



## State of Utah

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Date: October 23, 2023

Commissioner Scott Bartholomew  
Sanpete County Commission  
160 North Main, Suite 101  
Manti, Utah 84642

Dear Commissioner Bartholomew:

In accordance with Utah Code Annotated 26B-5-102, the Office of Substance Use and Mental Health (OSUMH) has completed its annual review of the Central Utah Counseling Center and the final report is enclosed. The scope of the review included fiscal management, children, youth, family and adult mental health services, substance use 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,

  
Brent Kelsey (Nov 3, 2023 07:10 MDT)

Brent Kelsey  
Office Director

Enclosure

cc: Commissioner Marty Palmer, Juab County Commission  
Commissioner Dennis Blackburn, Wayne County Commission  
Commissioner San Steed, Piute County Commission  
Commissioner Ralph Brown, Sevier County Commission  
Commissioner Trevor Johnson, Millard County Commission  
Nathan Strait, Director of Central Utah Counseling Center



# Utah Department of **Health & Human Services**

## Integrated Healthcare

Site Monitoring Report of

Central Utah Counseling Center

Local Authority Contract #A03081

Review Date: October 3, 2023

Final Report

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## **Section One: Site Monitoring Report**

## **Executive Summary**

In accordance with Utah Code Section 25B-5-102, the Office of Substance Use and Mental Health (also referred to in this report as OSUMH or the Office) conducted a review of Central Utah Counseling Center (also referred to in this report as CUCC or the Center) on October 3, 2023. The focus of the review was on governance and oversight, fiscal management, pediatric and adult mental health services, substance use 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; Office 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)
<b><i>Governance and Oversight</i></b>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<b><i>Combined Mental Health Programs</i></b>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<b><i>Child, Youth &amp; Family Mental Health</i></b>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<b><i>Adult Mental Health</i></b>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<b><i>Substance Use Disorders Prevention</i></b>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None 1	15
<b><i>Substance Use Disorders Treatment</i></b>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None 1	19-20

## **Governance and Fiscal Oversight**

The Office of Substance Use and Mental Health (OSUMH) 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 3, 2023 by Kelly Ovard Administrative Services Auditor IV.

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 laws and adherence to contractual requirements, as well as the Center's own policy. Executive travel reimbursements were reviewed to ensure they were appropriate and that no personal benefit had been gained. Board minutes were reviewed and discussions were conducted to determine if an appropriate level of involvement and financial oversight was provided.

As part of the site visit, CUCC provided backup to support their costs and billed amounts, using rates taken from their Medicaid Cost Report. This report is a cost study conducted by the Local Authority. 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 OSUMH 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 Kimball and Roberts conducted the audit for the year ending June 30, 2022 and was dated October 26, 2022. The auditors issued an unmodified opinion, stating that the basic financial statements present fairly, in all material aspects, the financial position of the business-type activities of the Central Utah Counseling Center. There were no findings or deficiencies reported. The single audit report for the year ending June 30, 2023 will be finalized in October-November 2023.

**Follow-up from Fiscal Year 2023 Audit:**

***There were no findings in FY23.***

**Findings for Fiscal Year 2024 Audit**

**FY24 Major Non-compliance Issues:**

None

**FY24 Significant Non-compliance Issues:**

None

**FY24 Minor Non-compliance Issues:**

None

**FY24 Deficiencies:**

None

**FY24 Recommendations:**

1. **Spreadsheets:** Please include column headers on your uploaded spreadsheets for the payment code reports for next year.
2. **Emergency Plan: (see attachment A on page 28)**
  - a. The Emergency Plan audit team appreciates CUCC's consistent participation in the 800 MHz radio checks as well as their participation in their local Healthcare Coalition meetings.
  - b. They highly recommend development of a procedure to protect their healthcare information system and networks (i.e., ransomware attack) or include where this procedure is located if it has already been developed.

