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Date: March 20, 2025

Commissioner Jamie Harvey  
San Juan County Commission  
333 S. Main, #2  
Blanding, UT 84511  
Dear Commissioner Adams:

In accordance with Section Annotated 26B-5-102, the Office of Substance Use and Mental Health has completed its annual review of San Juan 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 disorder treatment, prevention services, and general operations.

The San Juan Counseling Center 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 Center in response to each reported finding, which have been included in the final report. If you have any questions, please contact Kelly Ovard at 385-310-5118

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

Sincerely,

Brent Kelsey (Mar 22, 2025 11:29 MDT)

Brent Kelsey  
Director

Enclosure

cc: Commissioner Silvia Stubbs, San Juan County Commission  
Commissioner Bruce Adams, San Juan County Commission  
Tammy Squires, Director of San Juan Counseling Center



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

Site Monitoring Report of

San Juan Mental Health/ Substance Abuse Special Service District  
DBA San Juan Counseling Center

Local Authority Contract #A03089

Review Date: September 24, 2024

Final Report

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

## Executive Summary

In accordance with Section 26B-5-102, the Office of Substance Use and Mental Health (SUMH) conducted a review of San Juan Counseling Center (SJCC) on September 24, 2024. 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 SJCC'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 the SJCC's 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.

The SJCC is required to respond in writing within 15 business days of this draft report with a plan of action addressing each non-compliance issue and the employee responsible to ensure its completion.

## Summary of Findings

<b>Programs Reviewed</b>	<b>Level of Non-Compliance Issues</b>	<b>Number of Findings</b>	<b>Page(s)</b>
<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 1	11-12
<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	18-19

## **Governance and Fiscal Oversight**

The Office of Substance Use and Mental Health (SUMH) conducted its annual monitoring review of San Juan Counseling Center (SJCC). The Governance and Fiscal Oversight section of the review was conducted on September 24, 2025 by Kelly Ovard, Administrative Services Auditor IV.

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 by the governing board and/or the contracted County. SJCC provided copies of their written procurement and Federal awards policies.

As part of the site visit, SJCC sent several files and explained their process to demonstrate their allocation plan and to justify their billed amounts. The allocation plan is clearly defined and shows how administrative and operational costs are equitably distributed across all cost centers and that the billing costs for services are consistently used throughout the system. SJCC was able to demonstrate how they calculate and justify costs for each funding source.

The CPA firm Smuin, Rich & Marsing completed an independent audit of San Juan Mental Health/Substance Abuse Special Service District for the year ending December 31, 2023. A single audit was not done as SJCC did not receive enough Federal funding to meet the \$750,000 threshold to require a single audit for this year. The auditors issued an opinion in the Independent Auditor's Report dated June 15, 2024 stating; San Juan Mental Health/Substance Abuse Special Service District complied, in all material respects, with the state compliance requirements referred to for the year ended December 31, 2023.

**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:**, SUMH recommends biennial reviews of emergency plans. SUMH also recommends development of a procedure to protect healthcare information systems and networks or include where this procedure is located if it has already been developed. SUMH also recommends participation with the regional healthcare coordination council. **Please review Attachment A.**
- 2) **Commissioners on the Board of Directors:** SUMH recommends It is recommended that at least one county commissioner is assigned to the board and regularly attends meetings There are no current County Commissioners serving on the Board of Directors although there is an occasional attendance by one of the commissioners and the board chair is a former commissioner..
- 3) **Review Unspent Funding:** SUMH recommends that the local authority discuss unspent funds with SJCC to determine where unspent funding can be utilized more effectively in future fiscal years.

Program	Service Code	Awarded Amount	Spent Amount	Unspent Amount
MH	FRF - Family Resource Facilitator (Federal)	\$15,871	\$12,253	\$3,618
	MCV - MCOT Vehicle Costs	\$1,885	\$0	\$1,885
	SPF - Suicide Prevention Firearm Safety	\$40,000	\$15,630	\$24,370
	<b>Total MH</b>	<b>\$57,756</b>	<b>\$27,883</b>	<b>\$29,873</b>
SUD	BJA - BJA Federal Grant	\$16,951	\$12,085	\$4,866
	SOR1 - State Targeted Response	\$7,500	\$0	\$7,500
	SOR2 - State Targeted Response	\$2,500	\$0	\$2,500
	<b>Total SUD</b>	<b>\$26,951</b>	<b>\$12,085</b>	<b>\$14,866</b>



Prevention	None			\$0.00
	Total Unspent	\$84,707	\$39,968	\$44,739
	Grand Total	\$1,725,652	\$1,680,913	\$44,739
Total Spent/Unspent %			97.4%	2.6%

**FY25 Comments:**

- 1) Moving to a services based funding audit vs a payroll/employee funding:** Please continue to provide a spreadsheet for each funding source by employee. Going forward SUMH will need the funding broken out by services as well, as described in the G&O meeting.

