



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

December 11, 2020

Commissioner Dennis Blackburn
Wayne County Commission
18 South Main, Box 189
Loa, Utah 84747

Dear Commissioner Blackburn:

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

A handwritten signature in blue ink, appearing to read "D. P. Thomas".
Doug Thomas (Dec 17, 2020 14:02 MST)

Doug Thomas
Division Director

Enclosure

cc: Commissioner Richard Hansen, Juab County Commission
Commissioner Darrin Bushman, Piute County Commission
Commissioner Scott Bartholomew, Sanpete County Commission
Commissioner Ralph Brown, Sevier County Commission
Commissioner Wayne Jackson, Millard County Commission
Nathan Strait, Director of Central Utah Counseling Center

Site Monitoring Report of

Central Utah Counseling Center

Local Authority Contracts #160046 and #160047

Review Dates: October 6th, 2020

Final Report

Table of Contents

Section One: Site Monitoring Report	3
Executive Summary	4
Summary of Findings	5
Governance and Fiscal Oversight	6
Mental Health Mandated Services	8
Child, Youth and Family Mental Health	9
Adult Mental Health	12
Substance Use Disorders Prevention	15
Substance Use Disorders Treatment	17
Section Two: Report Information	19
Background	20
Signature Page	23
Attachment A	24

Section One: Site Monitoring Report

Executive Summary

In accordance with Utah Code Section 62A-15-103, the Division of Substance Abuse and Mental Health (also referred to in this report as DSAMH or the Division) conducted a review of Central Utah Counseling Center (also referred to in this report as CUCC or the Center) on November 5th, 2019. 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 1	7
<i>Child, Youth & Family Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None 2	9-10
<i>Adult Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i>Substance Abuse Prevention</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None 1	15
<i>Substance Abuse Treatment</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 2 None	17-18

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review of the Local Authority, Central Utah Counseling Center (CUCC). The Governance and Fiscal Oversight section of the review was conducted on October 6th, 2020 by Chad Carter and the final report was issued by Kelly Ovard Auditor IV.

Due to potential risks from COVID-19, 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 has been gained. Board minutes were reviewed and discussions were conducted to determine if an appropriate level of involvement and financial oversight was provided.

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

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 Central Utah Counseling Center. There were no findings or deficiencies reported.

Follow-up from Fiscal Year 2020 Audit:

No findings were issued in FY20.

Findings for Fiscal Year 2021 Audit:

FY21 Major Non-compliance Issues:

None

FY21 Significant Non-compliance Issues:

None

FY21 Minor Non-compliance Issues:

None

FY21 Deficiencies:

- 1) CUCC is conducting 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 provides 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.

Center’s Response and Corrective Action Plan:

Action Plan: CUCC will add this additional step of having a written monitoring report that documents review activities and findings to its monitoring summary sheet. This monitoring report will be conducted annually at the subcontractors scheduled monitoring and review.

Timeline for compliance: November 30, 2020

Person responsible for action plan: Anna LaDamus

FY21 Recommendations:

- 1) 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.
- 2) The CUCC 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 CUCC review these suggestions and update their emergency plan accordingly.

FY21 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 Central Utah Counseling Center on October 6th and 7th, 2020. Due to COVID-19, 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 and management, case staffing, program visits, and allied agency visits. During the visit, the monitoring team reviewed the FY20 audit; statistics, including the Mental Health Scorecard; Area Plans; Youth Outcome Questionnaires; family involvement; Family Resource Facilitation (Family Peer Support); High Fidelity Wraparound; Multi-Agency Coordinating Committee involvement; school-based behavioral health; Mental Health Early Intervention Funding; 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 2020 Audit

No findings were issued in FY20.

Findings for Fiscal Year 2021 Audit

FY21 Major Non-compliance Issues:

None

FY21 Significant Non-compliance Issues:

None

FY21 Minor Non-compliance Issues:

None

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.

