



## State of Utah

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*Lieutenant Governor*

## Department of Health & Human Services

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Date: May 28, 2025

Leslie Woodward, Board Chairman  
Uintah Basin Tri-County Mental Health and Substance Abuse Local Authority Board  
1140 West 500 South  
Vernal, UT 84078


Dear Mrs. Woodward:

In accordance with Section Annotated 26B-5-102, the Office of Substance Use 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 local authority has many strengths; however, this report by its nature focuses on the exceptions and areas in need of improvement. SUMH has approved all corrective action plans submitted by the local authority in response to each reported finding, which have been included in the final report. If there are any questions, please contact Kelly Ovard at 385-310-5118.

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

Sincerely,

  
Brent Kelsey (Jun 5, 2025 08:39 MDT)

Brent Kelsey  
Director

Enclosure

cc: Randy Asay, Daggett County Commission  
Irene Hansen, Duchesne County Commission  
John Laursen, Uintah County Commission  
Kyle Snow, Director, Northeastern Counseling Center



Utah Department of  
**Health & Human Services**  
Integrated Healthcare

Site Monitoring Report of

Northeastern Counseling Center

Local Authority Contract #A03088

Review Date: March 4, 2025

Final Report

## Table of Contents

<b>Section One: Site Monitoring Report</b>	3
Executive Summary	4
Summary of Findings	5
Governance and Fiscal Oversight	6
Mental Health Mandated Services	8
Mental Health Programs	9
Substance Use Disorders Prevention	11
Substance Use Disorders Treatment	13
<b>Section Two: Report Information</b>	18
Background	19
Signature Page	22
Attachment A	23

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

## **Executive Summary**

In accordance with Section 26B-5-102, the Office of Substance Use and Mental Health (also referred to in this report as SUMH) conducted a review of Northeastern Counseling local authority (also referred to in this report as NCC). 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 NCC'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>Mental Health Programs</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	11-12
<b><i>Substance Use Disorders Treatment</i></b>	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, Northeastern Counseling local authority (NCC). The review was conducted on March 4, 2025 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. 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. Employee 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 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.

There is a current and valid contract in place between the Office 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, 2024. The auditors issued an unqualified opinion in their report dated October 9, 2024. The SAPT Grant was audited as a major program. There was an unqualified opinion with no findings or deficiencies reported. The audit was uploaded to the Federal Audit Clearinghouse.

**Follow-up from Fiscal Year 2024 Audit**  
***There were no findings in the FY24 audit.***

**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:** SUMH appreciates NCC's attendance at all the quarterly radio checks and participation in the regional healthcare coalition. Per SUMH's directives, these plans are to be reviewed annually. The last revision was in May of 2021. Please review, and revise the plan if necessary before the end of FY25. **(See Appendix A)**
- 2) **Summary of Unspent Dollars:** The current level of unspent funds is **0.46%** which is **exceptional**.

Program	Service Code	Awarded Amount	Spent Amount	Unspent Amount
MH	CMF - Covid Mitigation Funds	\$3,423	\$0	\$3,423
	<b>Total Unspent MH</b>	<b>\$3,423</b>	<b>\$0</b>	<b>\$3,423</b>
SUD	CMF - Covid Mitigation Funds	\$9,710	\$0	\$9,710
	PTR - ATR Corrections	\$15,036	\$0	\$15,036
	<b>Total Unspent SUD</b>	<b>\$24,746</b>	<b>\$0</b>	<b>\$24,746</b>
	<b>Total Unspent Funds</b>	<b>\$28,169</b>	<b>\$0</b>	<b>\$28,169</b>
	<b>Grand Total Allocated Funds</b>	<b>\$6,095,294</b>	<b>\$6,067,125</b>	<b>\$28,169</b>
<b>Total Spent/Unspent %</b>			<b>99.54%</b>	<b>0.46%</b>

**FY25 Comments:**

None



## **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 SUMH 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 Use and Mental Health 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, conducted the annual monitoring review for mental health programs in Northeastern Counseling Center (NCC) on March 4th, 2025. 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 for the FY24 audit.