## **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 SUMH to measure compliance with this legislative mandate to provide these services to the adults, youth, and children of Utah.

The Office of Substance Use and Mental Health monitoring team conducted its annual monitoring review in person with San Juan Counseling Center (SJCC) on September 24, 2024. The Mental Health section of the review was conducted by Cody Northup, Program Administrator. 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); SUMH Directives; and the Center’s provision of the ten mandated services as required by Section 17-43-301.

## Mental Health Programs

Cody Northup, Program Administrator, conducted the annual monitoring review for mental health programs at Four Corners Community Behavioral Health (FCCBH) on September 24, 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 Directive, and the Center's provision of the ten mandated services as required by Section 17-43-301.

### **Follow-up for Fiscal Year 2024 Audit:**

#### **FY24 Deficiencies:**

##### *Combined Mental Health*

- 1) Outcome Questionnaire (OQ)/Youth Outcome Questionnaire (YOQ):** SJCC has been working on internal processes to ensure compliance and clinical quality related to the OQ/YOQ. At this time, the internal chart review continues to demonstrate low utilization as an intervention; 60% of charts did not demonstrate use of the OQ as a clinical tool. An agency approach is being developed to increase use. This approach includes working with front office staff and clinical staff to ensure completion, and training at the provider level to increase understanding of the OQ/YOQ purpose and role in treatment, in order to change culture related to clinical outcomes.

***This finding has not been completely resolved and has been moved to a Recommendation for the FY25 review. See FY25 Recommendations, Combined Mental Health #1.***

##### *Adult Mental Health*

- 1) Peer Support Services (PSS):** SJCC does not have an adult mental health peer support specialist, although adult services have been provided by the Family Peer Support Specialist on staff. The FY23 Adult Mental Health Scorecard indicates that only 3 adults received mental health PSS from SJCC in FY22 and in FY23. As demonstrated by the rural average in the graph below, PSS dropped statewide during the pandemic. However, these services are not increasing with the end of the public health emergency. It is recommended that SJCC prioritize hiring an adult peer support specialist to provide critical recovery support services to mental health clients.

***This has not been resolved and will remain a Deficiency for the FY25 review. See FY25 Deficiencies, Adult Mental Health #1.***

- 2) Case Management Services (CM):** The FY23 Adult Mental Health Scorecard demonstrates that SJCC has reported a decreasing number of case management services to adult clients each year for the past 5 years. The percentage of clients

receiving CM is also much lower than the rural average (FY23: SJCC-7.8%; Rural average-27.7%). A component of the decrease in CM services offered across the rural LAs is the increased use of case management in mobile crisis outreach teams (MCOT), and documentation of those services as MCOT. However, SJCC is reporting decreases in MCOT services. CM is a mandated service as per Section 17-43-301, and addressing the low level of CM has been a recommendation from SUMH in three of the four previous monitoring reports. SUMH requires that SJCC address this ongoing requirement.

***This finding has not been resolved and has been moved to a Recommendation for the FY25 review. See FY25 Recommendations, Adult Mental Health #1.***

### **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:**

##### ***Adult Mental Health***

- 1) Peer Support Services (PSS) and Family Peer Support Services (FPSS):** PSS was a Deficiency finding in the adult mental health section in the FY24 monitoring report due to SJCC not having a PSS specialist. Since that review, SJCC has not hired a PSS specialist and the FPSS specialist has also left the agency. Therefore, this will remain a Deficiency for FY25. It was reported during this year's on-site visit that SJCC has submitted an ad to fulfill these positions which should be posted imminently. SJCC has identified 3 candidates who have reported they will apply when possible and SJCC intends to hire one of them part time. Further, the new role will be expected to get dual certification in both areas (PSS and FPSS) and will coordinate services with their planned intensive outpatient program which they hope to have running by the beginning of 2025. SUMH recommends that SJCC continue their process of hiring for PSS/FPSS, and work with SUMH for technical assistance throughout the next fiscal year to ensure these services are available to their clients going forward.