**FY24 Office Comments:**

1. **Documents:** Thank you for the timely upload of documents
2. **Staff:** Thank you for having your staff on-hand for the in-person audit. It is great to work with you and your staff

## **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 Office 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 Office of Substance Use 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 Office of Substance Abuse and Mental Health is to measure compliance with this legislative mandate to provide these services to the adults, youth, and children of Utah.

## Combined Mental Health Programs

The Office of Substance Use and Mental Health (SUMH) conducted its annual monitoring review virtually with Central Utah Counseling Center (CUCC) on October 3<sup>rd</sup>, 4<sup>th</sup> and 16<sup>th</sup>, 2023. Duplicate findings for Child, Youth and Family and Adult Mental Health have been combined below to provide clarity and avoid redundancy.

### **Follow-up from Fiscal Year 2023 Audit:**

There were no findings in FY23.

### **Findings for Fiscal Year 2024 Audit**

#### **FY24 Major Non-compliance Issues:**

None

#### **FY24 Significant Non-compliance Issues:**

None

#### **FY24 Minor Non-compliance Issues:**

None

#### **FY24 Deficiencies:**

None

#### **FY24 Recommendations:**

- 1) **Chart Review Process:** A majority of the current chart review process appears to be completed by supervisors as they are co-signing notes for newer clinicians. While a sample of findings demonstrates that the reviews cover a multitude of charting components, the template provided does not include enough detail to ensure all facets of appropriate charting are assessed. CUCC is fortunate to have very experienced clinicians serving as supervisors, but does not have a standardized and detailed template for newer supervisors if roles change within the agency. SUMH is willing to share the template used at the state level if that will be helpful.

#### **FY24 Office Comments:**

- 1) **Mobile Crisis Outreach Teams (MCOT):** SUMH commends the CUCC crisis team lead for creative staffing to ensure 24/7 MCOT coverage, with a clinician and case manager, across all counties in the catchment area. SUMH is also grateful to the CUCC crisis team lead for presenting on a Substance Abuse and Mental Health Services Administration peer to peer learning session on the challenges and successes of operating an MCOT in a rural area.

- 2) **Case Management:** Case management serves to coordinate care, advocate for supports, link to services, and monitor client progress. The FY23 Adult and Children, Youth and Family (CYF) mental health scorecards demonstrate that case management services have increased for both adults (FY22: 230; FY23: 283/24.1% increase) and youth (FY22: 83; FY23 119/43.4% increase). SUMH commends CUCC for increasing the use of this critical service for clients with serious mental illness or severe emotional disturbance.
- 3) **Outcome Questionnaire(OQ)/Youth Outcome Questionnaire(YOQ):** A review of the FY23 mental health scorecards indicate that clients are endorsing positive outcomes during treatment and at discharge at rates higher than the rural average: FY23 CUCC Treatment: Adults-89.4%/Rural Average-85.7%; Youth-86.5%/Rural Average-84.5%; FY23 CUCC Discharge – Adults-87%/Rural Average-84.4%; Youth-92.1%/Rural Average-84%. Team leads work with new clinicians to understand the use of the OQ/YOQ as an intervention. This focus on the OQ/YOQ has resulted in an improvement in review of the questionnaire results by clinicians (within 3 days of client completion) of approximately 11%.
- 4) **Quality Programming:** CUCC has made significant efforts to expand evidence-based, quality programming across the treatment spectrum. The agency plans to engage in the Seeking Safety for Adolescents training. Botvin and the Nedley Depression and Anxiety Recovery Program (an evidence-based, manualized program) are in the early stages of implementation. Other evidence-based programs for youth also include Why Try.
- 5) **Integration:** CUCC has demonstrated efforts to improve integrated health within their system by altering the electronic health record to provide highly visible physical health-related prompts. CUCC has also committed to maternal mental health treatment, including having one clinician per treatment team trained to provide specialty services and support.
- 6) **Observation of Case Staffing Meeting:** The CUCC staffing meeting was notable for being extremely organized and structured. During a discussion, the clinician discussed trends in YOQ scores for both the client and parent, along with clinical implications of the differences. Use of caffeine and nicotine was included in a review of medication changes and how that may be impacting a client's presentation and encouraged further follow up and discussion with that client. SUMH appreciates the holistic approach the agency takes to client wellness and recovery.
- 7) **Community Partnerships:** CUCC has strategically developed partnerships to serve individuals that have complex needs in addition to mental health. This includes agencies that focus on autism, developmental delay, and physical health needs.

