



State of Utah

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Department of Human Services

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Division of Substance Abuse and Mental Health
DOUG THOMAS
Director

June 14, 2021

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 Kelly Ovard at 385-310-5118.

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

Sincerely,


Doug Thomas (Jun 14, 2021 15:36:00 MST)

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



Site Monitoring Report of

Northeastern Counseling Center

Local Authority Contracts #152250 and #152251

Review Date: April 27, 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 Northeastern Counseling Center (also referred to in this report as NCC or the Center). The review was conducted remotely due to the Covid 19 pandemic. 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	9
<i>Child, Youth & Family Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None 3	12-15
<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	21
<i>Substance Abuse Treatment</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 2 None	24-25

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 April 27, 2021 by Kelly Ovard, Administrative Services 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, 2020. The auditors issued an unqualified opinion in their report dated October 14, 2020. The SAPT Block Grant was selected for specific testing as a major program. There were no findings or deficiencies reported.

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

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) *2 CFR 200 Subparts D and E (sections 200.300 and 200.400)* requires a Federal Awards Policy for all entities that receive federal dollars either directly or pass-through. Northeastern Counseling does not have a Federal Awards Policy. They were not actively registered with the SAMs database to check for exclusion status at the start of the audit. During the audit they registered with SAMs and *are not* on the exclusion list as of 04/29/21. **A federal awards policy needs to be implemented.**

County's Response and Corrective Action Plan:

Action Plan: NCC will implement a federal awards policy.

Timeline for compliance: Aug 1, 2021

Person responsible for action plan: Kyle Snow, Brandon Aldridge

DSAMH tracking by: Kelly Ovard

FY21 Recommendations:

- 1) Travel is approved at the board meetings. Bank statements and receipts were provided. Travel approval is done electronically and approved by the board. It is recommended for next year to have travel approvals/invoices that can be reviewable/uploadable for the audit. Due to Covid-19 there was little travel in the second half of the audit year. All travel receipts were provided for the audit year.
- 2) Sober Living (SLF) was billed two times for the audit year or in a six month cycle. There were 4-6 months that were billed for each invoice. Billing is required every 30 days regardless of the number of bills to submit.

FY21 Division Comments:

- 1) Thanks to Kyle, Brandon and Marsha for all your help in this year's audit.

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 Northeastern Counseling Center (NCC) on April 27 and 28, 2021. Due to COVID-19, the annual monitoring review was held virtually. The monitoring team consisted of Leah Colburn, Program Administrator; Mindy Leonard, Program Manager; Tracy Johnson, Wraparound and Family Peer Support Program Administrator; and Heather Rydalch, Peer Support Program Manager. The review included the following areas: discussions with clinical supervisors and management, record reviews, program visits, and allied agency visits. During the discussion the team reviewed the FY20 audit, statistics, including the Mental Health Scorecard, Area Plans, Youth Outcome Questionnaires, Family Resource Facilitation (Family Peer Support), High Fidelity Wraparound, school based behavioral health and 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

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. It 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.

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:* NCC continues to provide case management services at a low rate (NCC/0.1%; rural average/28.2%). This drop has occurred since FY18. While DSAMH recognizes that COVID-19 and staffing concerns may have had an impact in providing this service, NCC should explore avenues to provide case management services to more youth and families, when appropriate. Case management can be a valuable resource for children and their families in accessing resources to address social determinants of health, with access to this service provision clients can experience holistic and clinical outcome gains. DSAMH encourages NCC to engage with other rural LMHA to explore their approach to providing case management while also upholding rural community culture.