## County's Response and Corrective Action Plan:

**Action Plan:** Hire a PSS, train and get them certified

**Timeline for compliance:** Complete as of 3/7/25

**Person responsible for action plan:** Aaron Duke

**Tracked at OSUMH by:** Cody Northup

### FY25 Recommendations:

#### *Combined Mental Health*

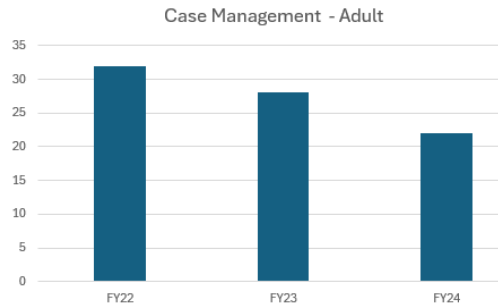
- 1) Outcome Questionnaire (OQ)/Youth Outcome Questionnaire (YOQ):** SJCC and SUMH have been in contact over the course of the year to address the corrective action plan from the previous year's review. SJCC has placed a focus on the OQ/YOQ throughout the year with both increasing the administration and using it as a clinical tool being primary goals. They have implemented more training around the tool, and discussed usage ideas and implementation with another LMHA. SJCC noted their internal monitoring charts demonstrate that the use of the tool is a strength. During the review, the agency discussed specific scores that they watch for and how they are implementing OQ/YOQ results into treatment plans, as well as monitoring for client progress and/or additional areas of need for the client. SUMH would like to recommend that SJCC continue to be intentional with the tool, reinforcing the value of the OQ/YOQ, including further assessment to ensure clients progress.

#### *Children, Youth, and Families*

- 1) Youth Satisfaction Survey (YSS):** According to the FY24 Consumer Satisfaction survey, SJCC has seen a slight decrease in general satisfaction percentage, participation in treatment planning, and positive service outcomes when the youth is the respondent. All three data points are under the FY24 state average and may demonstrate a declining trend. During the on site visit, it was noted that SJCC has seen a number of youth the past year be less interested in engaging in therapy and reporting that they are only there due to the parents' request. SUMH recommends SJCC explore these decreased scores and attempt to identify any opportunities to improve youth satisfaction in services.

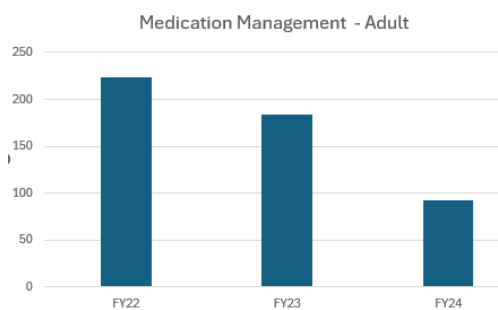
#### *Adult Mental Health*

- 1) Case Management Services (CM):** CM has been cited as a Deficiency during recent years due to a decreasing number of services provided according to adult mental health scorecard data.



SJCC has demonstrated recognition of the need to bolster the service, and has developed a plan to ensure it is being utilized efficiently going forward. During the on-site review, SJCC acknowledged that the case management program was in need of change, including a culture shift, to revitalize the service for their clients. As a result of these concerns and recent changes made to alleviate them, SJCC reported that they are actively searching for somebody to fill the CM supervisor position. Currently, they have posted an ad and once filled, this position will be supervised by a therapist that doesn't have a full clinical schedule or by a member of the mobile crisis outreach team. This new structure will provide the needed training and oversight for the new position. Additionally, SJCC noted that much of their CM services have been tied to their day treatment program in the past and client documentation has been reported under the day treatment coding. With these planned changes, SJCC has been focusing on breaking the documentation of services out more accurately, and expects these changes to positively impact reporting of the services. SUMH would like to recommend a continued targeted focus on case management services, including hiring a CM supervisor, getting that person properly trained in case management, and ensuring this mandated service is being offered to clients.

- 2) Medication Management:** According to FY24 adult mental health scorecard data, medication management services have decreased across the previous two fiscal years.