Center's Response and Corrective Action Plan:

Action Plan: CUCC will make this a greater point of emphasis. Team Leaders will advise therapists to make more referrals for case management for high need families. Treatment teams will look for opportunities to assist clients using this service. This will be accomplished by having case managers and attend clinical staff meetings so referrals can be made at that time.

Timeline for compliance: December 15, 2020

Person responsible for action plan: Chad Williams

- 2) *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 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.

Center’s Response and Corrective Action Plan:

Action Plan: CUCC will make this a greater point of emphasis. Team Leaders will advise therapists to make more referrals for respite services for families and youth. Treatment teams will look for opportunities to assist clients using this service. This will be accomplished by having case managers and peer support specialists attend clinical staff meetings so referrals can be made at that time.

Timeline for compliance: December 15, 2020

Person responsible for action plan: Chad Williams

FY21 Recommendations:

- 1) *Family Resource Facilitation and Family Peer Support*: CUCC had a large decrease in families served with family peer support services from FY19 (127 families) to FY20 (6 families). It is recommended to review this service to identify and rectify barriers to this service, solidify referral pathways for this service, and review with clinical teams the value of this service to clinical outcomes. It is also recommended to review with Family Peer Support’s documentation standards.

During the review, a 10 year old was provided direct peer support services, which is limited based on the Utah Medicaid Provider Manual. The Medicaid Provider Manual states: “For children, peer support services are provided to their parents/legal guardians as appropriate to the child’s age when the services are directed exclusively toward the treatment of the Medicaid-eligible child... With the exception of older adolescents (adolescents age 16-18) for children, peer support services are provided to their parents/legal guardians and the services are directed exclusively to the treatment of the Medicaid-eligible child (i.e., toward assisting the parents/legal guardians in achieving the rehabilitative treatment goals of their children).” It is recommended CUCC engage in technical assistance with DSAMH and Allies with Families to ensure Family Peer Support is provided appropriately.

FY21 Division Comments:

- 1) *School Based Behavioral Health (SBBH)*: CUCC has developed a partnership with Central Utah Education Services (CUES), which has enabled stronger relationships with the local education agencies (LEAs) in central Utah. The increased partnerships have allowed CUCC to strengthen their in-school based behavioral health services across their catchment area. Through this partnership, CUCC and CUES have split multiple behavioral health professionals who are able to work with the youth throughout the local communities. This

partnership has improved access for students who need behavioral health services in LEAs which previously have not engaged in SBBH.

- 2) *Telehealth*: CUCC is to be commended for their ability to easily transition to telehealth services during the COVID-19 pandemic. CUCC was able to pivot to provide therapy, medication management, and other services in their continuum of care from traditional face-to-face services to telehealth services, which allowed clients to continue to have access to mental health services while following local public health guidelines. CUCC reports they have been able to engage clients who have previously had barriers in accessing services in an outpatient setting with telehealth, and plan to continue to provide telehealth services when appropriate.
- 3) *Community Partnerships*: CUCC has strong relationships with their local Division of Children and Family Services (DCFS) offices. Both parties have been working to strengthen their relationship in a formal and informal manner to provide better services to the children and families they serve. Through the improved partnership, CUCC and DCFS are able to engage in collaborative care to better serve children and families across the continuum of services.

Adult Mental Health

The Division of Substance Abuse and Mental Health and Adult Monitoring Team conducted its annual monitoring review at Central Utah Counseling Center on October 6th and 7th, 2020. Due to COVID-19, 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 and Owen Ashton, Career and Education Program Manager. The review included the following areas: record reviews, CUCC internal chart audits, discussions with clinical supervisors, management teams, a Certified Peer Support Specialist and program participants. During the monitoring visit, charts were reviewed from Sevier, Juab, Sanpete, and Millard Counties. A visit was conducted with Chrysalis. During the discussions, the site visit team reviewed the FY20 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 2020 Audit

No findings were issued in FY20.