County's Response and Corrective Action Plan:

Action Plan: Northeastern Counseling Center has in previous responses outlined the consumer payer and service demographics and community needs that may be unique to NCC. One of these community needs results in a relatively high percentage of the local population served by Northeastern Counseling. The Division's scorecard data for youth shows that NCC served 911 unique youth for outpatient services in SFY 2020. This is a higher percentage of

local youth being served from Daggett, Duchesne and Uintah counties, compared to nearly every other area of the State of Utah. The same Division scorecard shows that NCC increased the number of youth served from SFY 2019 to SFY2020 by 10.7% with a portion of that year being limited by COVID-19 factors. Only three of the nine rural Centers showed an increase in youth served for SFY2020. The number of emergency services provided to youth by Northeastern Counseling is also a significantly higher proportion compared to other areas of the State. Northeastern Counseling desires to fill community needs as much as possible within the available resources. These needs include serving youth that are not funded by Medicaid and that may not be SED (Seriously Emotionally Disturbed) as required for the Case Management Target group. Medicaid is the only payor that covers Case Management services. With a higher service population that also includes non-Medicaid youth, NCC expects the percentage of Case Management provided to remain low compared to other areas of the State. Northeastern Counseling will implement changes related to SED youth served by the Center to potentially increase services to that population by increasing the number of TCM Needs Assessments for SED youth. Increasing TCM Needs Assessments may result in more TCM services for a small portion of the youth NCC services. NCC will provide Case Management as needed for the Medicaid Enrollee population.

Timeline for compliance: NCC will begin the new required TCM needs guidelines by July 15, 2021.

Person responsible for action plan: NCC Clinical Director and Site Supervisors.

DSAMH tracking by: Leah Colburn

- 2) *Respite:* NCC continues to provide respite services at a lower rate than the rural average (FY19: 10 clients/1.2%%, FY20: 3 clients/.3%), for the second year. This trend has occurred since FY18. While DSAMH recognizes that COVID-19 and staffing concerns may have had an impact in providing this service, NCC should explore avenues to provide respite services to more youth and families, when appropriate. It is encouraged that NCC to explore how community support services, such as respite, can be engaged to support reduction in crisis/emergency service engagement in their catchment area.

County's Response and Corrective Action Plan:

Action Plan: Action Plan: Northeastern Counseling Center assists youth and their families in accessing respite type services with the Family Support Center and local Youth shelter that are not reported as directly provided by NCC. These services will not be found on the Division Scorecard. NCC will look for more opportunities to provide short term respite to NCC clients by utilizing available case manager time. Discussions have been held at the time of this submission regarding locating youth and families that would like to access the service and meet clinical necessity. This will be included in the SED TCM Needs Assessment as prescribed by therapists. COVID did lower some service opportunities in the past year. With a higher service population that includes non-Medicaid youth, NCC expects the

percentage of respite provided to remain low compared to other areas of the State. NCC is willing and able to provide limited respite to non-Medicaid/SED youth.

Timeline for compliance: NCC will begin the new required TCM needs guidelines that will also include respite invitations when clinically necessary by July 15, 2021.

Person responsible for action plan: NCC Clinical Director and Site Supervisors.

DSAMH tracking by: Leah Colburn

- 3) *Psychosocial Rehabilitation:* NCC provided psychosocial rehabilitation services at a lower rate (FY20 21/2.3%) than the rural average for the second year (FY19 46/5.6%%), this change represents a 54.3% drop in services. While DSAMH recognizes that COVID-19 may have had an impact in providing this service and in addition to staffing concerns, NCC should explore avenues to provide psychosocial rehabilitation services to more youth and families, when appropriate.

County's Response and Corrective Action Plan:

Action Plan: Northeastern Counseling Center has in previous responses outlined the consumer payer and service demographics and community needs that may be unique to NCC. One of these community needs results in a relatively high percentage of the local population being served by Northeastern Counseling. The Division's scorecard data for youth shows that NCC served 911 unique youth for outpatient services in SFY 2020. This is a higher percentage of local youth being served from Daggett, Duchesne and Uintah counties, compared to nearly every other area of the State of Utah. The same Division scorecard shows that NCC increased the number of youth served from SFY 2019 to SFY2020 by 10.7% with a portion of that year being limited by COVID-19 factors. Only three of the nine rural Centers showed an increase in youth served for SFY2020. The number of emergency services provided to youth by Northeastern Counseling is also a significantly higher proportion compared to other areas of the State. Northeastern Counseling desires to fill community needs as much as possible within the available resources. These needs include serving youth that are not funded by Medicaid and that may not be SED (Seriously Emotionally Disturbed). Medicaid is the payor that covers psychosocial rehabilitation services. With a higher service population that also includes non-Medicaid youth, NCC expects the percentage of psychosocial rehabilitation services to remain low compared to other areas of the State. The Center is interested and desirous of increasing services in this area when clinically appropriate. Northeastern Counseling will implement changes related to SED youth served by the Center to potentially increase services to that population by increasing the number of TCM Needs Assessments for SED youth that will also include invitations for psychosocial rehabilitation services when clinically prescribed. The Center did not have skill groups during COVID high risk periods. The Center's case managers/psychosocial rehabilitation service providers are also part of MCOT rotations during business days 8:00 a.m. to 11:00 p.m., and on call on weekends and holidays. This has required all of these providers to also

become crisis certified in addition to other service roles such as TCM, transportation and psychosocial rehabilitation. The Center will dedicate resources to psychosocial rehabilitation services from other services as is prudent.

The Center will also be funding Botvin Life Skill training for providers in SFY 2022 that may be used for PRS when clinically appropriate.

Timeline for compliance: NCC will begin the new required TCM needs guidelines that will also include psychosocial rehabilitation services when clinically prescribed by July 15, 2021.

Person responsible for action plan: NCC Clinical Director and Site Supervisors.

DSAMH tracking by: Leah Colburn

FY21 Recommendations:

- 1) *Holistic Approach to Health:* It is recommended that NCC review their assessment template to encourage conversation about healthcare access and appropriate linkages to physical health care providers, including dental and vision, for children. During the review of their assessments there is no documentation of identifying a client's primary care physician. Ensuring that youth have an identified provider and access to physical healthcare is a key metric in ensuring a child's overall health and wellbeing.
- 2) *Family Peer Support Specialist:* NCC has been consistent in providing families and youth with family peer support services (FY19/23 families, FY20/21 families). NCC is encouraged to review this service provision to identify and improve any barriers to increasing this service, including improved referral pathways. It is also recommended that NCC review the importance and benefits of family peer support services with clinical teams. While recognizing the barriers to the workforce, it is encouraged to review assigned duties of the FPSS to ensure that the provision of this service is not diluted by other roles assigned by the center. It is also encouraged for the center to seek technical assistance from DSAMH related to documentation and other opportunities related to recruitment and retention for FPSS.

FY21 Division Comments:

- 1) *Strengths based Approach:* DSAMH would like to commend NCC staff for their strengths based approach to staffing their high acuity/crisis clients as demonstrated in their morning staffing meeting. DSAMH encourages continued focus on using strength based and trauma informed language choices to support client care and coordination as it continues to benefit the children and youth throughout the community.
- 2) *Community Collaboration:* NCC has a strong presence in their catchment area, which has created lasting partnerships to support the ever changing needs of the community. NCC has been responsive at all levels of community response for children including prevention, early intervention, treatment, crisis response, and postvention. Duchesne School District reports a

strong relationship and an invaluable partnership with NCC, resulting in mental health support for their students and their school communities.

- 3) *Workforce Shortage*: NCC, like other areas in the state, is experiencing a workforce shortage. NCC has engaged with universities to engage interns, and has utilized telehealth to support additional medication management services from a provider outside their area. NCC is continuing to review recruitment opportunities and loan repayment programs to address the increasing need for clinicians and paraprofessionals in their area to aid with program growth. NCC notes, as programs like MCOT expand in their area, clinical teams are experiencing a level of “burnout” due to engaging in multiple roles to cover programming. NCC is encouraged to continue to engage with DSAMH and other local authorities to look toward solutions to meet the working clinical needs of the community.