## **Child, Youth and Family Mental Health**

SUMH conducted its annual Child, Youth and Family Mental Health monitoring review virtually with Central Utah Counseling Center (CUCC) on October 3<sup>rd</sup>, 4<sup>th</sup> and 16<sup>th</sup>, 2023. The monitoring team consisted of Leah Colburn, Program Administrator; Heather Rydalch, Program Manager; Cody Northup, Program Administrator; and Pam Bennett, Assistant Director. The review included the following areas: record reviews, internal agency chart review, discussions with clinical supervisors, management teams, family peer support, and case staffings. During the discussions, the site visit team reviewed the FY23 Monitoring Report; statistics, including the mental health scorecard; area plans; youth outcome questionnaires (YOQs); Office Directives, and the Center's provision of the ten mandated services as required by Utah Code 17-43-301.

### **Follow-Up From Fiscal Year 2023 Audit**

#### **FY23 Deficiencies:**

- 1) **Family Peer Support Services (FPSS):** The FY22 scorecard indicates there were no FPSS services provided. This is the third year in which this service has experienced a decrease at the agency. Peer support is a vital service. CUCC should meet with the OSUMH Children's team to engage in technical assistance to identify barriers to this service and develop a strategy to increase this FPSS at the agency.

**This item has been resolved. CUCC was able to provide FPSS services per the FY23 Youth mental health scorecard.**

### **Findings for Fiscal Year 2024 Audit**

#### **FY24 Major Non-compliance Issues:**

None

#### **FY24 Significant Non-compliance Issues:**

None

#### **FY24 Minor Non-compliance Issues:**

None

#### **FY24 Deficiencies:**

None

#### **FY24 Recommendations:**

- 1) **Mobile Crisis Outreach Teams (MCOT):** A review of the FY23 scorecard indicates that MCOT services to Children, Youth and Families has decreased

(FY22: 78; FY23: 17/78.2% decrease). SUMH recommends that CUCC work with the SUMH Crisis team to assess if Stabilization and Mobile Response within the community or increased mental health supports in the schools are having an impact on MCOT utilization.

**FY24 Office Comments:**

- 1) **Respite:** This is the third year in which CUCC has demonstrated an increase in provision of respite services for youth (FY22 33/4.3% FY23 47/6.1%). CUCC has focused on referral pathways and identification for youth and families who can benefit from this vital service.
- 2) **Family Engagement in Services:** SUMH encourages CUCC to continue to explore how to increase family involvement for all youth served to improve treatment outcomes for family systems. CUCC has one clinician that is a registered play therapist supervisor and has the intention to add more play therapists in the agency. SUMH encourages CUCC to continue to develop the Family Peer Support Specialist (FPSS) workforce to help advance family engagement initiatives. SUMH would like to explore ongoing discussion on how to advance initiatives related to family engagement and appreciates the intent to increase clinician competency in regards to working within the family system.

## **Adult Mental Health**

SUMH conducted the Adult Mental Health annual monitoring review virtually with Central Utah Counseling Center on October 3<sup>rd</sup>, 4<sup>th</sup> and 16<sup>th</sup>, 2023. The monitoring team consisted of Leah Colburn, Program Administrator; Heather Rydalch, Program Manager; Cody Northup, Program Administrator; and Pam Bennett, Assistant Director. The review included the following areas: record reviews, case staffings, discussions with clinical supervisors, management teams, and Certified Peer Support Specialists. During the discussions, the site visit team reviewed the FY23 Monitoring Report; statistics, including the mental health scorecard; area plans; outcome questionnaires (OQs); Office Directives, and the Center's provision of the ten mandated services as required by Utah Code 17-43-301.