Findings for Fiscal Year 2021 Audit

FY21 Major Non-compliance Issues:

None

FY21 Significant Non-compliance Issues:

None

FY21 Minor Non-compliance Issues:

None

FY21 Deficiencies:

None

FY21 Recommendations:

- 1) *Case Management:* The FY20 Adult Mental Health Scorecard indicates that CUCC has a lower rate of case management (CM) when compared with a majority of the rural and all urban Local Authorities (LAs) (CUCC-16.7%; Rural-32.7%; State-39.5%). In addition, CUCC has the second highest rate of inpatient treatment admissions (IPT) (6.7%) when compared to all LAs (CUCC-6.7%; Rural-3.5%; State-3.4%). Although provision of case management services may have been impacted by COVID-19, the FY19 Adult Mental Health scorecard also reported a much lower rate of CM and higher IPT than the rural and state averages (FY19 CM: CUCC-19.1%, Rural-35.7%, State-37.8%; FY19 IPT: CUCC-5.8%, Rural-3.0%, State-3.7%). While addressing high inpatient rates, it is recommended

that CUCC consider increasing case management as a supportive service. This issue is being addressed as a recommendation under Adult Mental Health as it was not a reported issue in prior years.

- 2) *Primary Care Coordination:* CUCC has indicated that communication with Primary Care Physicians (PCPs) can be a barrier (ie. getting a release of information, having PCPs share information). Nine of ten charts reviewed did not identify the PCP, and three of ten charts did not document coordination of care with other providers. DSAMH recommends that CUCC continue to address barriers to coordination of care with PCPs, including any issues within the documentation.

FY21 Division Comments:

- 1) *Integrated Care:* CUCC and community health agencies appear to partner at Level 2 of the six levels of Collaboration and Integration (Substance Abuse and Mental Health Services Administration). Behavioral and physical health providers are in separate facilities and have separate systems. Communication is driven by specific patient issues. Medical staff will note physical health concerns and refer clients for follow up with primary care. Physical health is also reviewed during the case management needs assessment.
- 2) *Collaborative Partners:* CUCC has partnered with Chrysalis, a Division of Services for People with Disabilities (DSPD) group home, to provide much needed services for clients with disabilities. CUCC and Chrysalis work together to help make the transition from the children's system to the adult system for shared clients. Many of these individuals have received services from the Division of Child and Family Services (DCFS). Coordination includes approaching parents prior to the individual's eighteenth birthday, to set up a team approach to provide care. Medication management is provided with a warm hand-off so there is no lapse in care.
- 3) *New Assessment Software:* CUCC has rolled out a new assessment within the last year that provides improved tracking and documentation of services. The new software has easy access and the ability to identify services and SMART (Specific, Measurable, Achievable, Relevant and Timely) goals. Four of ten charts reviewed did not have SMART goals, reflecting issues with objectives and other treatment plan deficiencies found by CUCC during the agency internal chart audit. Therefore, the new assessment is a well-timed intervention.
- 4) *Recovery as Measured by the OQ:* The FY21 Adult Mental Health Scorecard indicates that CUCC has the highest percentage of clients reporting that they are in recovery (per OQ), both in treatment and at discharge.
- 5) *Cultural and Linguistic Responsivity:* CUCC has submitted a Cultural Competency Plan to DSAMH. The plan includes the creation of a Cultural Competency Committee, a template for addressing systems issues, and an outline to address Administrative Activities, Human Resource Development, and Clinical Issues.
- 6) *Peer Support:* Heather Rydalch, DSAMH Peer Support Program Manager, met virtually with Peer Support Specialists (PSS) from CUCC. PSS have played a critical role in

maintaining client contact during the pandemic, and CUCC reports clients are more willing to engage in treatment after meeting with a PSS. CUCC has continued to hold PSS groups using a virtual format. PSS receive weekly supervision and attend clinical meetings. Documentation for adults in treatment appears to be completed appropriately.