Adult Mental Health

The Adult Mental Health team conducted its annual monitoring review of Northeastern Counseling Center on April 27th and 28th, 2021. Monitoring was conducted remotely due to Covid 19. The team included Mindy Leonard, Program Manager, Heather Rydalch, Peer Support Program Manager, and Pam Bennett, Program Administrator. The review included the following areas: Discussion with the clinical supervisor, record reviews, visiting with Ashley Regional Medical Center, and observations of clinical staffing and a multidisciplinary team meeting. During the discussions, the team reviewed the FY20 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 2020 Audit

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.

This issue has improved and is moved to a Recommendation for FY21. See Recommendation #1.

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) *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. Two of ten charts that were reviewed demonstrated objectives that were not measurable (ie. “Bipolar”, “Continue to monitor symptoms of mental illness”). This is an improvement from FY19, when 5 of 10 charts did not have measurable goals. NCC is encouraged to continue to work with staff on development of SMART goals - Specific, Measurable, Attainable, Relevant, and Time-based.
- 2) *Peer Support Services (PSS):* A review of the FY20 Adult Mental Health scorecard indicates that PSS continues to be offered at a rate lower than other Local Authorities (NCC-1.6%, Rural Avg-3.0%). Heather Rydalch, Peer Support Program Manager, met with a Certified Peer Support Specialist, a Family Peer Support Specialist, and their supervisor. They reported that they have not met with many clients or families during the pandemic. They are also serving on the Mobile Crisis Outreach Team which impacts their time. The peer support specialists indicated that they feel valued as part of the NCC team, bringing hope and a different perspective. DSAMH encourages NCC to continue to make efforts to increase the provision of PSS.
- 3) *Cultural Responsivity:* NCC has modified their approach for community training, such as Mental Health First Aid to the Ute Indian Tribe, using open questions at the beginning of the training to create dialog and ensure the content is presented in a sensitive manner. As noted in the FY21 NCC Area Plan, NCC has embedded cultural awareness in several policies. It is encouraged that NCC also create a formal Cultural and Linguistic Responsivity agency plan.

FY21 Division Comments:

- 1) *Mobile Crisis Outreach Team (MCOT):* NCC has created an MCOT team that is providing services to the three rural counties that they serve. Workforce shortages and the need to staff the MCOT team have added significant stressors to the NCC staff, who all take MCOT shifts in addition to their regular work responsibilities.
- 2) *Nicotine Cessation:* Nine of ten charts reviewed had documentation that the client was asked about nicotine use. One individual endorsed use and documentation did not include that they were offered nicotine cessation. indicated that the client used nicotine, but had not been offered nicotine cessation assistance. This is an improvement from last year, and DSAMH appreciates improved documentation around the efforts made to address the nicotine use with clients.
- 3) *Integration:* Northeastern Counseling Center currently falls at Level 1 of the Framework for Levels of Integrated Healthcare. This is highlighted by service delivery at separate sites, EBPs being implemented separately, physical and behavioral health needs being treated as separate issues, irregular communication about cases, separate electronic records, and separate resources. Connecting with FQHCs and other primary care providers is an essential piece of meaningful integrated services and NCC has done well to build that partnership.

Although the rating is currently low, there is an opportunity for growth through increasing the collaboration with the part-time therapist that regularly visits the local FQHC.

- 4) *Participant Feedback:* Heather Rydalch, Peer Support Program Manager, met with one participant who is receiving peer support and he reports that it has helped - “I am happy here”. The participant indicated that he created his goals that include returning to school, getting a driver’s license, and staying healthy. He measures his recovery by doing things that he has never done before.

- 5) *Strengths-based Approach:* DSAMH would like to commend NCC staff for their strengths-based approach to staffing their high acuity/crisis clients, as demonstrated in their morning staffing meeting. This is particularly impressive when noting the increased responsibilities that each team member is facing with the addition of MCOT services. DSAMH encourages continued focus on using strength-based and trauma-informed language choices to support client care and coordination.