### **Follow-up from Fiscal Year 2023 Audit**

There were no findings in FY23.

### **Findings for Fiscal Year 2024 Audit**

#### **FY24 Major Non-compliance Issues:**

None

#### **FY24 Significant Non-compliance Issues:**

None

#### **FY24 Minor Non-compliance Issues:**

None

#### **FY24 Deficiencies:**

None

#### **FY24 Recommendations:**

- 1) **Service Provision across Marginalized Populations:** When CUCC becomes aware of mental health service needs in marginalized populations, and outreach by CUCC is not successful, SUMH recommends that CUCC subcontract with agencies that primarily serve the population in need.

#### **FY24 Office Comments:**

- 1) **Peer Support Services (PSS):** Heather Rydalch, Peer Support Program Manager, met with the Clinical Director (CD), a Team Lead, and 4 Certified Peer Support Specialists (CPSS). Two of the CPSS are now substance use disorder counselors (SUDCs) and work primarily with clients that have substance use disorders. One CPSS is working with Drug Court and assists with an alumni group with clients

that have successfully graduated from Drug Court. Another CPSS began the Peer-to-Peer group in April 2023. There isn't a wait list for clients that would like to receive individual PSS, but there may at times be clients that are waiting to join a PSS group. *"It is nice to see clients not needing social support".* The CPSS agreed that *"PSS gives the clients that support...being able to meet them where they are at...one of the most beneficial things that can bridge that gap and get them through the door".* *"PSS are able to build that trust and keep folks out of the hospital".* The CD indicated that they need additional PSS since the two CPSS are now moving over to clinical positions. *"It takes a lot of flexibility to be a peer".* *"You can see the change quicker with the younger population".* CPSS have a positive opinion of clients becoming employed - *"Employment gives them purpose!"* In Ephraim, recidivism has dropped 12%. *"Peer Support has helped make a difference".*

- 2) **Participant Feedback:** Heather Rydach, Peer Support Program Manager, met with two clients that are receiving Peer Support Services (PSS) at CUCC. One client said *"I have been in recovery for 17 years from SUD and since receiving PSS, I am excelling quite well. I am now off of a lot of medications and I have now moved out on my own. I feel liberated! My recovery has increased significantly recently; it is a long process and different for everyone. I have a lot of momentum right now...We learn so much from the PSS in our group and we learn from each other."* The second client said *"I started treatment in 2017 and would come off and on. I started PSS in 2020, and actually met my certified PSS while I was on my way to make bad decisions. I am now doing fantastic! I am now living with my cousin 3 blocks away from CUCC and it is a safe place for me. My PSS and I connect on so many levels; she is someone that understands me. We have an open and honest relationship. I don't think that I would be clean and sober without Peer Support! Peer Support is stability and a sense of security and knowing that I have someone that is not going to give up on me!"*

## **Substance Use Disorders Prevention**

Becky King, Program Administrator, conducted the annual prevention review of the Central Utah Counseling Center (CUCC) on October 4, 2022. The review focused on the requirements found in State and Federal law, Office 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 for Fiscal Year 2023 Audit**

***There were no findings in FY23***

### **Findings for Fiscal Year 2024 Audit**

#### **FY24 Major Non-compliance Issues:**

None

#### **FY24 Significant Non-compliance Issues:**

None

#### **FY24 Minor Non-compliance Issues:**

None

#### **FY24 Deficiencies:**

- 1) **Eliminating Alcohol for Youth Sales (EASY) Compliance Checks:** Central Utah decreased the number of EASY Compliance Checks from 23 to 5 from FY22 to FY23, respectively, which does not meet OSUMH requirements. Local Authorities are required to complete at least one more EASY Compliance Check than the previous year.

#### **County's Response and Corrective Action Plan:**

**Action Plan:** CUCC will reach out to catchment area Sheriff offices to engage assistance toward the completion of FY24 (EASY) Compliance Checks.

