Dear Commissioner Hansen:

In accordance with Utah Code Annotated 62A-15-103, the Division of Substance Abuse and Mental Health has completed its annual review of the Central Utah Counseling Center and 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. If you have any questions, please contact Kelly Ovard 385-310-5118.

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

Sincerely,

Doug Thomas
Division Director

Enclosure

cc: Commissioner Dennis Blackburn, Wayne County Commission
Commissioner Darrin Bushman, Piute County Commission
Commissioner Scott Bartholomew, Sanpete County Commission
Commissioner Ralph Brown, Sevier County Commission
Commissioner Bill Wright, Millard County Commission
Nathan Strait, Director of Central Utah Counseling Center
Site Monitoring Report of

Central Utah Counseling Center

Local Authority Contract #A03081

Review Date: October 5, 2021

Final Report
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Section One: Site Monitoring Report
Executive Summary

In accordance with Utah Code Section 62A-15-103, the Division of Substance Abuse and Mental Health (also referred to in this report as DSAMH or the Division) conducted a review of Central Utah Counseling Center (also referred to in this report as CUCC or the Center) on October 5, 2021. 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

<table>
<thead>
<tr>
<th>Programs Reviewed</th>
<th>Level of Non-Compliance Issues</th>
<th>Number of Findings</th>
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Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review of the Local Authority, Central Utah Counseling Center (CUCC). The Governance and Fiscal Oversight section of the review was conducted on September 27 - October 5, 2021 by Kelly Ovard Administrative Services Auditor IV.

Due to current DSAMH policies, the site visit was conducted remotely with CUCC as the contracted service provider for Juab, Millard, Piute, Sanpete, Sevier, and Wayne Counties. 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 had been gained. Board minutes were reviewed and discussions were conducted to determine if an appropriate level of involvement and financial oversight was provided.

As part of the site visit, CUCC provided backup to support their costs and billed amounts, using rates taken from their Medicaid Cost Report. This report is a cost study conducted by the Local Authority and then reviewed 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.

CUCC received a single audit as required; the CPA firm Kimball & Roberts conducted the audit for the year ending June 30, 2020. The single audit report had not been finalized as of the date of the site visit, but CUCC provided a draft report. The auditors issued an unmodified opinion, stating that the basic financial statements present fairly, in all material aspects, the financial position of the business-type activities of the Central Utah Counseling Center. There were no findings or deficiencies reported. The audit report for the year ending June 30, 2021 is currently being reviewed and a copy of the final audit report will be provided when available.
Follow-up from Fiscal Year 2021 Audit:

FY21 Deficiencies:
1) CUCC conducts monitoring on their subcontractors annually and also with each billing submission. A written monitoring summary sheet is kept showing the results of their annual checks for insurance and other administrative documentation, but does not provide any detail on specific service review activities or the results of their reviews. Utah Administrative Rule R523-2-6(f)(i)(ii) & (g) requires that the LMHA/LSAA provide a written monitoring report that documents review activities and findings. Specifically it states that monitoring should ensure that: a) services delivered to consumers are commensurate with funds provided and b) progress is made toward accomplishing contract goals and objectives.

This item has been partially completed and will continue as a recommendation for the FY22 audit.

Findings for Fiscal Year 2022 Audit:

FY22 Major Non-compliance Issues:
None

FY22 Significant Non-compliance Issues:
None

FY22 Minor Non-compliance Issues:
None

FY22 Deficiencies:
None

FY22 Recommendations:

1) CUCC conducts monitoring on their subcontractors annually and also with each billing submission. A written monitoring summary sheet is kept showing the results of their annual checks for insurance and other administrative documentation, but does not provide any detail on specific service review activities or the results of their reviews. Utah Administrative Rule R523-2-6(f)(i)(ii) & (g) requires that the LMHA/LSAA provide a written monitoring report that documents review activities and findings. Specifically it states that monitoring should ensure that: a) services delivered to consumers are commensurate with funds provided and b) progress is made toward accomplishing contract goals and objectives c) details of the documentation instead of just generalizations of good or needs improvement describing what is be done well and what needs improvement (d) copies of the licensures and liability insurance certificates. This should be seen as similar to the audit that DSAMH performs on the Local Authorities for charts and follows the outline of the audit tool used for this audit but not as detailed. DSAMH is willing to provide technical assistance.
in developing this tool with CUCC which would include a summary sheet (as provided) and a detailed monitoring report.

