction Plan:

FY20 Recommendations:

1) *EASY Compliance Checks:* Last year, NCC inquired twice with Jill Sorenson, Utah Department of Public Safety to set up EASY Compliance Check Training, however they could never receive a commitment from the Utah Department of Public Safety to set up a training. There have been changes in State law related to EASY Compliance checks and staff changes in the Sheriff's office, which has also made it difficult to schedule classes or do compliance checks. It is recommended that NCC work with their Regional Director on this issue to find ways of setting up EASY Compliance training and checks.

FY20 Division Comments:

1) *Assessment:* NCC updates their Local Authority Assessment and data on a regular basis and is currently working on their most comprehensive assessment to date. They have also included the border of Colorado in this assessment. Their Prevention Coordinator goes above and beyond to include partnership data in the assessment, including a non-profit hospital in their area, Uintah Basin Association of Government, Chamber of Commerce, focus groups, Homeless Board and Pantry. After the prioritization of the data, NCC has decided to focus on e-cigarette use, the consumption of alcohol by minors, the misuse of alcohol by adults, suicide prevention, illegal marijuana use and the misuse of opioids.

2) *Foster Grandparents Program:* NCC has partnered with the Foster Grandparents Program, who have provided services for 600 kids this past year. During COVID-19, the grandparents

have been calling foster kids and reading to them over the phone. There has been a synergistic effect with these grandparents and kids, where they are both benefiting from their work together. This program is also providing the grandparents a sense of purpose. These grandparents are motivated and always seeking ways to find creative avenues to work with the kids. This program only costs $1.16 per child, which has been a cost effective way of serving foster kids in the community.

3) *Community Awareness:* NCC is continually making changes to their marketing plan to ensure that they are sharing information with the community regarding the prevention services that are available. Their marketing efforts include: (1) Providing the courts with DUI schedules (2) Sharing pamphlets for parenting groups with school, therapists, church groups and other providers (3) Mailing SMART EASY class information to Beer Distributors (4) Distributing invitations to community events at people's homes (5) Enlisting businesses to participate in the Parents Empowered Program. NCC has won the statewide Parents Empowered Program for two years in a row due to collaborative efforts on this program with community partners.

Substance Use Disorders Treatment

Becky King, Program Administrator, conducted the review of Northeastern Counseling Center on May 5th, 2020, 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 in Duchesne, Uintah, and Daggett Counties.

Follow-up from Fiscal Year 2019 Audit

FY19 Minor Non-compliance Issues:

1) The percent of individuals that engaged in Social Recovery Support decreased from -35.7% to -54.8%, which does not meet Division Directives.

   This issue has not been resolved and will be continued for FY20; see Minor Non-Compliance Issue #1.

2) The Treatment Episode Data Set (TEDS) showed that 19.9% of criminogenic risk data was not collected for individuals compelled to treatment in the criminal justice system, which does not meet Division Directives.

   This issue has not been resolved and will be continued for FY20; see Minor Non-Compliance Issue #2.

FY19 Deficiencies:

1) There were 25% of old open admissions (charts), which is above the standard of 4%. This does not meet Division Directives.

   This issue has not been resolved and will be continued for FY20; see Deficiency #1.

Findings for Fiscal Year 2020 Audit:

FY20 Major Non-compliance Issues:

None

FY20 Significant Non-compliance Issues:

None

FY20 Minor Non-compliance Issues:

1) The percent of individuals that engaged in Social Recovery Support decreased from -54.8% to -48.6% from FY18 to FY19, which does not meet Division Directives.