**Timeline for compliance:** 6/30/24

**Person responsible for action plan:** Elizabeth Hinckley

**Tracked at OSUMH by:** Becky King

**FY24 Recommendations:**

None

**FY24 Office Comments:**

- 1) **Coalitions:** Central Utah has eight Communities that Care (CTC) Coalitions. Sanpete, Millard, Juab, Wayne, and Piute have defined their coalitions by High School catchment areas. Sevier has one Coalition for the County. The Snow College Healthy Badgers is a new CTC on campus. This coalition is in phase two of the CTC process and have defined their areas as the Ephriam and Richfield campuses of the school. Snow College is receiving funding from the University of Utah to support coalition efforts and the CUCC Prevention Coordinator is coaching the new Coalition Coordinator. The Piute County Youth Coalition is doing very well and has 98 coalition members. The Youth Coalition focuses on doing something fun after the environmental scans, like doing the SELFIE Method, where the kids focus on the following skills to improve their mental health and wellness: Sleep, exercise, light, fun, interacting with people in person and eating right. The coalition members usually pick one Selfie Skill a month to focus on.
- 2) **Risk and Protective Factors:** CUCC selects programs and strategies to address risk and protective factors. The process begins with the identification of risk and protective factors for each community, then programs are selected to address the identified risk and protective factors. For example, Guiding Good Choices was chosen to address Family Conflict, Family Management, Depressive Symptoms, and parental attitudes favorable toward the problem behavior. The Good Behavior Game was chosen to address low commitment to school and Early Initiation of Anti-Social Behavior. Youth coalitions were put in place to create opportunities for prosocial involvement. Easy Compliance Checks help reduce the use of underage drinking. The Community that Cares Coalition (CTC) addresses community awareness of the problem behaviors. Parents Empowered and the Use Only as Directed Campaign targets community awareness of the problem behavior. Coalitions also help to support Botvin's Life Skills and Why Try, which are offered by the school districts that focus on low commitment to schools.
- 3) **Parenting Classes:** CUCC has been providing parenting classes, which have been well attended since they received a grant from the Health Department. CUCC has been providing an incentive for parents to attend the parenting classes by enrolling their kids in city sports. There is no limit to this incentive. For example, there were two mothers in the Parenting Class who both had 9 kids in their families. CUCC made sure to enroll all these kids in a variety of sports and other activities. There were 28 parents that attended the last parenting class in North Sanpete.

## Substance Use Disorders Treatment

Becky King, Program Administrator, conducted the review of the Central Utah Counseling Center on October 3, 2023. The review focused on compliance with State and Federal law, Substance Abuse Treatment (SAPT) Block Grant regulations, and adherence to OSUMH directives and contract requirements. The review consisted of an interview with program staff, data submitted to OSUMH, a review of internal chart reviews and an evaluation of agency policy and procedures. In addition, performance and client satisfaction was measured using the OSUMH SUD Treatment Data and the Consumer Satisfaction Survey.

### **Follow-Up for Fiscal Year 2023 Audit**

#### **FY23 Deficiencies:**

- 1) A review of data found that 9.1% of the **charts have not been closed** in SFY2022, which does not meet Office Directives. Local Authorities are required to have less than 4% of their charts open at any given time.

9% of the charts have not been closed in SFY2023, which does not meet OSUMH Directives. Local Authorities are required to have less than 4% of their old charts open at any given time.

***This issue has not been resolved, and will be addressed in Deficiency #1(a) below.***

- 2) The OSUMH Data Dashboard Shows:
  - a) **Nicotine Use** rates from admission to discharge moved from 2% in the FY20 to 1% in FY21 and FY22 respectively, which does not meet Office Directives requirements. There were only 1% of clients who were using nicotine at admissions that stopped using nicotine by the end of treatment.