### **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:**

*Combined Mental Health*

- 1) **Certified Peer Support (CPSS) and Family Peer Support (FPSS):** SUMH recommends that NCC continue to focus on CPSS and FPSS, exploring creative options to ensure this service is being provided to the community. A review of the FY24 adult and youth mental health scorecards demonstrates a decrease in both CPSS (FY23:23; FY24:13; -44%) and FPSS (FY23:30; FY24:15; -50%) services.

#### **FY25 Comments:**

*Combined Mental Health*

- 1) **Outcome Questionnaire/Youth Outcome Questionnaire (OQ/YOQ):** Per both the adult (78%) and the youth (91%) mental health scorecards, NCC meets the 75% requirement of OQ/YOQ administration. NCC reported this is an internal audit item. The agency has also worked with clinicians to understand the purpose behind administering the evidence-based tool and using it as a clinical intervention. SUMH

applauds NCC's dedication to ensuring clients are getting quality treatment through the use of the tool.

- 2) **Case Management (CM):** NCC has placed an emphasis on CM services over the course of the year which is reflected in both the adult (FY23:138; FY24:179; +30%) and youth (FY23:44; FY24:99; +125%) mental health scorecards. A CM needs assessment is administered during an intake, with ongoing evaluation and service provision when needed. CM is also running skills groups for youth. SUMH acknowledges NCC's increased efforts in offering CM to the community and appreciates their dedication to providing this service.
- 3) **Supporting & Training Clinicians:** Mental health clinicians and staff indicated that they feel supported and valued by the administration at NCC. Clinicians are encouraged to explore the areas that they are passionate about, as well as have exposure to all other areas as well. NCC has arranged training opportunities to build competence in certain therapeutic modalities, as well as hired additional clinicians to balance workloads and reduce burnout. SUMH commends the support and commitment that NCC administration have to their staff and clinicians within the agency.

#### *Adult Mental Health*

- 1) **Therapeutic Support for First Responders:** NCC is offering therapeutic services to first responders (law enforcement and fire personnel) and their immediate family members in their catchment area. Local law enforcement reported that they have received positive feedback from the officers. SUMH applauds efforts to provide this support to the community.

## Substance Use Disorders Prevention

David Watkins, Program Administrator, conducted the annual prevention review of Northeastern Counseling Center on March 4, 2025. The annual monitoring review was held virtually. 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 evaluated the data used to establish prevention priorities.

### **Follow-up from Fiscal Year 2024 Audit**

#### **FY24 Deficiencies:**

- 1) **EASY Compliance Checks:** The number of EASY Compliance compliance checks decreased from 26 to 1 checks from FY22 to FY23 respectively, which does not meet SUMH Directives. The county is required to complete at least one more EASY check than the year before. SUMH can provide technical support and assistance as needed.

**This deficiency has been resolved.**

- 2) **SYNAR Checks:** The percentage of SYNAR Checks decreased from 97.8% to 75.9% from the FY22 to FY23 respectively, which does not meet SUMH Directives. The standard is to have at least 90% of SYNAR Checks completed by the county. SUMH can provide technical support and assistance as needed.

**This deficiency has been resolved.**

### **Findings for Fiscal Year 2025 Audit:**

#### **FY25 Findings:**

- 1) **Data reporting:** SUMH office directives state that prevention services should be reported into the Data User Group System (DUGS) within 45 days of service delivery. During FY24 NCC met this requirement 54% of the time, which does not meet SUMH standards. NCC should work to improve timeliness of data entry during FY25.

## County's Response and Corrective Action Plan:

**Action Plan:** Prevention Specialists will be responsible for entering data into the DUGs database by the 5th of each month, recording all activities from the previous month. The Prevention Coordinator will verify that all data has been entered accurately and completely by the 10th of each month. To support timely data entry, email and calendar reminders will be sent out on the 1st of each month to all Prevention Specialists. Additionally, ongoing training and discussion of data entry requirements and best practices will be incorporated into monthly prevention staff meetings. The Prevention Coordinator will also monitor compliance on an ongoing basis.