- 7) *Participant Feedback:* Heather Rydalch and Owen Ashton, DSAMH Career and Education Program Manager, attended the Adult Day Treatment group in Delta virtually on October 7th, 2020. All participants provided positive feedback. One said that her treatment is going “pretty good” and she has been able to work part time cleaning for the last two years. One feels more positive about his recovery when he attends groups, and another attendee said that coming to groups is “very positive” for him. Several individuals mentioned that they are offered groups/classes for many topics, including tobacco cessation and eating disorders. All said they create goals, and measure recovery by achieving the goal and creating another.
- 8) *Suicide Prevention:* CUCC has identified supporting the zero suicide program as an agency goal. CUCC is using the Columbia Suicide Severity Rating Scale (C-SSRS) and OQ to assess suicidality, and over 95% of clients coming in for an evaluation or screening are assessed for suicidal ideation using the C-SSRS. Individuals are given an appointment within 24 hours after an attempt. A majority of recent suicide deaths in the CUCC catchment area are not CUCC clients; CUCC is reaching out to survivors to offer therapy services.
- 9) *Nicotine Cessation:* Nicotine use was assessed in all charts reviewed. CUCC also reports that individuals are referred to CUCC for cessation classes, and referred to the local Health Department for resources. Nicotine cessation groups have been offered to individuals in treatment. One participant interviewed indicated they were offered tobacco cessation and have now been tobacco-free for two years.

Substance Use Disorders Prevention

Becky King, Program Administrator, conducted the annual prevention review of Central Utah Counseling Center on October 6th, 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 the data used to establish prevention priorities.

Follow-up from Fiscal Year 2020 Audit

No findings were issued in FY20.

Findings for Fiscal Year 2021 Audit

FY21 Major Non-compliance Issues:

None

FY21 Significant Non-compliance Issues:

None

FY21 Minor Non-compliance Issues:

None

FY21 Deficiencies:

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

Center's Response and Corrective Action Plan:

Action Plan: CUCC will work with local law enforcement agencies to have the EASY compliance checks completed each quarter.

Timeline for compliance: June 1, 2021

Person responsible for action plan: Elizabeth Hinckley

FY21 Recommendations:

None

FY21 Division Comments:

- 1) *Evidence-Based Practice:* CUCC uses evidence-based practices and strategies to ensure the greatest impact in their community. They implemented Guiding Good Choices in five areas,

which has been helpful to their community. Parents are required to attend this class for five weeks, which is often difficult to get parents to commit to attend. However, after parents have attended the class, they have reported positive outcomes, including improvement in their children's behavior. CUCC provides dinner in class, which also helps motivate parents to attend class. In the future, CUCC is planning to use the recreation center as a place for the kids to stay while their parents are in class. This will also help the recreation center feel like they are part of the program as well.

- 2) *COVID-19 Pandemic*: CUCC had to make several changes due to the COVID-19 Pandemic. Prevention typically focuses on marketing and hosting prevention events in the community; however, this year, they decided to do things a little differently. For example, CUCC has been working with the school districts to share information and resources for parents working from home with their kids. They have also offered classes on-line and connected with families through other on-line platforms as well.
- 3) *Communities that Care (CTC)*: There are four CTC coalitions in Central Utah: (1) Juab Unites Motivating Prevention (JUMP); East Millard Prevention Coalition; Sanpete Cares and Central Utah Prevention Coalition. Central's coalitions have been in place for several years; however, they recently became CTC Coalitions. In the past, Central's coalitions usually just met for lunch and didn't get anything done. However, the CTC coalitions are now structured, accomplishing projects and making a difference in their community.

Substance Use Disorders Treatment

Becky King, Program Administrator, conducted the review of Central Utah Counseling Center on October 6th, 2020. 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 2020 Audit

No findings were issued in FY20.