It is recommended that CUCC check their data for accuracy and continue in their efforts to find incentives for clients to attend tobacco cessation classes and find ways to reduce tobacco use. OSUMH will provide technical assistance as needed to help support nicotine and tobacco cessation in Central Utah.

**Tobacco / Nicotine Use** rates from admission to discharge increased from 1% in FY22 to 1.3% in the FY23 respectively, which does not meet Office Directives requirements. There were only 1.3% of clients who were using nicotine at admissions that stopped using nicotine by the end of treatment.

***This issue has not been resolved, and will be addressed in Deficiency #1(b) below.***

- b) **Social Recovery Supports** from admission to discharge were at 19% in FY20 and decreased to 12% in FY21 and FY22. The data shows that very few clients are connected to support groups by the end of services (12% in 2022 compared to 26% at other rural providers). The percentage of men connected to support has dropped significantly in the last few years as well.

It is recommended that CUCC check their data for accuracy and continue to foster relationships with the local recovery community. OSUMH will provide technical assistance and funding as needed to help support recovery efforts in Central Utah.

Fewer clients are using social recovery support services at discharge than were using them at admission (23% at admission, 11% at discharge). This percentage is also lower than the state average and the rural average (both 27%). This result is similar to what was seen last year among Central SUD clients.

***This issue has not been resolved, and will be addressed in Deficiency #1(c) below.***

- 3) **Recovery Support Services (RSS):** Recovery Support Services provided by the Local Authorities (LAs) shall be documented and reported in the Substance Abuse Mental Health Information System (SAMHIS) recovery support data specifications file as indicated in the data specs and as approved and directed by the OSUMH. Examples of Recovery Support Services include sober supportive housing, transportation assistance, gas vouchers, bus passes, Identification (ID) cards and employment assistance. OSUMH will provide technical assistance and support as needed to help Central Utah with RSS efforts and data entry.

CUCC is documenting Recovery Support Services (RSS) and reporting it to the Substance Abuse Mental Health Information System (SAMHIS). CUCC reported that following services were provided in FY23: Emergency Housing, Employment Assistance, Gas Voucher, Other Transportation (Bike and Car Repair), Physical Care (Medical / Dental Labs). However, from July 2021 to July 2022 No RSS data was submitted to SAMHIS. From July 2022 to the current time, there have been 20 services reported totaling \$3200.00 in RSS services. Most services are being reported under the PATR contract which CUCC does not have.

***This issue will be addressed further in Recommendation #2 below.***

## **Findings for Fiscal Year 2024 Audit**

### **FY24 Major Non-compliance Issues:**

None

### **FY24 Significant Non-compliance Issues:**

None

### **FY24 Minor Non-compliance Issues:**

None

### **FY24 Deficiencies:**

#### **1) The Treatment Episode Data Set (TEDS) shows:**

- a) 9% of the charts have not been closed** in SFY2023, which does not meet OSUMH Directives. Local Authorities are required to have less than 4% of their old charts open at any given time.
- b) Nicotine Use** rates from admission to discharge increased from 1% in FY22 to 1.3% in the FY23 respectively, which does not meet Office Directives. There were only 1.3% of clients who were using nicotine at admissions that stopped using nicotine by the end of treatment.
- c) Social Recovery Supports:** Fewer clients are using social recovery support services at discharge than they were using at admission (23% at admission, 11% at discharge). This percentage is also lower than the state average and the rural average (both 27%). This result is similar to what was seen last year among Central SUD clients.
- d) Crimonogenic Risk Data:** 17% of criminal justice involved clients and 13% of drug court clients have not had their criminogenic risk assessed. There should be less than 10% of criminogenic risk data that is not collected at any given time.

### **County's Response and Corrective Action Plan:**

**Action Plan:** CUCC will ensure that discharge data is regularly and properly submitted as it was discovered that this was a primary cause for the deficiency.

**Timeline for compliance:** Due to a collaborative effort with DHHS, CUCC is currently in compliance at 1.2% as of 10/27/23.