**Timeline for compliance:** There will be notable improvement in FY26

**Person responsible for action plan:** Catherine Jurado

**Tracked at OSUMH by:** David Watkins

## FY25 Recommendations:

- 1) **Evidence-based prevention program:** NCC helps support the implementation of the program Love and Logic in the community. This program is now considered a legacy program through a review conducted by the State's Evidence-Based Workgroup (EBW) prior to newly adopted standards. The program needs to re-submit evidence of effectiveness to the EBW to remain as an approved evidence-based program. SUMH encourages NCC to work with other local authorities that may also be implementing the program on a submission to the EBW.

## FY25 Comments:

- 1) **Student Health and Risk Prevention (SHARP) Survey:** NCC's prevention team, and in particular the prevention coordinator have a significant amount of collaborative work to get school districts in their catchment area to approve the administration of the SHARP survey. SUMH acknowledges and thanks NCC for navigating delicate conversations in the community to allow for the collection of this vital data that informs the prevention planning process.
- 2) **Community Partnerships:** At the site visit, SUMH had the opportunity to visit a couple of community partners and to hear about many of the other partnerships NCC has developed. SUMH commends NCC on the partnerships they are developing with private providers (Love and Logic), Law Enforcement (EASY compliance checks), and schools/school districts (after school program, social development strategy, and SHARP survey) to provide effective community-centered evidence-based prevention.

## Substance Use Disorder Treatment

Becky King, Program Administrator, conducted a review of Northeastern Counseling Center, the local authority, on March 4, 2025 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 NCC's internal chart reviews 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 (SUD) 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 2024 Audit**

#### **FY24 Deficiencies:**

- 1) **The Treatment Episode Data Set (TEDS) shows:** The percentage of clients using Social Recovery Support at discharge is low at 21%, which represents a decrease from the percent using support at admission, which does not meet the requirements in the Office Directives.

***This issue has not been resolved, and will be addressed in Recommendation #1 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:

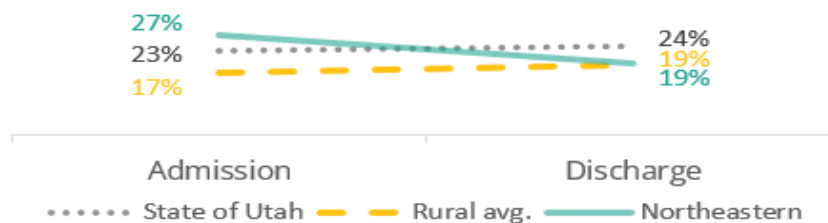
### 1) The Treatment Episode Data Set (TEDS) Shows:

- a) The percentage of clients who attended social recovery support in FY24 decreased from 27% at admission to 19% at discharge. NCC shared that there may be data entry issues. They have been working on expanding the definition of social recovery support services to include a variety of options that can help support a person in recovery.

It is recommended that NCC check their data for accuracy and follow through with expanding their definition of social recovery support to provide staff with more options to select when they are entering this data in the Substance Abuse and Mental Health Information System (SAMHIS). It is also recommended that NCC discuss social recovery services throughout treatment so that clients can get involved with these services early on and be invested in these services by the time they are discharged from treatment.

