



State of Utah

SPENCER J. COX
Governor

DEIDRE M. HENDERSON
Lieutenant Governor

Department of Health & Human Services

TRACY S. GRUBER
Executive Director

NATE CHECKETTS
Deputy Director

DR. MICHELLE HOFMANN
Executive Medical Director

DAVID LITVACK
Deputy Director

NATE WINTERS
Deputy Director

Date: March 12, 2025

Commissioner Marty Palmer
Juab County Commission
160 North Main Street
Nephi, Utah 84648

Dear Commissioner Palmer:

In accordance with Section Annotated 26B-5-102, the Office of Substance Use and Mental Health (SUMH) 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 there are any questions, please contact Kelly Ovard 385-310-5118.

SUMH appreciates the cooperation and assistance of the staff and looks forward to a continued professional relationship.

Sincerely,

A handwritten signature in blue ink, appearing to read "Brent Kelsey".

Brent Kelsey (Mar 12, 2025 17:08 MDT)

Brent Kelsey
Director

Enclosure

cc: Commissioner Scott Bartholomew, Sanpete County Commission
Commissioner Dennis Blackburn, Wayne County Commission
Commissioner Sam Steed, Piute County Commission
Commissioner Ralph Brown, Sevier County Commission
Commissioner Vicky Lyman, 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 21, 2024

Final Report

Table of Contents

| | |
|--|----|
| Section One: Site Monitoring Report | 3 |
| Executive Summary | 4 |
| Summary of Findings | 5 |
| Governance and Fiscal Oversight | 6 |
| Mental Health Mandated Services | 9 |
| Mental Health Programs | 10 |
| Substance Use Disorders Prevention | 12 |
| Substance Use Disorders Treatment | 14 |
| Section Two: Report Information | 20 |
| Background | 21 |
| Signature Page | 24 |
| Attachment | 25 |

Section One: Site Monitoring Report

Executive Summary

In accordance with Section 25B-5-102, the Office of Substance Use and Mental Health (also referred to in this report as SUMH) conducted a review of Central Utah Counseling Center (also referred to in this report as CUCC) 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 local authority's compliance with: State policies and procedures incorporated through the contracting process; SUMH 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 CUCC'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 None | |
| <i>Mental Health Programs</i> | Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency | None None None None | |
| <i>Substance Use Disorders Prevention</i> | Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency | None None None 1 | 12 |
| <i>Substance Use Disorders Treatment</i> | Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency | None None None None | |

Governance and Fiscal Oversight

The Office of Substance Use and Mental Health (SUMH) conducted its annual monitoring review of the Local Authority, Central Utah Counseling local authority (CUCC). The Governance and Fiscal Oversight section of the review was conducted in person on October 21, 2024 by Kelly Ovard Administrative Services Auditor IV.

The site visit was conducted with CUCC as the contracted service provider for Juab, Millard, Piute, Sanpete, Sevier, and Wayne Counties. State licensing and subcontractor files were examined for compliance with state licensing laws and adherence to contractual requirements, as well as the Center's own policy. Executive travel reimbursements were reviewed to ensure they were appropriate and that no personal benefit had been gained. Board minutes were reviewed and discussions were conducted to determine if an appropriate level of involvement and financial oversight was provided.

As part of the site visit, CUCC provided backup to support their costs and billed amounts, using rates taken from their Medicaid Cost Report. This report is a cost study conducted by the Local Authority. 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 local authority that year. This allows SUMH 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, 2024 and was dated December 9, 2024. The auditors stated 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. CUCC spent less than \$750,000 in federal dollars so there was no single audit. There were no findings or deficiencies reported. The MCR report for 2023 will be uploaded once the auditors have finalized it. The Audit is in the process of being uploaded to the Federal Audit Clearinghouse. These items were late this year due to the 2023/2024 issues with PRISM.

Follow-up from Fiscal Year 2024 Audit:

There were no findings in FY24.