Findings for Fiscal Year 2021 Audit:

FY21 Major Non-compliance Issues:

None

FY21 Significant Non-compliance Issues:

None

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 requires local substance abuse authorities to decrease the percent of clients who use tobacco from admission to discharge by 5%.

Center's Response and Corrective Action Plan:

Action Plan: CUCC will teach tobacco cessation classes. Clients will be encouraged to attend. Clinical staff will make tobacco cessation part of regular conversations with clients. CUCC will help clients link with resources to help them end dependence on nicotine.

Timeline for compliance: December 15, 2020

Person responsible for action plan: Chad Williams

- 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.

Center's Response and Corrective Action Plan:

Action Plan: Team Leaders will make timely closing of charts a point of emphasis in staff meetings and during individual supervision time. Clinical staff will be trained in the importance of closing charts according to Division Directives.

Timeline for compliance: December 15, 2020

Person responsible for action plan: Chad Williams

FY21 Deficiencies:

None

FY21 Recommendations:

- 1) *Discharge Summaries in Charts:* Some of CUCC's charts did not include the reason for a client's discharge from treatment. For example, one of the Discharge Summaires did not indicate that the client had died from suicide. It is recommended that CUCC identify the reason for a client's discharge from treatment and include the following information: (1) recovery support (2) ongoing services (3) referrals and follow up care as needed. (Chart #s 80349, 85011, 81099, 83562, 83799, 84527, 83812, 5754, 82736).
- 2) *Telehealth Policy:* CUCC has done a good job of setting up telehealth services during the COVID-19 Pandemic, but does not have a telehealth policy. It is recommended that CUCC develop a Policy and Procedure Manual for telehealth services for their agency.

FY21 Division Comments:

- 1) *COVID-19 Pandemic:* The COVID-19 Pandemic compelled CUCC to implement telehealth services. When COVID-19 started, CUCC shut down their offices in April 2020 for all face to face appointments. This was a steep learning curve for therapists and case managers to adapt to meeting with individuals on-line instead of in person. They also had to learn how to do telehealth therapy. Telehealth was helpful in many ways, including providing services to clients in areas that live far from the or are homebound. CUCC have also remained in contact with clients during COVID-19 by dropping off notes on their doorstep letting them know they are cared for. CUCC currently offers hybrid services, on-line and in person.
- 2) *Assessment:* CUCC rolled out a new assessment last year, which has made it much easier for the therapists to document clinical information. It has also allowed therapists to be more focused on identifying the specific needs of the client.
- 3) *Suicide Prevention, Intervention and Postvention:* CUCC reports that the number of suicide deaths over the past year has decreased due to efforts being made such as: (1) Screening for suicide through the Columbia Suicide Severity Rating Scale (C-SSRS); (2) Completion of the Medicaid Performance Improvement Plan (PIP) for suicide prevention, intervention and postvention; (3) Mental Health First Aid and Question, Persuade and Refer (QPR) Training for the community.

Section Two: Report Information

Background

Utah Code Section 62A-15-103 outlines duties of the Division of Substance Abuse and Mental Health. Paragraph (2)(c) states that the Division shall:

- Consult and coordinate with local substance abuse authorities and local mental health authorities regarding programs and services,
- Provide consultation and other assistance to public and private agencies and groups working on substance abuse and mental health issues,
- Receive, distribute, and provide direction over public funds for substance abuse and mental health services,
- Monitor and evaluate programs provided by local substance abuse authorities and mental health authorities,
- Examine expenditures of any local, state and federal funds,
- Monitor the expenditure of public funds by local substance abuse authorities and mental health authorities,
- Contract with local substance abuse authorities and mental health authorities to provide a continuum of services in accordance with division policy, contract provisions, and the local plan,
- Assure that these requirements are met and applied uniformly by local substance abuse authorities and mental health authorities across the state,
- Conduct an annual program audit and review of each local substance abuse authority and mental health authority in the state and its contract provider in a review and determination that public funds allocated to by local substance abuse authorities and mental health authorities are consistent with services rendered and outcomes reported by them or their contract providers,
- Each local substance abuse authority and each mental health authority is exercising sufficient oversight and control over public funds allocated for substance abuse and mental health programs and services, and
- Other items determined by the division to be necessary and appropriate.