**Person(s) responsible for action plan:** Jared Kummer & Ashlee Gleave

**Tracked at OSUMH by:** Becky King

**Action Plan:** CUCC will conduct targeted training for CUCC Clinicians' and SUDCs' for deficiencies b, c, and d on 11/15/2023. Training will focus on the importance of/proper documentation of each area. Progress will be discussed at CUCC's FY24 Central Administrative Meetings.

**Timeline for compliance:** 6/30/2024

**Person responsible for action plan:** Jared Kummer

**Tracked at OSUMH by:** Becky King

**FY24 Recommendations:**

**1) The Treatment Episode Data Set (TEDS) Shows:**

- a) **Suicide and Overdose Deaths:** CUCC's catchment area has a higher rate of drug overdose deaths (23/100,000) than the state overall (20/100,000) and a higher rate of suicide deaths (29/100,000) than the state overall (22/100,000). These population indicators are an important part of the DHHS's Results Based Accountability Plan.
- b) **Medication Assisted Treatment (MAT):** The use of MAT services is low in CUCC (5% for admissions and 7% for all served). MAT for admissions decreased from 7% in FY22.

It is recommended that CUCC check their data for accuracy and look for ways of decreasing suicide, overdose deaths and increasing MAT in their local area. OSUMH will provide technical assistance and funding as needed to help support recovery efforts in Central Utah.

- 2) CUCC is documenting Recovery Support Services (RSS) and reporting it to the Substance Abuse Mental Health Information System (SAMHIS). CUCC reported that following services were provided in FY23: Emergency Housing, Employment Assistance, Gas Voucher, Other Transportation (Bike and Car Repair), Physical Care (Medical / Dental Labs). However, **from July 2021 to July 2022 No RSS data was submitted to SAMHIS.** From July 2022 to the current time, there have been 20 services reported totaling \$3200.00 in RSS services. Most services are being reported under the PATR contract which CUCC does not have.

It is recommended that CUCC review their RSS data frequently to ensure data is being entered and submitted correctly. OSUMH can provide technical assistance and support as needed.

**FY24 Office Comments:**

**1) The Treatment Episode Data Set (TEDS) Shows:**

a) **Abstinence from Alcohol and Drugs:** The percentage of clients at CUCC who are abstinent at the end of treatment is higher than the rural and state averages. Abstinence from drugs and alcohol at discharge has improved in Central Utah from FY22 to FY23.

b) **Successful Completion of Treatment:** CUCC continues to have the highest rate of clients successfully completing treatment.

2) **Expansion of Staff, Programs and Resources:** CUCC has been expanding programs, office space and services to meet the needs of their community and staff. CUCC recently hired several new staff members, where extra space was needed to house these individuals. There are two large buildings in **Sanpete**, where the Administrative Building was designated specifically for clinical staff. **Nephi** has reached the maximum capacity of space in their office, so they bought a property to provide more space for staff. **Fillmore** currently had adequate space in their office, but **Delta** needs a new building. **Richfield** has grown a considerable amount over time. Local developers in Richfield have built more income based housing, which has been drawing in more people from other states, like California, since housing is more affordable in Richfield. There has also been an increase with individuals experiencing homelessness, where these individuals receive services from New Horizons. CUCC is also building a new campus in Richfield, which will consist of the following: A Residential Program with 16 beds, Intensive Outpatient Program and a new Office for their clinicians and administrative team. CUCC is anticipating this will be completed by October 2024.

3) **CUCC: 3-Year Goals:** CUCC has established goals over the next three years to improve services for their community, which include: **(1) Improve Community Recovery Rates** by fully implementing the Substance Use Recovery Evaluator (SURE) tool. **(2) Improve Community Mental Health** by adding the Nedley's Depression and Anxiety Program, which is a well-researched, scientifically based program designed to reduce depression. **(3) Improve Youth Mental Health and wellbeing** by improving youth services for parents and children through the following programs: Why Try, Botvin LifeSkills Training, Life Skills Training and the

Seeking Safety Adolescent Toolkit. **(4) Build strategic partnerships** to benefit the citizens in Central Utah's communities through the following partnerships: Chrysalis, Utah Behavior Services, Gunnison Valley Hospital and Intermountain Health. **(5) Establish a Receiving Center** to benefit Central Utah's community members and partners.