2) Executive travel reimbursements are approved by two separate people in the accounting system before they are paid out and the board also approves travel dollar amounts each month. There were no issues found in the Division’s review of executive travel. However, it is recommended that CUCC add a pre-travel approval that documents the location and reason for travel. This would allow the Center to show that requested travel was determined to be reasonable and appropriate. Travel uploaded for the audit year was in July 2020 and prior to the FY21 audit. There was no other travel in FY21 for the FY22 audit. It is expected that this issue will be resolved with travel occurring in the current fiscal year and will be reflected in next year's audit.

3) The CUCC emergency plan was reviewed by Nichole Cunha Program Administrator II 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 CUCC review these suggestions and update their emergency plan accordingly.

FY22 Division Comments:

1) Thank you to Nathan and Richard for the timely upload of data and for chart access. The audit was completed in a timely manner and is greatly appreciated!
**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.
**Combined Mental Health Programs**

The Division of Substance Abuse and Mental Health (DSAMH) Mental Health Team conducted its annual monitoring review at Central Utah Counseling Center (CUCC) on October 5, 2021. Due to the current DSAMH policy, the annual monitoring review was held virtually. Duplicate findings for Child, Youth and Family and Adult Mental Health have been combined below to provide clarity and avoid redundancy.

**Comments:**

1) *Outcome Questionnaire (OQ)/ Youth Outcome Questionnaire (YOQ):* Through the chart review process, it was demonstrated that CUCC does a great job of utilizing the OQ/YOQ process as part of a clinical intervention through the documentation. In both the adult and youth charts, all charts (20/20) reviewed demonstrated both the administration of the tool and its use as a clinical intervention. The FY21 Adult Mental Health Scorecard indicated that CUCC has the highest percentage of clients demonstrating positive OQ results for both treatment and discharge, when compared across the rural Local Mental Health Authorities. The FY21 Youth Mental Health Scorecard also indicates that positive OQ results for treatment and discharge are much higher than the rural average.

2) *Mental Health Crisis Services and Community Outreach:* CUCC has implemented the Mobile Crisis Outreach Team (MCOT) program over this past year. Within the first quarter of FY22, 120 MCOT calls were made with only 21% including law enforcement on scene with the team. Law enforcement made 26% of the MCOT referrals during this period. CUCC reports that training for the crisis intervention training (CIT) program for law enforcement has been held recently, and CUCC has strong involvement with that program.

3) *Cultural Responsiveness:* DSAMH commends CUCC for efforts to address diversity and equity. During the recent DSAMH needs assessment, 92% of clinicians indicated the agency was making some efforts to reduce disparities for LGBTQ+ clients. CUCC staff also had very high scores related to attitude, awareness, knowledge and skills questions regarding developmental disability. CUCC has created eight meaningful goals in response to the health disparity needs assessment and DSAMH looks forward to continuing to work towards equity.

4) *Agency Resiliency:* Clients interviewed indicated that CUCC was able to maintain contact, and keep them safe and engaged during the pandemic. Staff demonstrated dedication and flexibility in their efforts to adapt to changing circumstances, including restrictions, changes in leadership, and client needs.
Child, Youth and Family Mental Health

The Division of Substance Abuse and Mental Health Children, Youth, & Families team conducted its annual monitoring review at the Central Utah Counseling Center on October 5, 2021. Due to current DSAMH policy, the annual monitoring review was held virtually. The monitoring team consisted of Mindy Leonard, Program Manager; Leah Colburn, Program Administrator; Tracy Johnson, Wraparound and Family Peer Support Program Administrator; and Heather Rydalch, Peer Support Program Manager. The review included the following areas: record reviews, discussions with clinical supervisors, management teams, case staffings, program visits, and Family Peer Support. During the monitoring visit, charts were reviewed from Sevier, Juab, Sanpete, and Millard Counties. During the discussions, the site visit team reviewed the FY21 Monitoring Report; statistics, including the mental health scorecard; area plans; youth outcome questionnaires (YOQs); 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 2021 Audit

FY21 Deficiencies:
1) Case Management: CUCC continues to provide case management services at a lower rate (CUCC - 8%; rural average - 28.2%), for the second year. While DSAMH recognizes that COVID-19 may have had an impact in providing this service, CUCC should explore avenues to provide case management services to more youth and families, when appropriate.