Findings for Fiscal Year 2025 Audit

FY25 Major Non-compliance Issues:

None

FY25 Significant Non-compliance Issues:

None

FY25 Minor Non-compliance Issues:

None

FY25 Deficiencies

None

FY25 Recommendations:

- 1) **Emergency Plan:** Thank you for the provision of your plan. SUMH appreciates your consistent participation in the 800 MHz radio checks as well as their participation in their Regional Healthcare Coalition meetings. SUMH 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.
- 2) **Review Unspent Funding:** SUMH recommends that the local authority discuss unspent funding with CUCC to determine where unspent funds can be utilized more effectively in future fiscal years.

| Program | Service Code | Awarded Amount | Spent Amount | Unspent Amount |
|-----------------------|------------------------------------|----------------|--------------|----------------|
| MH: | None | | | \$0 |
| SUD: | None | | | \$0 |
| Prevention | FPL - Federal Prevention | \$154,561 | \$151,337 | \$3,224 |
| | OPG - State Opioid Settlement | \$82,300 | \$37,230 | \$45,070 |
| | PFS1 - Partnerships for Success | \$48,750 | \$37,642 | \$11,108 |
| | Prevention Total | \$285,611 | \$226,209 | \$59,402 |
| | Grand Total of LA Funding for FY24 | \$4,232,787 | \$4,173,385 | \$59,402 |
| Total Spent/Unspent % | | | 98.6% | 1.4% |

FY25 Comments:

- 1) **Thank you** to Nathan, Richard, Jared and Lynette for all your help in preparing and uploading data and information for the audit.

Mental Health Mandated Services

According to Section 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(6)(a)(ii), each local authority is required to “annually prepare and submit to SUMH 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 SUMH is to measure compliance with this legislative mandate to provide these services to the adults, youth, and children of Utah.

Mental Health Programs

Cody Northup, Program Administrator, and Heather Rydalch, Peer Support Program Manager, conducted the annual monitoring review for mental health programs at Central Utah Counseling local authority(CUCC) on October 7, 2024. The review included the following areas: record reviews, internal agency chart review, discussions with clinical supervisors, management teams, peer support, and case staffings. During the discussions, the site visit team reviewed the FY24 Monitoring Report, statistics, including the mental health scorecard, area plans, adult and youth outcome questionnaires (OQs/YOQs), Office Directives, and the Center's provision of the ten mandated services as required by Section 17-43-301.

Follow-up from Fiscal Year 2024 Audit:

There were no findings in FY24.

Findings for Fiscal Year 2025 Audit

FY25 Major Non-compliance Issues:

None

FY25 Significant Non-compliance Issues:

None

FY25 Minor Non-compliance Issues:

None

FY25 Deficiencies:

None

FY25 Recommendations:

Children, Youth, and Families

- 1) Family Peer Support Specialist (FPSS):** CUCC reported that they have one employee who is dual certified as both a Certified Peer Support Specialist and a Family Peer Support Specialist. However, they also acknowledged that FPSS is rarely utilized. The FY24 scorecard indicates a decrease in the FPSS service being provided (FY23:3; FY24:0). During the visit, CUCC noted that there may be some opportunities to increase dual certifications, and to look for ways to implement FPSS services. SUMH recommends that CUCC continue to explore dual certifications, along with the need for this service, going forward.

FY25 Comments:

Adult Mental Health

- 1) Integrated Care:** During the on site review, CUCC shared specifics on how they have focused on integrated health care, including adding a field into their electronic health record that prompts clinicians and case managers to enter a client's primary physician information, allowing for easy follow up and collaboration. Additionally, they are working with 7 local clinics as referral networks, including Intermountain Health and Gunnison Valley Hospital. SUMH commends CUCC for the work that they are doing to increase integrated health opportunities, and appreciates the emphasis and care for their clients.

- 2) Mobile Crisis Outreach (MCOT):** CUCC reported during the on-site review that their MCOT team is averaging approximately 100 calls per month and rotating shifts between 6 different therapists to ensure coverage. SUMH appreciates the efforts of the CUCC MCOT Program. They have been creative in developing staffing patterns to ensure 24 hour coverage 7 days a week, and at the same time creating positive morale for staff who are responsible for dispatching to the community. CUCC has developed collaborative relationships with dispatch, first responders, and other important stakeholders to ensure that the community has the most efficient and appropriate response to individuals in crisis.