Center's Response and Corrective Action Plan:

Action Plan: The Center recognizes that this issue is caused by two challenges. The first are data challenges that have been trained on in the last year but also require increased monitoring and ongoing training for new clinicians. A common scenario is for an individual to be involved in social support groups while incarcerated e.g. A.A., N.A. Faith Based groups, but to discontinue participation when released to participate in outpatient treatment. This will lead to social support being higher at intake than 3 months into the future. The second challenge is motivating and creating opportunities for those in treatment to participate in increased social support activities. The Center did provide data training in the last 12 months regarding data questions and reporting for clinical staff that collect the information. Training also included and will include identifying social support opportunities and motivating individuals to participate is social support. An additional training will be provided prior to December 31, 2020. The Center is also considering altering its EMR forms to include an expanded definition of social support so that clinicians capture more accurate data that will support an increase.

Timeline for compliance: An additional training will be provided prior to December 31, 2020.

Person responsible for action plan: Robert Hall

2) The Treatment Episode Data Set (TEDS) showed that 28.3% of criminogenic risk data was not collected for justice involved clients, which does not meet Division Directives.

Center's Response and Corrective Action Plan:

Action Plan: The Center strives to complete a LS-RNR on "Compelled" individuals which gives the risk level data for entry and submission to the Division. The Center has recently learned that "Compelled" is not the only marker used in calculating this data. More training on risk levels will be provided by December 31, 2020 on the requirement of collecting and properly entering the risk level. Training will also further explain that anyone on any type of probation or parole is considered in the justice system and therefore require a risk level entered.

Timeline for compliance: Training by December 31, 2020
Person responsible for action plan: Robert Hall, Jon Crane and Tricia Bennett

3) The percent of tobacco use from admission to discharge moved from 1.6% to -0.5% from FY18 to FY19 respectively, which does not meet Division Directives.

Center's Response and Corrective Action Plan:

Action Plan: The Center is aware that at times tobacco use is under-reported by clients at admission but then reported or noticed as treatment continues and data is updated. This can lead to negative gains in cessation. For example, "former smoker" is reported at intake but at the 3 month review the client is more open and reports smoking. The Center offers cessation services at evaluation and can make referrals at any time during treatment. The majority of these invitations and options are not pursued by those seeking services for Substance Use Disorders. However, efforts will continue and individual successes do occur towards cessation and improved outcomes on the scorecard. The Center will add this item to the training provided by December 31, 2020.

Timeline for compliance: December 31, 2020
Person responsible for action plan: Robert Hall

FY20 Deficiencies:

1) There were 4.3% of old open admissions (charts), which is above the standard of 4%. This does not meet Division Directives.

Center's Response and Corrective Action Plan:

Action Plan: The Center has been working on open admissions in the last two months and numbers should be under the 4% allowed. The Clinical Director has met with the Center's data manager to identify the discharging protocol and the process for the open admissions that are not active.

Timeline for compliance: On going

Person responsible for action plan: Robert Hall, Michael Safford

FY20 Recommendations:

1) *Medication Assisted Treatment (MAT) in Jail:* NCC invited Alkermes, the Sheriff and Uintah County to a meeting to discuss implementing MAT in the jail. NCC is still in the process of working out the funding for this project, but is hoping to move this initiative forward. It is recommended that NCC continue in their efforts in offering Vivitrol in the jail.

FY20 Division Comments:

1) *Drug Court:* The Drug Court Program in the Tri-County area has been fully functional during COVID-19 and has been meeting over the phone during this time. The County Attorney administers the Drug Court in the Tri-County Area and has a dedicated team of professionals managing this program, which includes three therapists from NCC. The Drug Court Program also strives to use best practice methods in their program, treatment and sanctions. Since Targeted Adult Medicaid (TAMS) has been available, NCC has worked with the Drug Court Program to provide enrollment services for Medicaid. This has included visiting applicants in the Uintah County Jail to complete applications. The Uintah County Case Manager also refers clients to Vocational Rehabilitation or Workforce Services for

financial benefits. They also refer them to the Federally Qualified Health Center (FQHC) for physical health care and dental services.

2) *Jail Services:* The jails in the Tri-County area have approximately eight hours of service a week from NCC for individual therapy that includes both mental health and substance use disorder services for county inmates. NCC has also been looking into providing MAT in the jails. They are planning to provide telehealth therapy services in the Duchesnes County jail beginning this year, which will increase access to services in the jail.