This item has not been resolved and will continue to be a finding in the FY22 report; see Minor Non-compliance Issues 1.

1) Respite Services: CUCC saw a decrease in respite services from FY19 (12 clients) to FY20 (7 clients). DSAMH recognizes that COVID-19 may have had an impact in its ability to provide this service, however CUCC continues to provide respite at a low rate. CUCC should continue to explore ways to increase respite service delivery for families and youth when appropriate.

This item has been resolved and will no longer be a finding on the 2022 monitoring report. There has been an increase from 7 youth served in FY20 to 22 youth served in FY21.

Findings for Fiscal Year 2022 Audit

FY22 Major Non-compliance Issues: None

FY22 Significant Non-compliance Issues: None
FY22 Minor Non-compliance Issues:
1) Case Management: CUCC for the third year has provided this service at a lower rate. In FY20, there was a substantial drop in services provided from the prior year, 51 youth, to 26 youth in FY21. This service was provided at a rate of 3.6% which is well below the rural average of 27.5%. CUCC will need to examine this drop and explore avenues to increase this important service, including how this service is utilized as an opportunity for collaboration with other systems that serve the youth including schools and other community partners. CUCC is encouraged to determine if this change may be impacted by the start of MCOT services and youth case management may be captured under that program. DSAMH is available for technical assistance if needed.

County’s Response and Corrective Action Plan:

<table>
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<tr>
<th>Action Plan:</th>
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</table>
| - Increase case management services for youth and families by changing existing responsibilities for multiple staff members.  
- Provide additional training to staff to improve clarity/confidence related to CM services. We have scheduled an initial training event with all CUCC case managers on 1/14/22. |

<table>
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<th>Timeline for compliance:</th>
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<td>12/17/2021. Additionally, CUCC will run quarterly reports on youth case management services to assess progress/potential need for action plan adjustment throughout FY22.</td>
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<tr>
<th>Person responsible for action plan:</th>
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<tr>
<td>Jared Kummer, Clinical Director</td>
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</table>

| Tracked at DSAMH by: Mindy Leonard |

FY22 Deficiencies:
None

FY22 Recommendations:
None

FY22 Division Comments:
1) Respite: CUCC has seen a 214% increase of utilization for respite services for youth and families year over year. CUCC is proud of their efforts related to increasing this service. CUCC reports that families and clinical teams are seeing the positive impact to client care when a client has increased opportunity to receive respite services.

2) School Based Behavioral Health (SBBH): CUCC has a strong partnership with Central Utah Education Services (CUES) to provide access to behavioral health services in schools. This partnership demonstrates a creative and impactful approach to ensure that youth and families
across the CUCC catchment receive services in a manner which presents limited barriers to care. This partnership has gained statewide recognition in highlighting the positive impact on client care when schools and community mental health agencies partner and collaborate to ensure youth are receiving clinical services.

3) *Family Peer Support Services (FPSS)*: CUCC leadership has a strong understanding of the value and role of FPSS to support youth and families in finding success. While there was a slight decrease in FY21 in the number of youth and families served through FPSS, services remain above the rural average of services. DSAMH encourages CUCC to continue to explore avenues and opportunities to expand FPSS services and increase certified FPSS at their agency.
**Adult Mental Health**