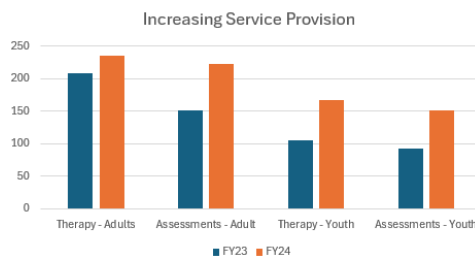
During the review, it was reported that medication management services "haven't recovered" since SJCC lost their psychiatric nurse practitioner a couple of years ago, and that the agency is working with that provider to encourage clients to return and obtain all of their services at one agency instead of medication management at one agency and mental health services at another. It was noted that many clients have been seeing the psychiatric nurse practitioner for years and do not want to move to other providers. It was also noted that SJCC is looking at contracting with a nurse in

the jail going forward, which may provide the community with more opportunities to engage in medication management through SJCC. SUMH acknowledges the community dynamics and relationships involved in the frontier region, and would like to encourage SJCC to continue to assess the needs of the community and provide the services when possible.

## **FY25 Comments:**

### *Combined Mental Health*

- 1) Mobile Crisis Outreach Team (MCOT):** SUMH received a complaint that SJCC was hesitant to send an MCOT team on the Navajo reservation, and instead would ask the client to go to the emergency room (ER) to be seen. Complications regarding service provision included questionable ability to provide transportation on the reservations, apparent need for the person to go to the ER, and safety issues when responding. SUMH has been in discussions with SJCC as well as Indian Health Services (IHS) who provide services to the Navajo Nation. It was suggested that better communication between SJCC and IHS would help address some barriers mentioned. Both agencies could support each other when someone is in crisis, including addressing transportation issues and safety concerns. Additionally, SUMH has asked SJCC to advise DHHS of denials of outreaches to the reservation and the reasons for them. SUMH will continue to work with SJCC to improve crisis responses to the reservation.
- 2) Ongoing Services (Therapy and Assessment):** The FY24 mental health scorecards for both adults and youth indicate significant increases for therapy and assessments compared to prior year scorecard reports. SJCC noted this may be due to their focus on establishing community relationships, continued messaging to decrease the stigma surrounding mental health, and building out services in Monticello a couple of days per week. SUMH commends SJCC on increased service provision to the community.



- 3) Community Partners:** Prior to the on site review, SUMH met with the San Juan Children's Justice Center (CJC). It was reported during this meeting that SJCC and the CJC have a "very positive" working relationship, and that the CJC has been "very impressed" with SJCC's responsiveness and ability to provide the appropriate mental health services needed for their mutual clients. The CJC noted that SJCC participates in all of the multi-disciplinary meetings and case staff meetings, which has been beneficial for both agencies. Both agencies have "linkage agreements" in place for confidentiality concerns.

## Substance Use Disorders Prevention

David Watkins, Program Administrator, conducted the annual prevention review of San Juan Counseling Center (SJCC) on September 24, 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 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:**

- 1) DUGS Data Reporting:** SJCC failed to consistently enter data into the DUGS reporting system within the 45 days as required in the office directives. SUMH reports from the DUGS system show that data was entered on time about 36% of the time. SUMH recommends reviewing data entry processes and developing a plan to ensure timely entry of services.

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

**Action Plan:** DUGS Data will be entered monthly to ensure compliance.

\*All prevention employees turn in their "yellow (DUGS Info) sheets" with their timesheets between the 1st and 3rd day of each month. Data will then be entered by the Prevention Director or staff before the 15th day of that same month.

**Timeline for compliance:** April 1, 2025

**Person responsible for action plan:** Alyn Mitchell

**Tracked at OSUMH by:** David Watkins



## **FY25 Recommendations:**

- 1) Eliminating Alcohol Sales to Youth (EASY) Compliance Checks:** No EASY checks have been completed in San Juan County. SJCC has a plan in place for FY25 to increase county buy-in for completing these checks. SUMH recommends that SJCC implement and refine this plan throughout FY25 as a way to increase completion of EASY checks.
- 2) Logic Models:** Continued work on refining and improving logic models is needed. SJCC should ensure that the Strategic Prevention Framework (SPF) is utilized in the development of all logic models for the area. SJCC should work with the coalition as they develop their logic model to ensure local conditions connect to identify risk/protective factors. The LA should allow for the SPF process to determine prevention strategies.
- 3) Coalitions:** SJCC has identified communities within the county that could house their own coalitions and they have been working to build the capacity of SJCC and the identified communities to establish those coalitions. Moving forward with these community specific coalitions will benefit the overall prevention efforts of SJCC.