Substance Use Disorders Prevention

David Watkins, Program Administrator, conducted the annual prevention review of the Central Utah Counseling local authority(CUCC) on October 29, 2024. The review focused on the requirements found in State and Federal law, SUMH 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 2024 Audit

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 SUMH requirements. Local Authorities are required to complete at least one more EASY Compliance Check than the previous year.

This issue has been resolved

Findings for Fiscal Year 2025 Audit

FY25 Deficiency:

- 1) **DUGS data reporting:** CUCC failed to enter prevention service data into the DUGS reporting system within the 45 days of service. The office directives state, "The LA must enter prevention data into the SUMH approved system within 45 calendar days of the delivery of service." Only 1 of the entries for the fiscal year met the requirement.

SUMH recommends that CUCC develop processes to ensure that data is regularly entered into the DUGS system. It is also recommended that CUCC regularly review the data that has been entered into DUGS to ensure regular entries are happening.

Local Authority Response and Corrective Action Plan:

Action Plan:

A supervisor monitored tracking system will be established to ensure Prevention Specialists enter DUGS data weekly.

Timeline for compliance:

November 1, 2024

Person responsible for action plan:

Elizabeth Hinckley

Tracked at OSUMH by: David Watkins

FY25 Recommendations:

None

FY25 Comments:

- 1) **SHARP Survey:** CUCC has spent a lot of time developing relationships across the 6 county area. These relationships have led to an increase in the number of school districts that participate in the SHARP survey. Through partnerships and key leaders, a couple of the school districts in CUCC have agreed to oversample the school population in an effort to get district and grade level data (due to the small student population in rural areas). The SHARP Survey is vital in understanding what youth in Utah are going through, and the partnerships and work to allow for the survey to be conducted are appreciated.
- 2) **Community Coalitions:** CUCC has developed a strong prevention system built around local community coalitions. Coalitions in the area continue to receive training and technical assistance from the LA that allows them to continue to enhance their efforts. During the past fiscal year, Central has done an excellent job at leading coalitions through readiness assessments and in finding data to identify local conditions.

Substance Use Disorder Treatment

Becky King, Program Administrator, conducted the review of the Central Utah Counseling local authority on October 7, 2024. The review focused on compliance with State and Federal law, Substance Abuse Treatment (SAPT) Block Grant regulations, and adherence to SUMH directives and contract requirements. The review consisted of an interview with program staff, data submitted to SUMH, a review of internal chart reviews and an evaluation of agency policy and procedures. In addition, performance and client satisfaction was measured using the SUMH SUD Treatment Data and the Consumer Satisfaction Survey.

Follow-Up for Fiscal Year 2024 Audit

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 SUMH Directives. Local Authorities are required to have less than 4% of their old charts open at any given time.

This issue has been resolved. 3.9% of old charts have not been closed in SFY2024, which falls within the required range of less than 4%.

- 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.

This issue has not been resolved, which will be addressed in Recommendation #1(a) below.

- 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 CUCC SUD clients.

This issue has been resolved. CUCC has a notable increase in FY24 in the percentage of SUD clients attending social recovery support. In FY23, the number of clients attending social recovery support decreased from 23% to 11%. In FY24, the percentage increased from 18% to 26%.

- d) **Criminogenic Risk Data:** 17% of criminal justice involved clients and 13% of drug court clients were not assessed for criminogenic risk. This should be below 10%.

This issue has not been resolved, which will be addressed in Recommendation #1(b) below.

Findings for Fiscal Year 2025 Audit

FY25 Major Non-compliance Issues:

None

FY25 Significant Non-compliance Issues:

None

FY25 Minor Non-compliance Issues:

None

FY25 Deficiencies:

None

FY25 Recommendations:

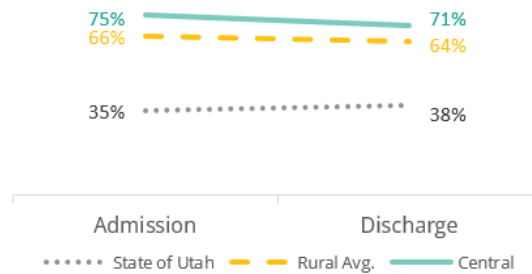
1) The Treatment Episode Data Set (TEDS) Shows:

- a) CUCC had a higher percentage of SUD clients using tobacco/nicotine at both admission (75%) and discharge (71%) than the state average (35% at admission and 38% at discharge) and rural averages (66% at admission and 64% at discharge). This was also true in FY23.