The Division of Substance Abuse and Mental Health and Adult Monitoring Team conducted its annual monitoring review at the Central Utah Counseling Center on October 5, 2021. Due to current DSAMH policy, the annual monitoring review was held virtually. The monitoring team consisted of Mindy Leonard, Program Manager; Leah Colburn, Program Administrator; Heather Rydalch, Peer Support Program Manager; Tracy Johnson, Wraparound and Family Peer Support Program Administrator; and Pam Bennett, Program Administrator. The review included the following areas: record reviews, discussions with clinical supervisors, management teams, a Certified Peer Support Specialist and program participants. During the monitoring visit, charts were reviewed from Sevier, Juab, Sanpete, and Millard Counties. A visit was conducted with Day Treatment. During the discussions, the site visit team reviewed the FY21 Monitoring Report; statistics, including the mental health scorecard; area plans; outcome questionnaires (OQs); 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 2021 Audit**

No findings were issued in FY21.

**Findings for Fiscal Year 2022 Audit**

**FY22 Major Non-compliance Issues:**

None

**FY22 Significant Non-compliance Issues:**

None

**FY22 Minor Non-compliance Issues:**

None

**FY22 Deficiencies**

1) *Substance Abuse Mental Health Information System (SAMHIS) OQ Match:* The percentage of clients that match SAMHIS is required to be at least 90%. The FY21 Adult Mental Health scorecard indicates that CUCC had a match rate of 83.2%. DSAMH requires that CUCC resolve data entry issues and ensure the match rate improves to at least 90%.
County’s Response and Corrective Action Plan:

**Action Plan:** Internal report of errors related to (SAMHIS) OQ Match data has been created and shared with office managers as of 11/2/2021.

**Timeline for compliance:**
11/30/2021

**Person responsible for action plan:**
Jared Kummer, Clinical Director

**Tracked at DSAMH by:** Mindy Leonard

**FY22 Recommendations:**

1) *Suicide Prevention:* DSAMH recommends that CUCC review the suicide prevention plan as provided in the FY22 Area Plan, and expand the program to include (1) specific processes for follow up, and (2) details regarding training (ie. For whom, when, and how often).

2) *Case Management (CM):* DSAMH recommends that CUCC continue to review and look for opportunities to expand case management services. While CUCC has increased CM services between FY20 and FY21, CM is still being provided at a rate lower than the rural average (CUCC FY21-19.2%; Rural average-33.7%). DSAMH recognizes that a portion of CM services are embedded in Mobile Crisis Outreach and other services.

**FY22 Division Comments:**

1) *Case Staffings:* The DSAMH team was able to attend a Richfield team staffing. Language in the meeting was strengths-based, with staff demonstrating that they are invested in each client. The knowledge base and the follow up that team members described will lead to comprehensive care for the client.

2) *Participant Feedback:* Heather Rydalch, Pam Bennett, and Tracy Johnson attended the Adult Day Treatment meeting on October 5, 2021 and met with three clients after the group. Group members indicated that they create their own goals and those goals are focused on wellness, employment and increasing independence. Clients reported that “it’s good to be able to trust [staff]”, they “can feel vulnerable”, and that staff are “positive”.

3) *Certified Peer Support Services (CPSS):* A review of the Adult Mental Health Scorecard for FY21 indicated that CUCC has increased the provision of CPSS by 129.6% from FY20 to FY21. This was also reflected in the charts that included CPSS, with appropriate goals and progress documented. Peer support specialists provide a wide range of individual and group services, life skills, and crisis support. CUCC indicates that Peer Services are assigned to those with a history of multiple hospitalizations, and this has been particularly successful in decreasing returns to a higher level of care.
Substance Use Disorders Prevention

Becky King, Program Administrator, conducted the annual prevention review of the Central Utah Counseling Center on October 5, 2021. The review focused on the requirements found in State and Federal law, Division Directives and contracts. In addition, the review evaluated the services described in the annual prevention area plan and the data used to establish prevention priorities.

Follow-up from Fiscal Year 2021 Audit

FY21 Deficiencies:
1) *EASY Compliance Checks:* There were 33 Eliminating Alcohol Sales to Youth (EASY) compliance checks completed in FY19 and 24 checks in FY20, which do not meet Division Directives. Local Authorities are required to complete at least one additional EASY Compliance Check each year.