## **FY25 Comments:**

- 1) Partnerships and community engagement:** SJCC and the San Juan County Prevention, Action, and Collaboration Coalition (SJCPAC) have done an excellent job at engaging partners in their prevention efforts. They have successfully utilized community events to bring awareness of prevention issues and as a way to disseminate prevention messaging. They have also used partnerships to increase the availability of evidence-based prevention strategies, in particular they have worked well with the San Juan School District on the implementation of the Good Behavior Game, an effective elementary level program for reducing substance use and mental health issues well into the future for youth that receive the program.

## Substance Use Disorders Treatment

Becky King, Program Administrator for Substance Use Disorder Services conducted the monitoring review with San Juan Counseling Center (SJCC) on September 24, 2024. The review focused on compliance with State and Federal laws, SUMH Directives, Federal Substance Abuse Treatment (SAPT) block grant requirements, Justice Services, scorecard performance, and consumer satisfaction. The review included a document review, internal clinical chart review, and an interview with the clinical director and other staff members. Consumer satisfaction and performance were also evaluated using SUMH Outcomes Scorecard, and the Consumer Satisfaction Scorecard.

### Follow-up from Fiscal Year 2024 Audit

#### **FY24 Deficiencies:**

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

- a) 50% Criminogenic Risk Data was not collected for all Justice Referred clients in the FY23, which does not meet SUMH Directives. Division Directives indicate that this measure shall be less than 10%.

39% Criminogenic Risk Data was not collected for all justice referred clients in FY24, which does not meet SUMH Directives. Division Directives indicate that this measure shall be less than 10%.

**39% Criminogenic Risk Data was not collected in FY24**, which does not meet SUMH Directives. The requirement is to collect no less than 10% of Criminogenic Risk Data.

***This issue has not been resolved, which will be addressed in Recommendation #1.***

- b) The number of clients using Social Recovery Support Services decreased at SJCC from 26% in FY22 to 24% in FY23, which does not meet SUMH Directives.

San Juan has a lower percentage of SUD clients using Social Recovery Support Services at discharge (9%) than the state (26%) and rural (20%) averages in FY24. Unlike state and rural averages, use of social recovery support decreased from admission to discharge

***This issue has not been resolved, which will be addressed in Recommendation #2 below.***

- c) SJCC's rate of suicide deaths increased (22/100,00) in 2016 to (25,100,000) in 2020 which is now higher than the state overall.

Suicide deaths in San Juan decreased slightly in 2020 (25/100,000) to (22/100,00) in 2022.

***This issue has been resolved.***

- d) The use of Medication Assisted Treatment (MAT) is low at SJCC (4% for admissions and 7% for all served).

The use of Medication Assisted Treatment (MAT) decreased from 6 clients in FY23 to 4 clients FY24.

***This issue has not been resolved, which will be addressed in Recommendation #3 below.***

- e) There were no decreases in nicotine use from admission to discharge in FY23.

SJCC had a lower percentage of SUD clients using nicotine at both admission and discharge than the state and rural averages. They also had a lower percentage (45%) of SUD clients using nicotine in the past 30 days at discharge (42%) than at admission.

***This issue has been resolved.***

#### **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:**

- 1) **Recovery Support Services:** SJCC has not provided any Recovery Support Services (RSS) in FY24, as observed via data submitted in SAMHIS. The Substance Abuse and Mental Health Services Administration (SAMHSA) requires that RSS data be submitted for providers that intend to use these funds. SUMH provides RSS funds to the LAs to assist them in addressing non-clinical needs prior, during, and after treatment. SJCC reports they haven't been able to use these funds yet, but are

planning to have discussions with their team to find opportunities to use these funds.

It is recommended that the SJCC Administrative Team follow through with discussions with their team to find opportunities to use RSS funds. SUMH can provide support and training on the use of RSS Funds and the RSS Manual upon request.

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

**Action Plan:** Utilize CPSS to offer RSS- SMART recovery and continued movement toward a sober living. IOP program that offers access to RSS services. Training and distribution of Naloxone. Conduct a training on data submission when an RSS service has been rendered.