Substance Use Disorders Prevention

Becky King, Program Administrator, conducted the annual prevention review of Northeastern Counseling Center on April 27, 2021. The review was conducted remotely due to the Covid 19 pandemic. 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 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. The county is required to complete one more EASY check than the year before.

The Tri-County area did not complete any EASY compliance checks in the FY20, which does not meet Division Directives. The county is required to complete one more EASY check than the year before.

This issue has not been resolved, which will be addressed in Deficiency #1 below.

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

The Tri-County area has a 90.4% compliance rate for SYNAR compliance checks, which meets Division Directives.

This issue has been resolved.

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) The Tri-County area did not complete any EASY compliance checks in the FY20, which does not meet Division Directives. The county is required to complete at least one more EASY check than the year before.

County's Response and Corrective Action Plan:

Action Plan: This deficiency was corrected before the audit took place as Uintah County Sheriff's Department had completed checks in April/May of 2021. Northeastern will continue to encourage all law enforcement to complete regular EASY checks and complete the needed paperwork.

Timeline for compliance: May 2021

Person responsible for action plan: Robin Hatch

DSAMH tracking by: Becky King

FY21 Recommendations:

- 1) *EASY Compliance Checks* - In the FY20, the Tri-County area did not have officers trained to do EASY Compliance checks, which resulted in the EASY Compliance checks not being done. However, since then, officers have been trained and there are plans for Uintah county to complete EASY Compliance checks for their county as well as for Daggett County. Duchesne county will be doing their EASY Compliance checks this year as well. There were two businesses that have been prevented from selling alcohol, including a Barber Shop that gave away free beers to their customers and an Ice Cream Shop that was selling alcohol infused ice cream. It is recommended that NCC continue to work with the law enforcement agencies in all three counties to ensure that EASY Compliance Checks are being done.
- 2) *Community Readiness Assessments* - DSAMH recommends NCC work to complete Community Readiness Assessments within the next year for the communities within the NCC

catchment area as identified in the Area Plan. DSAMH staff and the Regional Director are available to provide technical assistance as needed.

FY21 Division Comments:

- 1) *Alcohol Use Trends:* NCC’s alcohol rates in the Student Health and Risk Prevention (SHARP) Survey went from 9.5% in 2015 to 4.2% in 2019 in the last 30 days for all grades (6, 8, 10, 12th grade). Their strongest prevention effort to address underage drinking has been promoting the Parents Empowered Campaign throughout their entire community using local theatres, health fairs, community events, and most recently, the “Do You Know” campaign. They also partner with evidence-based parenting programs, work with the Foster Grandparents program, provide Botvin Life Skills classes for their upstream prevention efforts, and provide the Prime for Life (PRI) education classes for the indicated population for a comprehensive approach.
- 2) *Community Partnerships:* NCC seeks opportunities to partner with new community members and businesses. As part of their Community Partnership Project Grant, they have taken on the project of filming business owners, key leaders, stakeholders, and community members to promote the Parents Empowered messages using social media. Due to the COVID pandemic, NCC will not meet their goal of 104 commercials, but will be able to complete more than the 52 commercials that they committed to. They are planning to utilize their community contacts to strengthen their prevention reach. NCC also believes that their interaction with the Community Partnership Project Grant also helped start the process for getting EASY Compliance checks started in their area.
- 3) *Increased Capacity:* NCC’s prevention team has been able to secure additional funding through discretionary grants, town hall stipends, and an e-cig grant through the Health Department. They have increased “prevention workers” by training the Foster Grandparents in Social Development Skills (SDS) and training mental health case managers in Botvin Life Skills. The Foster Grandparent partnership has added approximately 50 volunteers trained in the Social Development Strategy and they were able to provide them with iPads so they could continue their interaction with the youth during the COVID pandemic. NCC reports that the Botvin Life Skills class was going well until the COVID pandemic shut down these groups. Due to positive effects that were seen with their case managers, NCC plans to start the groups again when school starts and more case managers are trained in the Vernal office.