There were 24 Eliminating Alcohol Sales to Youth Alcohol (EASY) compliance checks completed in FY20 and 0 checks in FY21, which did not meet Division Directives. Local Authorities are required to complete at least one additional EASY Compliance Check each year.

This issue is not resolved, which will be addressed in Recommendation #1 below.

Findings for Fiscal Year 2022 Audit

FY22 Major Non-compliance Issues:
None

FY22 Significant Non-compliance Issues:
None

FY22 Minor Non-compliance Issues:
None

FY22 Deficiencies:
None

FY22 Recommendations:
1) *Easy Compliance Checks:* There were 24 Eliminating Alcohol Sales to Youth Alcohol (EASY) compliance checks completed in FY20 and 0 checks in FY21, which did not meet Division Directives. Local Authorities are required to complete at least one additional EASY Compliance Check each year. It is recommended that Central Utah work on methods of completing the EASY Compliance checks this year.
**FY22 Division Comments:**

1) *Youth Coalitions:* CUCC reports that there are 5 youth coalitions that are going and four new ones; however, some of them ended during the COVID Pandemic. In North Sanpete, the kids really enjoy focusing on social media. For example, if they see anything unkind on social media, they will say something positive instead. They also have assignments for coalition members, like meeting someone they didn’t know before, finding out something about them then sharing it with others. The youth coalition in Delta is currently working on the marijuana issue. Through their work, the community has learned that marijuana is not as harmless as people think.

2) *Nicotine Use / Vaping:* The Student Health and Risk Prevention (SHARP) survey shows that 6th Graders using Cigarettes in the last 30 days is 0.3%, 8th Grade is 1.4%, 10th Grade is 3.3% and 12th grade is 3.4%. E-Cigarette use in the last 30 days is 6th grade is 1.6%, 8th grade is 6.5%, 10th grade is 14.2% and 12th grade is 15.9%. While traditional Cigarette use has been stationary, the number of youth vaping has been trending up over the past 8 years.

To impact these trends, CUCC is working to disseminate information to parents on the harms of vaping. In addition to disseminating information, CUCC is using Youth Coalitions and Evidence-based programs to change the trends around tobacco use. The youth coalitions have been working to change trends in the school and have been working with school administrators to update policy around vaping on school property. As a result CUCC also teaches the Prime for life teen and parent program to those who were caught with substances at school. The youth coalitions have also been working with local cities to advocate for tobacco free parks. CUCC uses the Guiding Good Choices Parenting Class as a strategy to reduce youth tobacco use. They also collaborate with the schools on the life skills and WHY TRY programs. CUCC also implemented the Good Behavior game in elementary schools.

3) The Good Behavior Game: CUCC recently implemented the Good Behavior Game in August 2021, which is an evidence-based strategy to educate elementary school children on how to behave appropriately in a school setting. CUCC was able to train over 40 teachers and still have more to train. All teachers that were trained are still on board and haven’t dropped out. CUCC is checking for fidelity through their coaching checks with the teachers. CUCC and the school system have been excited about this program and are looking forward to seeing the outcomes next year. The schools have been providing incentives for teachers to participate in providing the Good Behavior Game by providing them with extra supplies for the classroom. Sanpete School District made the Good Behavior Game a requirement in their school. Some of the school districts have one or two teachers who have been trained as a coach so that they can train other teachers next year. The kids also enjoy the prizes they receive after class.
Substance Use Disorders Treatment

Becky King, Program Administrator, conducted the review of the Central Utah Counseling Center on October 5, 2021. The review focused on compliance with State and Federal law, Substance Abuse Treatment (SAPT) Block Grant regulations, and adherence to DSAMH directives and contract requirements. The review consisted of an interview with program staff, data submitted to DSAMH, a review of clinical records and an evaluation of agency policy and procedures. In addition, performance and client satisfaction was measured using the Utah Substance Abuse Treatment Outcomes Measures Scorecard and Consumer Satisfaction Survey Data.