**Timeline for compliance:** 7/1/25

**Person responsible for action plan:** Aaron Duke

**Tracked at OSUMH by:** Becky King

### **FY25 Recommendations:**

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

- a) 39% Criminogenic Risk Data was not collected for all Justice Involved adults in FY24. The Criminogenic Risk Data Point measures whether the Local Authority is entering the risk scores from the Risk and Needs Triage (RANT) Assessment or the Risk-Need Responsivity Tool (LS/RNR) in SAMHIS to determine the level of risk and need for individuals entering the criminal justice system. SJCC reports that they complete the RANT for all clients, but haven't always entered the Criminogenic Risk Data in SAMHIS. They are planning to work on developing a system to rectify this issue.

It is recommended that SJCC continue with efforts to develop a system to ensure that the Criminogenic Risk Data is being entered in SAMHIS.

**Table 4. San Juan Criminogenic Risk**

Source: TEDS data

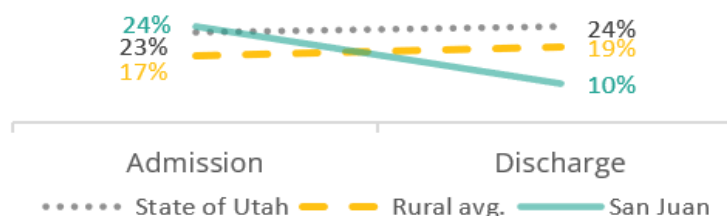
	FY22	FY23	FY24
Justice Referred Adults (non-detox)			
Low risk	5	1	14
Moderate/high risk	17	14	8
Not collected	6	15	14
% not collected	21%	50%	39%
Adult Drug Court			
Low risk	0	0	0
Moderate/high risk	3	3	1
Not collected	0	0	0
% not collected	0%	0%	0%

- b) SJCC has a lower percentage of SUD clients attending Social Recovery Support Services at discharge (9%) than the state (26%) and rural (20%) averages. SJCC's use of social recovery support also decreased from admission to discharge. It is noted that SJCC reports they have a limited number of Social Recovery Support services in their community. SJCC also reports planning efforts to develop options that their clients are more likely to utilize like online 12-step groups, gender specific options, and non-secular recovery groups like SMART Recovery and Life Ring.

It is recommended that SJCC continue with efforts to develop different options for Social Recovery Support Groups for their clients.

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

Source: TEDS data, SUD Scorecard



- c) The number of individuals who utilized Medication Assisted Treatment (MAT) at SJCC was only 4 clients in FY24. The number of clients who identify opioids as a primary, secondary, or tertiary drug of choice was 11 individuals. ***(Please note that last year this was reported as MAT for clients for whom opioids were only a primary drug of choice.)*** SJCC reports that they don't think that their clients are experiencing access issues to MAT services since they offer it

in house and through telehealth; however, there may be some clients that struggle with transportation or financial barriers when trying to access MAT services.

It is recommended that SJCC continue to provide MAT for their clients and assist them in overcoming barriers to accessing these services.

**Table 1. San Juan SUD Admissions (initial and transfer)**

Source: TEDS data (may include duplicated clients admitted more than once)

	FY22	FY23	FY24
Total	43	51	47
Drug Court	3	3	1
MAT (Med. Assisted Tx)	3	2	0
Methadone	0	1	0
Naltrexone	0	0	0
Buprenorphine	3	1	0
Women	15	19	21
Youth	0	3	5
Justice Involved	28	30	36

- d) 9% of clients in the served data are from old open admissions (meaning that SJCC has not reported any events in the past 2 years). SJCC reported that they will look into this issue and ways to close these old open admissions (old charts).

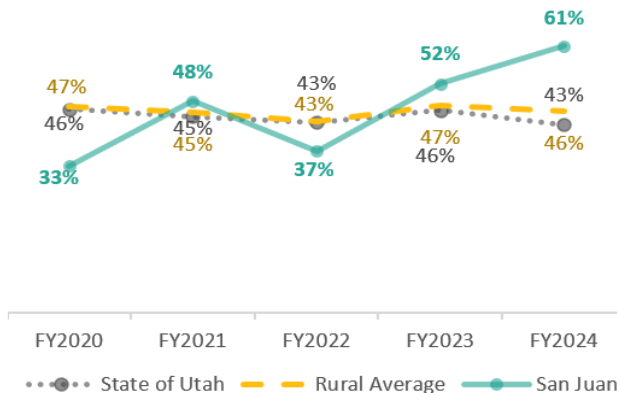
It is recommended that SJCC review their old open admissions and find a way to close these charts.