3) *Suicide Prevention:* NCC is engaged in many different prevention, intervention and postvention activities related to suicide. They are also involved in the State Prevention Grant through the Division of Substance Abuse and Mental Health. The focus of this grant is on adolescents and youth-in-transition (age 13 - 25). Activities include reducing lethal means, promoting the Statewide Crisis line, providing Mental Health First Aid and other services. There were around 1,000 people served through emergency services in the hospitals last year.

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 Chad Carter (Jul 16, 2020 14:03 MDT) Date 07/16/2020
Auditor IV

Approved by:

Kyle Larson Kyle Larson (Jul 16, 2020 15:09 MDT) Date 07/16/2020
Administrative Services Director

Eric Tadehara Eric Tadehara (Jul 16, 2020 16:52 MDT) Date 07/16/2020
Assistant Director Children's Behavioral Health

Kimberly Myers Kim Myers (Jul 22, 2020 16:32 MDT) Date 07/22/2020
Assistant Director Mental Health

Brent Kelsey Brent Kelsey (Jul 27, 2020 14:36 MDT) Date 07/27/2020
Assistant Director Substance Abuse

Doug Thomas Doug Thomas (Jul 27, 2020 15:59 MDT) Date 07/27/2020
Division Director

Attachment A

UTAH DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Emergency Plan Monitoring Tool

Name of Agency: **Northeastern Counseling**

Date: **June 30, 2020**

Compliance Ratings **Y = Yes, the Contractor is in compliance with the requirements.** **P = Partial, the Contractor is in partial compliance with requirements; comments provided as suggestion to bring into compliance.** **N = No, the Contractor is not in compliance with the requirements.**				
Monitoring Activity	Compliance			Comments
	Y	P	N	
Preface				
Cover page (title, date, and facility covered by the plan)		X		Need coverage page indicating the facility covered
Signature page (with placeholders to record management and, if applicable, board of directors' approval of the plan and confirmation of its official status)			X	Need signature page, approval of plan and confirmation of its official status
Title page (with placeholders to record the dates that reviews/revisions are scheduled/have been made)			X	Need page that identifies dates of reviews/revisions
Record of changes (indicating when changes have been made and to which components of the plan)			X	Need place to identify changes to the plan, made by whom, and date of change
Record of distribution (individual internal and external recipients identified by organization and title)			X	Need distribution record
Table of contents			X	Need table of contents
Basic Plan				
Statement of purpose and objectives	X			
Summary information	X			
Planning assumptions	X			
Conditions under which the plan will be activated	X			
Procedures for activating the plan	X			
Methods and schedules for updating the plan, communicating changes to staff, and training staff on the plan	X			
Functional Annex: The Continuity of Operations (COOP) Plan				
Essential functions and essential staff positions	X			
Continuity of leadership and orders of succession			X	Need to include order of succession (i.e., org chart)
Leadership for incident response	X			

Alternative facilities (including the address of and directions/mileage to each)			X	Need to identify alternative facilities to be used, if needed; contact information page for partners is blank
Planning Step				
Disaster planning team has been selected, to include all areas (i.e., safe/security, clinical services, medication management, counseling/case management, public relations, staff training/orientation, compliance, operations management, engineering, housekeeping, food services, pharmacy services, transportation, purchasing/contracts, medical records, computer hardware/software, human resources, billing, corporate compliance, etc.)			X	Need to identify who is on the planning team and representing which area.
The planning team has identified requirements for disaster planning for Residential/Housing services including: ● Engineering maintenance ● Housekeeping services ● Food services ● Pharmacy services ● Transportation services ● Medical records			X	Need to specify how these functions will be provided
The team has coordinated with others in the State and community.			X	Need to indicate coordination with State and community.

DSAMH is happy to provide technical assistance.

DSAMH FY20 Monitoring Report - Northeastern Counseling Center

Final Audit Report 2020-07-27

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