Follow-up from Fiscal Year 2021 Audit

FY21 Minor Non-compliance Issues:

1) The 2020 Outcomes Scorecard shows the percent of clients who use tobacco increased by 4.9% between admission and discharge. The 2020 Division Directives require local substance abuse authorities to decrease the percent of clients who use tobacco from admission to discharge by 5%.

The 2021 Outcomes Scorecard shows the percent of clients who use tobacco moved from -4.9% to -0.7% from the State Fiscal Year (SFY) 2020 to SFY21 respectively, which does not meet Division Directives.

This issue is not resolved, which will be addressed in Recommendation #1 below.

2) A review of data found that 6.1% of the charts have not been closed, which does not meet Division Directives. Local Authorities are required to have less than 4% of their charts open at any given time.

A review of data found that 5.1% of the charts have not been closed in SFY2021, which does not meet Division Directives. Local Authorities are required to have less than 4% of their charts open at any given time.

This issue not resolved, which will be addressed in the Deficiency #1 below.
Findings for Fiscal Year 2022 Audit:

FY22 Major Non-compliance Issues:

None

FY22 Significant Non-compliance Issues:

None

FY22 Minor Non-Compliance Issues:

None

FY22 Deficiencies:

1) A review of data found that 5.1% of the charts have not been closed in SFY2021, which does not meet Division Directives. Local Authorities are required to have less than 4% of their charts open at any given time.

County’s Response and Corrective Action Plan:

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<td>- A report that identifies SA clients that have not been seen in 30 days will be provided to clinical staff regularly to prompt clinical consideration for chart closure.</td>
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<tr>
<td>- Team leaders will take an active monitoring/supporting role on their respective teams as it relates to managing chart closures in an effective and timely manner.</td>
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Timeline for compliance:
12/17/21. Additionally, there will be ongoing quarterly monitoring in FY22.

Person responsible for action plan:
Jared Kummer, Clinical Director

Tracked at DSAMH by: Becky King

FY22 Recommendations:

1) Tobacco / Nicotine Use: Data from SFY 2021 suggests that slightly more clients use tobacco at discharge from treatment than at admission. In raw numbers, 235 clients used nicotine when they were admitted. At discharge from care, 237 CUCC clients reported using tobacco. CUCC reports that they have increased the number of tobacco cessation classes last year. Prior to the COVID Pandemic, CUCC built a smoking cessation program for Level I clients in the Sanpete Drug Court Program. However, they are having difficulty getting clients interested in attending these classes. They also provide the 1-800-Quit Now resource to clients. CUCC reported that they are planning to combine efforts between the three programs.
at CUCC to continue working on methods of finding ways to increase participation in tobacco cessation classes and reducing tobacco / nicotine use.

**Recommendation:** It is recommended that CUCC continue in their efforts to find incentives for clients to attend tobacco cessation classes and find ways to reduce tobacco use.

2) **Social Recovery Supports:** Data from SFY 2021 shows that individuals served by CUCC have a low rate of participation in recovery support services at discharge from care. CUCC reported that during the COVID Pandemic, many recovery support groups in the community ceased operating.

**Recommendation:** It is recommended that CUCC continue to foster relationships with the local recovery community. CUCC could support the development of local recovery community organisations such as Utah Support Advocates for Recovery Awareness (USARA) or other recovery community organization. DSAMH will provide technical assistance and funding as needed to help support recovery efforts in Central Utah.

3) **Community Partnerships:** There has been concern from community members that CUCC has not been able to adequately provide Spanish speaking services for their clients. CUCC stated that they have two therapists that speak Spanish for their entire local area and use translation services as needed. They also reported that they are doing their best to provide Spanish speaking services as needed.

**Recommendation:** It is recommended that CUCC consider partnering with external organizations to expand Spanish speaking services to their clients and families.

4) **Coordination with Local Health Department:** There was a significant spike in overdoses in Central Utah six weeks ago. CUCC doesn’t have a formal process for Fatality reviews with the Department of Health, but were told that they may be invited by the Medical Examiner / Health Department to join a Fatality Review based on these recent overdoses.