## **Section Two: Report Information**

## Background

Utah Code Section **25B-5-102** outlines duties of the Office of Substance Abuse and Mental Health. Paragraph **(2)(c)** states that the Office shall:

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

## Non-Compliance Issues, Action Plans and Timelines

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

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

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

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

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

A **deficiency** results when the contractor is not in full compliance, but the deficiency discovered is not severe enough to be categorized as a non-compliance issue. A written corrective action plan is required without a formal timeline. However, the monitoring team may request action to fix the problem by a given date.

A **recommendation** occurs when the contractor is in compliance. The Office 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 Office 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 Office of Substance Abuse and Mental Health

Prepared by:

Kelly Ovard *Kelly J. Ovard* Date 11/02/2023  
Administrative Services Auditor IV

Approved by:

Kyle Larson *Kyle Larson* Date 11/02/2023  
Administrative Services Director

Pam Bennett *P. Bennett* Date 11/02/2023  
Assistant Director

Eric Tadehara *ET* Date 11/02/2023  
Eric Tadehara (Nov 2, 2023 08:13 MDT)  
Assistant Director

Brent Kelsey *BK* Date 11/03/2023  
Brent Kelsey (Nov 3, 2023 07:10 MDT)  
Office Director

## Attachment A

### UTAH OFFICE OF SUBSTANCE USE AND MENTAL HEALTH

#### Emergency Plan Monitoring Tool FY24

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

**Date:** October 10, 2023

**Reviewed by:** Geri Jardine

#### *Compliance Ratings*

**Y = Yes, the Contractor is in compliance with the requirements.**

**P = Partial, the Contractor is in partial compliance with requirements; comments provided as a suggestion to bring into compliance.**

**N = No, the Contractor is not in compliance with the requirements.**

Monitoring Activity	Compliance			Comments
	Y	P	N	
<b>Preface</b>				
Cover page (title, date, and facility covered by the plan)	X			
Confirmation of the plan's official status (i.e., signature page, date approved)	X			
Record of changes (indicating dates that reviews/revisions are scheduled/have been made and to which components of the plan)	X			
Method of distribution to appropriate parties (i.e. employees, members of the board, etc.)	X			
Table of contents	X			
<b>Basic Plan</b>				
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			
<b>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.</b>				
List of essential functions and essential staff positions	X			
Identify continuity of leadership and orders of succession	X			
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, state and community stakeholders and administration	X			
Describe participation in and coordination with county and regional disaster preparedness efforts, which could include participation in Regional Healthcare Coordination Councils (HCC) . Participated in a minimum of three of the four yearly DHHS radio checks	X			CUCC has participated in the last four radio checks (12/1/22, 3/2/23, 6/1/23 & 9/7/23) and participates regularly in the Healthcare Coalition meetings.
Procedures that ensure the timely discharge of financial obligations, including payroll.	X			
Procedure for protection of healthcare information systems and networks			X	It is highly recommended that CUCC develop a procedure for protection of your healthcare information system and networks or document where this procedure is available if this has already been developed.
<b>Planning Step</b>				
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	X			

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"> <li>• Engineering maintenance</li> <li>• Housekeeping services</li> <li>• Food services</li> <li>• Pharmacy services</li> <li>• Transportation services</li> <li>• Medical records (recovery and maintenance)</li> <li>• Evacuation procedures</li> <li>• Isolation/Quarantine procedures</li> <li>• Maintenance of required staffing ratios</li> <li>• Address both leave for and the recall of employees unable to work for extended periods due to illness during periods of declared pandemic</li> </ul>	X		

SUMH is happy to provide technical assistance.

# OSUMH Central FY24 Final Report - Google Docs

Final Audit Report

2023-11-03

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