Substance Use Disorders Treatment

Becky King, Program Administrator, conducted a review of Northeastern Counseling Center on April 28, 2021, which focused on Substance Use Disorders Treatment, Drug Court, clinical practice and compliance with contract requirements 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 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 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.

The percent of individuals that engaged in Social Recovery Support decreased from -48.6% to -9.4% from FY19 to FY20, which does not meet Division Directives.

This issue has not been resolved, which will be addressed in the Minor Non-Compliance Finding #1 below.

- 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.

TEDS showed that 13.1% of Criminogenic Risk Data was not collected for justice involved clients, which does not meet Division Directives.

This issue has not been resolved, which will be addressed in the Minor Non-Compliance Finding #2 below.

- 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.

The percent of tobacco use from admission to discharge moved from -0.5% to 8.6% from the FY19 to FY20 respectively, which meets Division Directives.

This issue has been resolved.

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.

There were 2.7% of old open admissions (charts), which is within the standard rate of 4%, which meets Division Directives.

This issue has been resolved.

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 percent of individuals that engaged in Social Recovery Support decreased from -48.6% to -9.4% from FY19 to FY20, which does not meet Division Directives.

County's Response and Corrective Action Plan:

Action Plan: The Center has provided and will provide training to staff regarding this data point which is related to the improvement from -48.6% to -9.4% from FY19 to FY20. There are two main issues to this measure. The first is the problem of data collection and interpretation of reported data from clients to clinicians. When individuals at intake (initial agency contact) report higher numbers of social recovery support this increases the likelihood of future numbers reported by the client not being on par or not showing an increased rate, resulting in negative percentages. An additional issue addressed in training has been and will be that recovery support can be more than attendance at traditional A.A., N.A., etc. meetings. The second challenge is developing, accessing and being able to motivate high risk high need

individuals to access and maintain their involvement in community recovery support. The Center will strive to improve these options and individual client motivation. Improving other variables including supervision and engagement by other stakeholders would also be helpful in increasing this data point.

Timeline for compliance: The Center will provide formal training on this data point by July 15, 2021.

Person responsible for action plan: NCC Clinical Director

DSAMH tracking by: Becky King

- 2) TEDS showed that 13.1% of Criminogenic Risk Data was not collected for justice involved clients, which does not meet Division Directives.

County's Response and Corrective Action Plan:

Action Plan: The Center currently strives to complete a LS-RNR on all compelled individuals accessing treatment directly from NCC. The Center generally schedules separately for the LS-RNR and Clinical Assessment but with the goal of having both occur back to back on the same day. On occasion the LS-RNR may not be completed at the time the data point is entered into the evaluation and into the State's data system. The Center will be using the screening version of the LS going forward which will reduce assessment time and increase opportunities for administration. Additional training will be provided to clinicians on the RNR model and the data point. Additional training will be provided by the Division's initiative regarding the Screening Version when available in the near future.

Timeline for compliance: The Center will implement the LS-SV for most data collections when available from the Division. The exact availability date is unknown by the Center but the process and agreements have been executed. Training to clinicians will occur within 30 days of access to the Screening Version.

Person responsible for action plan: NCC Clinical Director

DSAMH tracking by: Becky King

FY21 Deficiencies:

None

FY21 Recommendations:

- 1) *Treatment Manuals / Drug Court* - NCC has prioritized one major project recommended by the University of Utah's Community Program Checklist (CPC) program. This project includes writing treatment manuals for non Moral Reconciliation Therapy (MRT) portions of treatment and evaluating the Drug Court Program as a whole. They are reviewing the entire phase treatment for Drug Court, which has been a long process. Phase 1,2 and 3 are under

review, including assignments, risk factors, recidivism rates and other areas of the program. NCC's goal is to have programs that are manualized so that any therapist can run the program. It is recommended that NCC continue in their efforts to evaluate the Drug Court Program and focus on their treatment manuals.