**Recommendation:** It is recommended that CUCC work more closely with the local Health Department to coordinate surveillance efforts on the prevention of opioid overdose in their area. Pam Goodrich is the representative for the Central Health Department who can be reached at pgoodrich@utah.gov.

**FY22 Division Comments:**

1) **Youth Treatment:** CUCC has been an excellent partner with DSAMH and the University of Utah Social Research Institute (SRI). They incorporated the recommendations by SRI to implement evidence-based practices to improve services for youth in their local area.

2) **Mobile Crisis Outreach:** CUCC has focused their efforts over the past year on mobile crisis outreach. Their partnership with law enforcement has been really positive. CUCC reported
that 70% of the calls are handled by CUCC and 30% are handled by law enforcement. In addition to mobile crisis outreach, CUCC has been able to provide therapy services through telehealth. CUCC reported that at least 75% of the clients are currently receiving services at CUCC.

3) *Successful Completion of Treatment:* For the last two years, CUCC had the highest percentage of people successfully completing treatment. In SFY 20, they had a 67% completion rate and in SFY 21, 74% of their clients successfully completed treatment. CUCC shared that they have their own discharge reports where they are reviewing how they determine how to discharge clients. These reports are also helping clinicians understand how they are treating their clients and improve on setting up a successful discharge plan.
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 are 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 to be 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 to be 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.
We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Central Utah Counseling Center and for the professional manner in which they participated in this review.

If there are any questions regarding this report please contact Kelly Ovard at (385) 310-5118.

The Division of Substance Abuse and Mental Health

Prepared by:

Kelly Ovard ___________________________ Date 11/15/2021
Administrative Services Auditor IV

Approved by:

Kyle Larson ___________________________ Date 11/16/2021
Administrative Services Director

Eric Tadehara ___________________________ Date 11/16/2021
Assistant Director Children’s Behavioral Health

Kimberly Myers ___________________________ Date 11/15/2021
Assistant Director Mental Health

Brent Kelsey ___________________________ Date 11/15/2021
Assistant Director Substance Abuse

Doug Thomas ___________________________ Date 11/15/2021
Division Director
**UTAH DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH**

**Emergency Plan Monitoring Tool**

**FY22**

**Name of Local Authority:** Central Utah Counseling Center

**Date:** October 5, 2021

**Reviewed by:** Nichole Cunha, LCSW  
Geri Jardine

<table>
<thead>
<tr>
<th>Compliance Ratings</th>
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<td>P = Partial, the Contractor is in partial compliance with requirements; comments provided as a suggestion to bring into compliance.</td>
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<td>N = No, the Contractor is not in compliance with the requirements.</td>
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**Preface**

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<tr>
<th>Description</th>
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<tbody>
<tr>
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<tr>
<td>Confirmation of the plan’s official status (i.e., signature page, date approved)</td>
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<tr>
<td>Record of changes (indicating dates that reviews/revisions are scheduled/have been made and to which components of the plan)</td>
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<tr>
<td>Though the revision Date and Items Revised section is blank (page 3), the plan is new for this year.</td>
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**Basic Plan**
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<tr>
<td>Planning assumptions</td>
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<tr>
<td>Conditions under which the plan will be activated</td>
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<tr>
<td>Procedures for activating the plan</td>
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<tr>
<td>Methods and schedules for updating the plan, communicating changes to staff, and training staff on the plan</td>
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**Functional Annex: The Continuity of Operations (COOP) Plan** to continue to operate during short-term or long-term emergencies, periods of declared pandemic, or other disruptions of normal business.

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<td>Identify leadership for incident response</td>
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<td>List alternative facilities (including the address of and directions/mileage to each)</td>
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<tr>
<td>Communication procedures with staff, clients’ families, the State and community</td>
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<tr>
<td>Procedures that ensure the timely discharge of financial obligations, including payroll.</td>
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**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.)

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 (recovery and maintenance)
- Evacuation procedures
- Isolation/Quarantine procedures
- Maintenance of required staffing ratios
- Address both leave for and the recall of employees unable to work for extended periods due to illness during periods of declared pandemic

DSAMH is happy to provide technical assistance.
DSAMH FY22 Final Report

Final Audit Report

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