SUMH recommends that CUCC review data for accuracy and determine why the percentage of tobacco /nicotine use has been increasing since FY23. It is also recommended that CUCC continue working on their Area Plan Goals to reduce Tobacco / Nicotine Use through the following measures: (1) Maintaining a nicotine free environment; (2) Ensuring ongoing engagement through the use of a evidence-based nicotine dependence tool such as a Fagerstrom scale.

Figure 11. % Using tobacco

Source: TEDS data, SUD Scorecard



- b) In FY24, the percentage of justice referred adults who did not get screened for criminogenic risk at CUCC was 15%. The percentage of Drug Court clients who did not get screened for criminogenic risk was 5%.

SUMH recommends that CUCC examine data and train staff on entering criminogenic data in SAMHIS.

Table 4. Central Criminogenic Risk

Source: TEDS data

FY22 FY23 FY24

Justice Referred Adults (non-detox)

| | | | |
|--------------------|-----|-----|-----|
| Low risk | 31 | 26 | 28 |
| Moderate/high risk | 157 | 153 | 145 |
| Not collected | 12 | 34 | 30 |
| % not collected | 6% | 16% | 15% |

Adult Drug Court

| | | | |
|--------------------|----|-----|----|
| Low risk | 2 | 4 | 1 |
| Moderate/high risk | 40 | 24 | 17 |
| Not collected | 1 | 4 | 1 |
| % not collected | 2% | 13% | 5% |

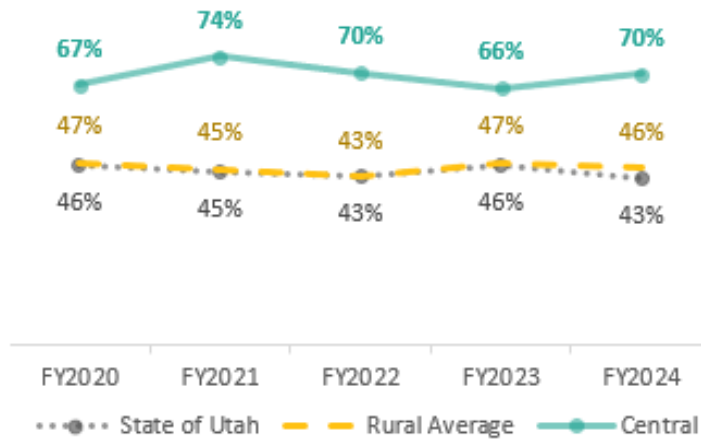
FY25 Comments:

1) TEDS Shows that CUCC is doing well in the following areas:

- a) The percentage of clients who successfully completed SUD Treatment at CUCC (70%) is higher than the state (43%) and rural averages (46%). CUCC reported that this success can be attributed to a focus on the client's goals rather than the therapist's goals to empower clients to do well in treatment. CUCC also provides positive reinforcement to clients whether they succeed with their goals or not to help them feel empowered to keep moving forward with their goals.

Figure 4. % of clients successfully completing SUD treatment

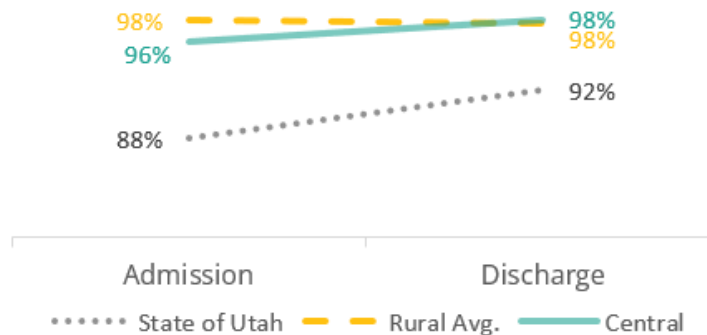
Source: TEDS data, SUD Scorecard



- b) Stable housing was high at both admission (96%) and discharge (98%) for clients at CUCC, which is higher than state averages at admission (88%) and discharge (92%). Central Utah doesn't have affordable housing, so CUCC has made efforts to assist their clients with locating affordable housing.