FY21 Division Comments:

- 1) *Medicaid Expansion:* Medicaid Expansion has allowed NCC to increase behavioral health and medical services for individuals and families in their community. They have also been able to send more clients to residential treatment as well. NCC collaborates with a variety of community partners, including Indian Health Services where they have been able to provide funding for clients from the reservation to attend SUD outpatient treatment through the Liberty Addiction program. Medicaid expansion has also helped fund hospital services for their community as well.
- 2) *Sober Living for Men -* The Sober Living House for Men was formed through a faith based community effort. This program was recently renamed the Thompson House of Hope, which has room for around 10 men. This program is being funded through private donations and recovery support funds through DSAMH. The Thompson House of Hope is close enough to the Roosevelt office so that the clients can attend treatment while living in this sober living home. NCC would like to see a women's sober living program in the future, which would need to be initiated through a similar process of the faith based community coming together to develop this program.
- 3) *Justice Reinvestment Initiatives (JRI):* NCC received a JRI grant that has allowed for the early release of individuals on the Book and Release program to receive testing and treatment including tracking. These funds were terminated and the formal program is no longer in place with the Court system. However, NCC continues to make the commitment to have these individuals involved in treatment as soon as possible when they are referred. The program had some success but also struggled with High Risk High Need individuals that had no supervision as they were pre-adjudicated individuals. The Center continues to work with the courts regarding referred individuals including obtaining releases and sharing information as needed. Adult Probation and Parole (AP&P) cooperation and collaboration varies depending on officers and with AP&P having two therapists in the area, they are also running their own programs.

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 Kelly Ovard at 385-310-5118.

The Division of Substance Abuse and Mental Health

Prepared by:

Kelly Ovard  Date 06/14/2021
Administrative Services Auditor IV

Approved by:

Kyle Larson  Date 06/14/2021
Administrative Services Director

Eric Tadehara  Date 06/16/2021
Assistant Director Children's Behavioral Health

Kimberly Myers 
Kim Myers (Jun 14, 2021 13:29 MDT) Date 06/14/2021
Assistant Director Mental Health

Brent Kelsey 
Brent Kelsey (Jun 22, 2021 08:10 MDT) Date 06/22/2021
Assistant Director Substance Abuse

Doug Thomas 
Doug Thomas (Jun 14, 2021 13:50 MDT) Date 06/14/2021
Division Director

UTAH DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Emergency Plan Monitoring Tool FY21

Name of Local Authority: Northeastern Counseling Center

Date: 5/13/21

Reviewed by: Pam Bennett, LCSW

Geri Jardine

<i>Compliance Ratings</i>				
<p>Y = Yes, the Contractor is in compliance with the requirements.</p> <p>P = Partial, the Contractor is in partial compliance with requirements; comments provided as a suggestion to bring into compliance.</p> <p>N = No, the Contractor is not in compliance with the requirements.</p>				
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 confirmation of the plan's official status (i.e., signature page, date approved)

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 to identify methods of distribution to appropriate parties (employees, members of the board, etc.)
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 to continue to operate during short-term or long-term emergencies, periods of declared pandemic, or other disruptions of normal business.				
List of essential functions and essential staff positions	X			

Identify continuity of leadership and orders of succession			X	Need to include order of succession (i.e., org chart)
Identify leadership for incident response	X			
List alternative facilities (including the address of and directions/mileage to each)	X			
Communication procedures with staff, clients' families, the State and community		X		Need to include communication procedures for clients' families and community (i.e., those who do not have an 800 MHz radios)
Procedures that ensure the timely discharge of financial obligations, including payroll.	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, 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 represent which area.

<p>The planning team has identified requirements for disaster planning for Residential/Housing services including:</p> <ul style="list-style-type: none"> ● 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 	X			
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DSAMH is happy to provide technical assistance.