**Figure 10. % Using Social Recovery Support**

Source: TEDS data, SUD Scorecard

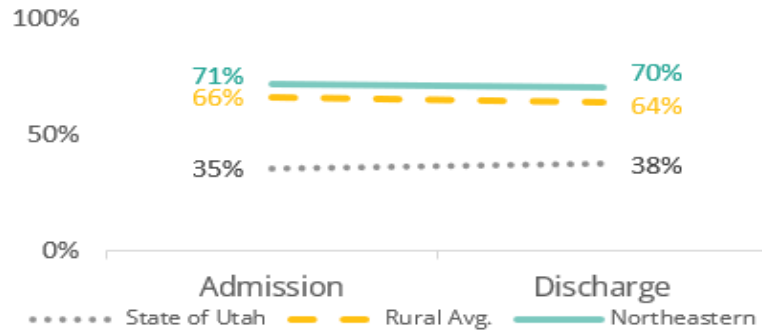


- b) Northeastern had a high percentage of SUD clients using tobacco at admission (71%) and discharge (70%). NCC shared clients often don't report they are using tobacco/nicotine at admission, then will report use during treatment, which shows up as the client increasing tobacco/nicotine use at discharge.

It is recommended that NCC review their data for accuracy and train staff how to engage clients at admission to report tobacco/nicotine use and produce accurate data results. It is also recommended that NCC address high discharge rates with tobacco/nicotine use by addressing this in treatment through various means, such as smoking cessation options, Nicotine Replacement Therapy (NRT), and offering classes like Dimensions for their clients.

**Figure 11. % Using tobacco**

Source: TEDS data, SUD Scorecard



**FY25 Comments:**

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

- a) Only 2% of clients in the served data are from old open admissions (meaning they have not had any reported events in the past year). NCC makes ongoing efforts to ensure they are closing their old open admissions on a regular basis by following up with staff on this.

**Table 2. Northeastern SUD Served**

Source: TEDS data (each client is counted only once)

	FY22	FY23	FY24
Total	637	652	641
Drug Court	32	34	45
MAT (Med. Assisted Tx)	144	143	114
Methadone	11	3	2
Naltrexone	42	48	26
Buprenorphine	93	94	86
Any opioid use	205	216	204
% opioid users receiving MAT	51%	49%	47%
Women	259	260	247
Youth	11	11	33
Justice Referred	238	235	232
Old Open Admissions	11%	1%	2%
Priority Groups			
Pregnant IV Users	3	3	2
Female IV Users	64	57	45
Male IV Users	64	63	59

- b) Northeastern assessed all drug court clients for criminogenic risk and 94% of justice referred clients in FY24. NCC makes ongoing efforts to assess their clients for criminogenic risks to ensure that they are placing them in the appropriate level of care.



**Table 4. Northeastern Criminogenic Risk**  
Source: TEDS data

Justice Referred Adults (non-detox)

	FY22	FY23	FY24
Low risk	25	37	49
Moderate/high risk	107	62	86
Not collected	29	4	9
% not collected	18%	4%	6%

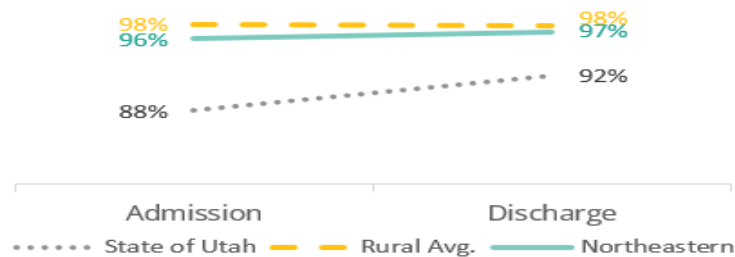
Adult Drug Court

	FY22	FY23	FY24
Low risk	0	3	3
Moderate/high risk	24	14	24
Not collected	2	0	0
% not collected	8%	0%	0%

- c) Stable housing data indicates that housing is stable at both admission (96%) and discharge (97%) in FY24. NCC is invested in providing housing for their clients and partnering with community partners to provide sober living options as well. The men's sober living home is working effectively and there are plans to establish a women's sober living program. NCC provides the residents of these sober living homes with services, which has been a good partnership for NCC and these programs.