#### **FY25 Comments:**

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

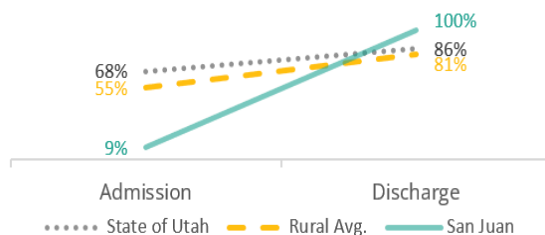
- a) The percentage of clients who successfully completed SUD treatment has increased from FY22 (37%) to FY24 (61%). SJCC reports that they have been more intentional in engaging clients throughout the treatment process, including a focus on following up on treatment goals to ensure clients are successful in their treatment.

**Figure 4.** % of clients successfully completing SUD treatment  
Source: TEDS data, SUD Scorecard

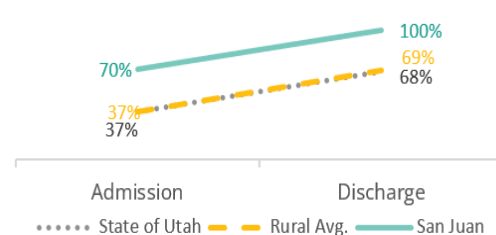


- b) Abstinence from alcohol and drugs was 100% at discharge. SJCC reports they have been successful in helping their clients remain abstinent from alcohol and drugs due to their knowledge and ability to utilize what is available through traditional and non-traditional methods in supporting their clients, including church and family. They also share that they are able to provide individualized attention to the small number of clients they serve.

**Figure 5.** % Abstinent from Alcohol  
Source: TEDS data, SUD Scorecard



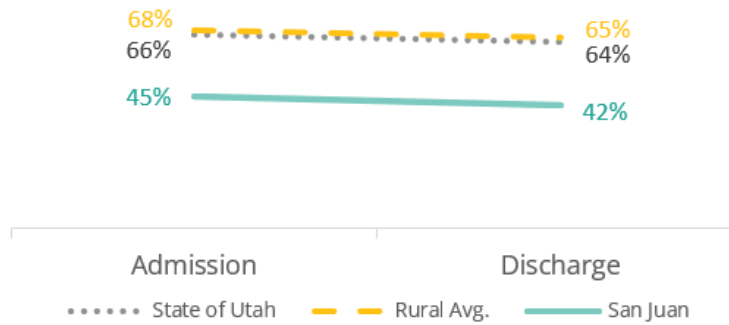
**Figure 6.** % Abstinent from Drugs  
Source: TEDS data, SUD Scorecard



- c) SJCC has a lower percentage of SUD clients using tobacco/nicotine at both admission (45%) and discharge (42%) than the state and rural averages. Nicotine is one of leading causes of long term health conditions, and is an addictive substance that is often ignored that is treatable. SJCC reports that all their assessments have a question about nicotine/tobacco use and it is included as a goal in the Treatment Plan. They also offer tobacco/nicotine cessation resources for all clients, even for those who aren't ready to quit using tobacco/nicotine.

**Figure 11. % Using tobacco**

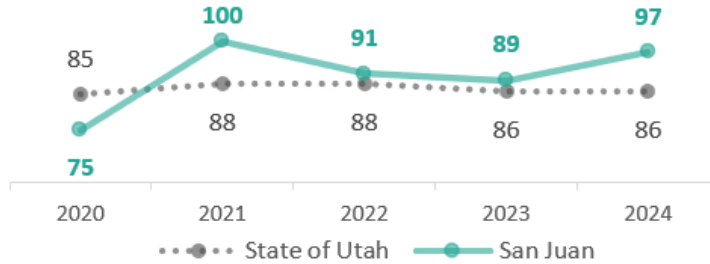
Source: TEDS data, SUD Scorecard



- 2) **Client Satisfaction:** The Consumer Satisfaction Survey shows that general satisfaction with SUD treatment at SJCC since 2021 has been higher than the state average. SJCC reports that they ensure that clients' needs are being met by providing person centered treatment and using evidence-based practice to provide quality services.