Figure 7. % in Stable Housing

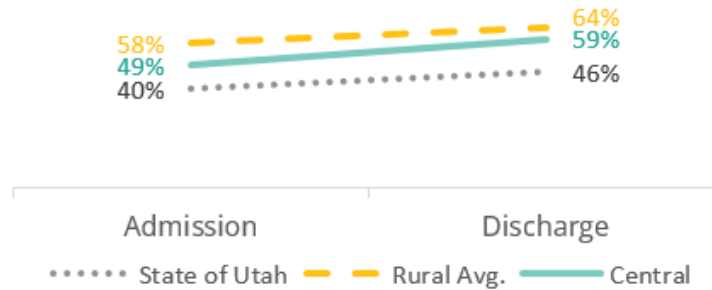
Source: TEDS data, SUD Scorecard



- c) The percentage of SUD clients employed or in school at discharge (59%) was higher than the state average (46%). CUCC reported that unemployment is not high in Central Utah in general. They help clients during treatment and upon discharge to find employment or ensure that they are doing well in school.

Figure 8. % Employed or in School

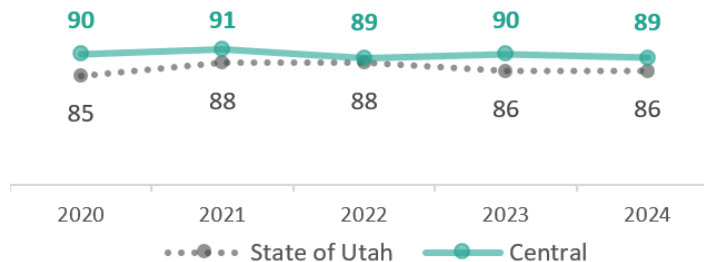
Source: TEDS data, SUD Scorecard



- d) Consumer satisfaction with services at CUCC is high, with 89% of individuals reporting general satisfaction with services. CUCC values their clients and ensures that their needs are met during and after treatment. Clients report that they enjoy working with staff at CUCC, where they feel valued and supported throughout treatment.

Figure 12. Adult satisfaction with SUD treatment (%)

Source: MHSIP Consumer Satisfaction Survey



- 2) **Sanpete County Jail:** The Sanpete County Jail has recently been featured in local articles on their efforts to reduce recidivism. CUCC collaborates with the Sanpete County Jail and provides a Recovering Skills Group, which provides support for individuals with SUD and mental health (MH) issues. Individuals that start the Recovery Skills Group in the jail transition to services at CUCC after they are released. Community Health Workers have been assisting individuals in the Sanpete Jail apply for Medicaid and other benefits while they are preparing for discharge to ensure they have Medicaid and access to care when they are transitioning from the jail.

- 3) **Community Collaboration/Expansion of Services:** CUCC has expanded services in their community through contracting with the following providers: (1) Health Balanced Counseling, (2) Gunnison Valley Hospital, (3) Four Directions Counseling (PLLC), (4) Intermountain Health, (5) Chrysalis, and (6) Utah Behavioral Services. CUCC has been working on integrating physical and behavioral health care through their partnership with Intermountain Health and Gunnison Valley Hospital. They have been consulting with the Creach Counseling Group to receive guidance on Integration efforts, which has improved their efforts.

Section Two: Report Information

Background

Section **25B-5-102** outlines duties of SUMH. Paragraph **(2)(c)** states that SUMH 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 SUMH 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 SUMH 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

SUMH appreciates the cooperation afforded SUMH monitoring teams by the management, staff and other affiliated personnel of Central Utah Counseling local authority 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 Use and Mental Health

Prepared by:


Kelly Ovard 
Administrative Services Auditor IV

Date 03/12/2025


Approved by:

Kyle Larson 
Administrative Services Director


Date 03/17/2025

Pam Bennett 
Assistant Director

Date 03/14/2025

Eric Tadehara 
Eric Tadehara (Mar 13, 2025 13:16 MDT)

Date 03/13/2025

Brent Kelsey 
Brent Kelsey (Mar 12, 2025 17:08 MDT)