**Figure 7. % in Stable Housing**

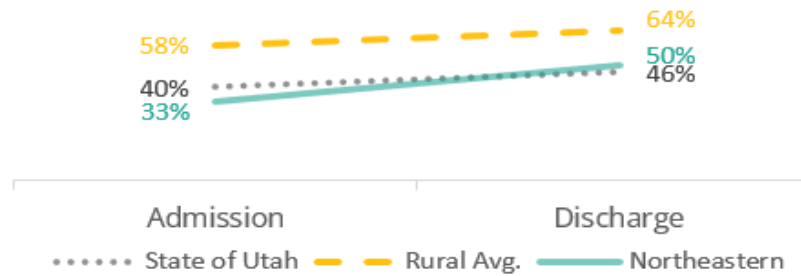
Source: TEDS data, SUD Scorecard



- d) The percentage of SUD clients employed or in school showed improvement from admission (33%) to discharge (50%). NCC is committed to helping their clients with their employment and educational goals through various means. They are also committed to partnering with local colleges, universities, and Workforce Services to provide resources for their clients to help them be successful in school and in their careers.

**Figure 8.** % Employed or in School

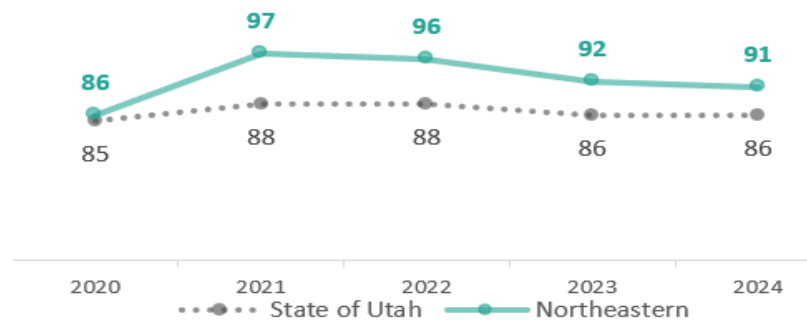
Source: TEDS data, SUD Scorecard



- e) Client Satisfaction is reported to be high (FY24 - 91%) for clients receiving services from NCC. NCC has a small team of professionals that are dedicated to providing quality services for their clients. They also ensure they are providing them with the resources necessary to be successful in treatment and in life.

**Figure 12.** Adult satisfaction with SUD treatment (%)

Source: MHSIP Consumer Satisfaction Survey



## **Section Two: Report Information**

## Background

Section **26B-5-102** outlines duties of SUMH. Paragraph **(2)(c)** states that SUMH 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 SUMH 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 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 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. SUMH is simply making best practice or technical suggestions. 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 the SUMH monitoring teams by the management, staff and other affiliated personnel of Northeastern 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 Kelly J. Ovard  
Administrative Services Auditor IV

Date 05/28/2025

Approved by:

Kyle Larson Kyle Larson  
Administrative Services Director

Date 05/28/2025

Pam Bennett Pam Bennett  
Assistant Director

Date 05/28/2025

Eric Tadehara Eric Tadehara  
Assistant Director

Date 05/28/2025

Brent Kelsey Brent Kelsey  
Director

Date 06/05/2025

## Attachment A

### UTAH OFFICE OF SUBSTANCE USE AND MENTAL HEALTH

#### Emergency Plan Monitoring Tool FY25

**Name of Local Authority:** Northeastern Counseling Center

**Date:** February 25, 2025

**Reviewed by:** Jennifer Hebdon-Seljestad, LCSW  
Geri Jardine

<b>Compliance Ratings</b>				
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). Reviewed annually		X		A place is needed to identify changes to the plan, made by whom, and date of change. Last reviewed/revision date indicated was May 2021
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			NCC has two radios. Both Vernal and Roosevelt participated in all the radio checks this year. Thank you! Participation in the Regional Healthcare Coordination Council is also greatly appreciated.
Procedures that ensure the timely discharge of financial obligations, including payroll.	X			
Procedure for protection of healthcare information systems and networks		X		<b>It is strongly encouraged that NCC develops a plan for their technical networks in case of a cyber attack.</b>
<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 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"> <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.











# Northeastern FY25 Audit Final Report - Google Docs

Final Audit Report

2025-06-05

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