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

Source: MHSIP Consumer Satisfaction Survey



- 3) **Community Partnerships:** SJCC has a good relationship with community partners, which has expanded services for their community. Their partners include Utah State University (USU), Health Department, Adult Probation and Parole, the Courts, schools and other programs. They have collaborated with these providers by engaging in various activities, including presenting at events at USU's Wellness Fair. They have also been working closely with the Health Department on joint initiatives and referring clients for medical services as needed. SJCC provides Naloxone to clients and the community to help prevent opioid overdose. SJCC has expanded services in the schools, which has provided more treatment options for children and youth. SJCC's partnerships continue to increase services throughout their community.



## **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 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 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 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.

*Corrective Action Requirements:* It is the responsibility of the Local Authority to develop a corrective action plan sufficient to resolve each of the noncompliance issues identified. These corrective action plans are due within 15 working days of the receipt of this report. SUMH may be relied upon for technical assistance and training and the Local Authority is encouraged to utilize SUMH resources. Each corrective action plan must be approved by SUMH staff and should include a date by which the Local Authority will return to compliance. This completion date and the steps by which the corrective action plan will return the Local Authority to contract compliance must be specific and measurable.

Submit the corrective action plan inside of the provided box after each finding or deficiency. Please do not make any edits outside of these boxes.

*Steps of a Formal Corrective Action Plan:* These steps include a formal Action Plan to be developed, signed and dated by the contractor; acceptance of the Action Plan by SUMH has evidenced by their signature and date; follow-up and verification actions by SUMH and formal written notification of the compliance or non-compliance to the contractor.

*Timeline for the Submission of the Action Plan:* This report will be issued in DRAFT form by SUMH. Upon receipt, the Center will have five business days to examine the report for inaccuracies. During this time frame, SUMH requests that Center management review the report and respond to Chad Carter if any statement or finding included in the report has been inaccurately represented. Upon receipt of any challenges to the accuracy of the report, SUMH will evaluate the finding and issue a revision if warranted.

At the conclusion of this five day time frame, the Center will have 10 additional business days to formulate and submit its corrective action plan(s). These two time deadlines will run consecutively (meaning that within 15 working days of the receipt of this draft report, a corrective action plan is due to SUMH).

The Center's corrective action plan will be incorporated into the body of the report when issued.

## Signature Page

SUMH appreciates the cooperation afforded SUMH monitoring teams by the management, staff and other affiliated personnel of San Juan 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, Administrative Services Auditor IV @ 385-310-5118.

The Office of Substance Use and Mental Health

Prepared by:

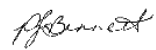
Kelly Ovard   
Administrative Services Auditor IV

Date 03/20/2025


Approved by:

Kyle Larson   
Administrative Services Director


Date 03/20/2025

Pam Bennett   
Assistant Director

Date 03/22/2025

Eric Tadehara   
Eric Tadehara (Mar 20, 2025 11:11 MDT)  
Assistant Director

Date 03/20/2025

Brent Kelsey   
Brent Kelsey (Mar 22, 2025 11:29 MDT)  
Director

Date 03/22/2025

# UTAH OFFICE OF SUBSTANCE USE AND MENTAL HEALTH

## Emergency Plan Monitoring Tool FY25

**Name of Local Authority:** San Juan Counseling Center

**Date:** September 11, 2024

**Reviewed by:** Nichole Cunha, LCSW  
Geri Jardine

<i>Compliance Ratings</i>				
<b>Y = Yes, the Contractor is in compliance with the requirements.</b> <b>P = Partial, the Contractor is in partial compliance with requirements; comments provided as a suggestion to bring into compliance.</b> <b>N = No, the Contractor is not in compliance with the requirements.</b>				
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			Plan has a signature page but is unsigned
Record of changes (indicating dates that reviews/revisions are scheduled/have been made and to which components of the plan)	X			The plan does not indicate review since 2021. It is recommended at least biennial review of this plan be instituted to ensure information is current and accurate.
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			SJCC participated in all radio checks this past year after the radio was replaced. It is strongly recommended SJCC participate in their Regional Healthcare Coalition.
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 SJCC develop a procedure for protection of healthcare information systems 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 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.












# SUMH San Juan FY25 Final Report

Final Audit Report

2025-03-22

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