Non-Compliance Issues, Action Plans and Timelines

This report is organized into individual sections, in which inadequacies will be identified and discussed. Inadequacies are assigned a level of severity based on the combined judgment of the monitoring team. In order to fully understand the degree of severity, a short discussion of the inadequacy levels follows.

A **major non-compliance issue** is non-compliance in contract requirements which affect the imminent health, safety, or well-being of individuals. In cases of non-compliance at this level, a written corrective action plan must be completed by the Local Authority immediately and compliance must be achieved within 24 hours or less.

It should be noted that in extreme cases where, in the professional opinion of the monitoring team, an elevated threat of imminent health, safety, or well-being of individuals exists, contract payments may be suspended indefinitely.

A **significant non-compliance issue** is either 1) non-compliance with contract requirements that do not pose an imminent danger to clients but that result in inadequate treatment or care that jeopardizes the well-being of individuals; OR 2) non-compliance in required training, paperwork, and/or documentation that are so severe or pervasive as to jeopardize the effectiveness of services and continued contract funding. This type of finding will also require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 10 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 30 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **minor non-compliance issue** results when the reviewers identify a performance inadequacy that is relatively small in scope and does not impact client well-being or jeopardize funding. This type of finding will require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 15 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 60 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **deficiency** results when the contractor is not in full compliance, but the deficiency discovered is not severe enough to be categorized as a non-compliance issue. A written corrective action

plan is required without a formal timeline. However, the monitoring team may request action to fix the problem by a given date.

A **recommendation** occurs when the contractor is in compliance. The Division is simply making a best practice or technical suggestion. The contractor is encouraged to implement the suggestion but not required.

In rare instances, a non-compliance issue from a previous year may continue unresolved at the time of the monitoring site visit. A recurring non-compliance issue will be prominently displayed in the current monitoring report and will require special attention by the Local Authority to ensure its immediate resolution.

Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Central Utah Counseling Center and for the professional manner in which they participated in this review.

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

The Division of Substance Abuse and Mental Health

Prepared by:

Kelly Ovard  Date 12/17/2020
Auditor IV

Approved by:

Kyle Larson  Date 12/18/2020
Administrative Services Director

Eric Tadehara 
Eric Tadehara (Dec 17, 2020 15:11 MST) Date 12/17/2020
Assistant Director Children's Behavioral Health

Kimberly Myers 
Kim Myers (Dec 19, 2020 16:01 MST) Date 12/19/2020
Assistant Director Mental Health

Brent Kelsey  Date 12/17/2020
Assistant Director Substance Abuse

Doug Thomas 
Doug Thomas (Dec 17, 2020 14:02 MST) Date 12/17/2020
Division Director

Attachment A

UTAH DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH Emergency Plan Monitoring Tool FY21

Name of Local Authority: Central Utah Counseling Center

Date: October 5, 2020

Reviewed by: Robert H. Snarr, MPA, LCMHC
Geri Jardine

<i>Compliance Ratings</i>				
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			
Signature page (with placeholders to record management and, if applicable, board of directors' approval of the plan and confirmation of its official status)		X		Needs to be signed for confirmation of its official status
Title page (with placeholders to record the dates that reviews/revisions are scheduled/have been made)		X		Need to ensure revisions are documented with date and by whom
Record of changes (indicating when changes have been made and to which components of the plan)	X			
Record of distribution (individual internal and external recipients identified by organization and title)	X			
Table of contents	X			
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			
Leadership for incident response	X			
Alternative facilities (including the address of and directions/mileage to each)	X			
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,	X			