Date 03/12/2025

Attachment A

UTAH OFFICE OF SUBSTANCE USE AND MENTAL HEALTH

Emergency Plan Monitoring Tool FY25

Name of Local Authority: Central Utah Counseling Center

Date: September 18, 2024

Reviewed by: Nichole Cunha, LCSW
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 | |
| Preface | | | | |
| 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 | | | |
| 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 | | | |

| | | | | |
|---|---|--|--|---|
| 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 participated in 3 of the past 4 four radio checks, which meets the 75% required. SUMH appreciates their participation in their Regional Healthcare Coordination Council. |
| Procedures that ensure the timely discharge of financial obligations, including payroll. | X | | | |
| Procedure for protection of healthcare information systems and networks | 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 | | | |
| The planning team has identified requirements for disaster planning for Residential/Housing services including: <ul style="list-style-type: none"> • Engineering maintenance • Housekeeping services • Food services • Pharmacy services • Transportation services • Medical records (recovery and maintenance) • Evacuation procedures • 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 | | | |

SUMH is happy to provide technical assistance.












SUMH Central FY25 Final Report

Final Audit Report

2025-03-17

| | |
|-----------------|--|
| Created: | 2025-03-12 |
| By: | Kelly Ovard (kovard@utah.gov) |
| Status: | Signed |
| Transaction ID: | CBJCHBCAABAAytX0-KkdOmHqHQFIL1ES7wnnXRQmchtG |

"SUMH Central FY25 Final Report" History

-  Document created by Kelly Ovard (kovard@utah.gov)
2025-03-12 - 7:37:59 PM GMT- IP address: 207.135.246.161
-  Document emailed to Kelly Ovard (kovard@utah.gov) for signature
2025-03-12 - 7:41:28 PM GMT
-  Document emailed to Kyle Larson (kblarson@utah.gov) for signature
2025-03-12 - 7:41:28 PM GMT
-  Document emailed to Pamela Bennett (pbennett1@utah.gov) for signature
2025-03-12 - 7:41:28 PM GMT
-  Document emailed to Eric Tadehara (erictadehara@utah.gov) for signature
2025-03-12 - 7:41:29 PM GMT
-  Document emailed to Brent Kelsey (bkelsey@utah.gov) for signature
2025-03-12 - 7:41:29 PM GMT
-  Email viewed by Kyle Larson (kblarson@utah.gov)
2025-03-12 - 7:41:37 PM GMT- IP address: 74.125.214.110
-  Document e-signed by Kelly Ovard (kovard@utah.gov)
Signature Date: 2025-03-12 - 7:41:47 PM GMT - Time Source: server- IP address: 207.135.246.161
-  Email viewed by Eric Tadehara (erictadehara@utah.gov)
2025-03-12 - 7:57:47 PM GMT- IP address: 74.125.214.105
-  Email viewed by Brent Kelsey (bkelsey@utah.gov)
2025-03-12 - 11:07:40 PM GMT- IP address: 74.125.210.69
-  Document e-signed by Brent Kelsey (bkelsey@utah.gov)
Signature Date: 2025-03-12 - 11:08:19 PM GMT - Time Source: server- IP address: 204.113.19.47

 Email viewed by Pamela Bennett (pbennett1@utah.gov)

2025-03-13 - 6:57:09 PM GMT- IP address: 66.249.84.229

 Document e-signed by Eric Tadehara (erictadehara@utah.gov)

Signature Date: 2025-03-13 - 7:16:43 PM GMT - Time Source: server- IP address: 209.147.104.76

 Email viewed by Pamela Bennett (pbennett1@utah.gov)

2025-03-14 - 3:57:01 PM GMT- IP address: 66.102.6.167

 Document e-signed by Pamela Bennett (pbennett1@utah.gov)

Signature Date: 2025-03-14 - 3:57:54 PM GMT - Time Source: server- IP address: 174.162.225.61

 Document e-signed by Kyle Larson (kblarson@utah.gov)

Signature Date: 2025-03-17 - 4:28:21 PM GMT - Time Source: server- IP address: 204.113.19.132

 Agreement completed.

2025-03-17 - 4:28:21 PM GMT