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: <ul style="list-style-type: none"> ● Engineering maintenance ● Housekeeping services ● Food services ● Pharmacy services ● Transportation services ● Medical records (recovery and maintenance) ● Evacuation 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 		X		Need to address leave for and the recall of employees unable to work for extended periods of time due to illness during periods of declared pandemic.
Communication procedures with employees, clients' families, the State and community		X		Need to address communication procedures with clients' families.
Procedures that ensure the timely discharge of financial obligations, including payroll.	X			

DSAMH is happy to provide technical assistance

FY21 DSAMH Central Final Report

Final Audit Report

2020-12-19

Created:	2020-12-17
By:	Kelly Ovard (kovard@utah.gov)
Status:	Signed
Transaction ID:	CBJCHBCAABAAiYkgIGV_SBfQ_qSoi-R9glzOQhJMdNYQ

"FY21 DSAMH Central Final Report" History

-  Document created by Kelly Ovard (kovard@utah.gov)
2020-12-17 - 8:46:33 PM GMT- IP address: 204.113.19.51
-  Document emailed to Doug Thomas (dothomas@utah.gov) for signature
2020-12-17 - 8:50:02 PM GMT
-  Document emailed to Kelly Ovard (kovard@utah.gov) for signature
2020-12-17 - 8:50:02 PM GMT
-  Document emailed to Kyle Larson (kblarson@utah.gov) for signature
2020-12-17 - 8:50:02 PM GMT
-  Document emailed to Eric Tadehara (erictadehara@utah.gov) for signature
2020-12-17 - 8:50:02 PM GMT
-  Document emailed to Kim Myers (kmyers@utah.gov) for signature
2020-12-17 - 8:50:02 PM GMT
-  Document emailed to Brent Kelsey (bkelsey@utah.gov) for signature
2020-12-17 - 8:50:02 PM GMT
-  Email viewed by Kyle Larson (kblarson@utah.gov)
2020-12-17 - 8:50:09 PM GMT- IP address: 74.125.209.14
-  Email viewed by Eric Tadehara (erictadehara@utah.gov)
2020-12-17 - 8:50:11 PM GMT- IP address: 64.233.172.4
-  Document e-signed by Kelly Ovard (kovard@utah.gov)
Signature Date: 2020-12-17 - 8:50:17 PM GMT - Time Source: server- IP address: 204.113.19.51
-  Email viewed by Brent Kelsey (bkelsey@utah.gov)
2020-12-17 - 8:50:33 PM GMT- IP address: 64.233.172.24

-  Document e-signed by Brent Kelsey (bkelsey@utah.gov)
Signature Date: 2020-12-17 - 8:50:57 PM GMT - Time Source: server- IP address: 73.63.57.118
-  Email viewed by Doug Thomas (dothomas@utah.gov)
2020-12-17 - 9:01:57 PM GMT- IP address: 64.233.172.6
-  Document e-signed by Doug Thomas (dothomas@utah.gov)
Signature Date: 2020-12-17 - 9:02:52 PM GMT - Time Source: server- IP address: 76.76.246.91
-  Document e-signed by Eric Tadehara (erictadehara@utah.gov)
Signature Date: 2020-12-17 - 10:11:54 PM GMT - Time Source: server- IP address: 24.11.31.198
-  Email viewed by Kyle Larson (kblarson@utah.gov)
2020-12-18 - 5:38:00 PM GMT- IP address: 66.249.88.22
-  Document e-signed by Kyle Larson (kblarson@utah.gov)
Signature Date: 2020-12-18 - 5:38:17 PM GMT - Time Source: server- IP address: 204.113.19.53
-  Email viewed by Kim Myers (kmyers@utah.gov)
2020-12-19 - 10:59:26 PM GMT- IP address: 64.233.172.24
-  Document e-signed by Kim Myers (kmyers@utah.gov)
Signature Date: 2020-12-19 - 11:01:24 PM GMT - Time Source: server- IP address: 65.130.18.35
-  Agreement completed.
2020-12-19 - 11:01:24 PM GMT