

Because You Are Worth It!

January 26, 2020

Robin Sulfridge, Western Branch Manager NC Division of Health Service Regulation Mental Health Licensure and Certification Section 2718 Mail Service Center Raleigh, NC 27699-2718

Dear Ms. Sulfridge,

This summary is being submitted on behalf of United Youth Care Services, Inc. MHL#041-1111. The Plan of Correction is generated based on new identified deficiencies by surveyors during the exit interview on 12/31/19. All previous deficencies identified on 08/23/19 were corrected.

- A Type A1 administrative penalty of \$3,000.00 against United Youth Care Services, Inc. for violation of 10A NCAC 27G .0201 Governing Body Policies (V105).
- United Youth Care Services, Inc. adheres to and complies with all of the following statutes: 10 NCAC 27G.201 Governing Body Policies (V.105), 10 NCAC 27G.0203 (b) Competencies of Qualified Professionals and Associate Professionals (V.109); 10 NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (d) (V.112); 10 NCAC27G .0404 Operations During License Renewal Period (V.139); 10 NCAC27G.4402 (e) staff (V.267); 10 NCAC 27G.4403 Operations (b) (d) (e) (g) (V.268); 10 NCAC 27G.4502 (d) staff (V.281)

10A NCAC 27G .0201 GOVERNING BODY POLICIES (V.105)

• To minimize or prevent any future problems of deficiencies in this area, the agency has hired an independent QA/QI Consultant (Marilyn Roberts) to work review, critique and provide oversight of the agencies programmatic performance to make sure applicable standards of practice are consistently met for the past 90 days. The management team works closely with the QA/QI Consultant to ensure the consistent implementation of standards that assure operational and programmatic performance that meet the applicable standards of practice for current staff. Consultation with the independent QA/QI Consultant will continue to occur monthly. Deficiencies identified are within the same time period as the initial investigation and exit interview and not newly developed or



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ongoing deficiencies since the exit interview 08/26/19 which also required a Plan of Protection to be put in place.

10A NCAC 27G .0203 (b) Competencies of Qualified Professionals and Associate Professionals (V.109)

- Based on interview and record review, the facility failed to implement standards that assure operational and programmatic performance that met applicable standards of practice, for 7 of 7 current audited staff (the Clinical Director, Licensed Professional Counselor/Licensed Clinical Addiction Specialist, Licensed Clinical Addiction Specialists (LCAS) #1, LCAS #2, Qualified Professional (QP) #1, QP#2 and QP#3) and 3 of 4 audited Non-Reported staff (Qualified Professional (NRQP) #4, NRQP#6 and NRQP#7) as well as 6 of 6 current audited clients (client #1, client #2, client #3, client #4, client #5 and client #6) and 4 of 7 former audited clients (former client #7, former client #11 and former client #13).
- Based on interview and record review the facility failed to ensure 1 of 7 current audited professional staff (the Clinical Director) demonstrated the knowledge skills and abilities required by the population served.

Corrective Action: United Youth Care Services hire staff who meet the standards outlined in 10A NCAS 27G.0104; 0203; 4402 & 4502. Qualified professionals as specified in 10A NCAC 27G.0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. United Youth Care Services is aware of the importance of staff being able to effectively work with clients served and have the technical knowledge; cultural awareness; analytical skills; decision-making; interpersonal skills; communication skills; and clinical skills to work with the population served. Competency is determined by cumulative knowledge gained through ongoing application and practice and cannot be determined by whether or not a staff can recall the title to a training or all of the content of a training received. Staff will continue to receive supervision, observations of classroom teachings and continued ongoing trainings pertinent to the population served to improve their knowledge and skills while working with the population served. The program requires a clinical supervisor who has the skills necessary to ensure client needs are met throughout treatment. Monthly supervision is provided to Associate Professionals and Qualified Professionals to assist them with improving their understanding of addiction, mental illness and client behaviors, utilize clinical skills learned; improve their culture awareness; improve interpersonal skills; improve analytical skills; improve decision-making; communication skills; and technical knowledge to work with the population served. The QA/QI Consultant will review



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HR files monthly to ensure ongoing training and supervision is occurring monthly and document the findings on the auditing tool.

10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V.112)

- Based on interview and record review, the facility failed to develop and implement the services or strategies to achieve identified client outcomes from their treatment plans, for 6 of 6 current audited clients (client #1, client #2, client #3, client #4, client #5 and client #6) and 1 of 7 former audited clients (former client #8).
- **Finding #3** The CD failed to provide supervision and oversight of QP's and LCAS's carrying out goals and interventions in clients' treatment plans, including case management, referrals and coordinating care with other community providers, in order to meet clients' treatment needs.
- Client #1 denies suffering from depression
- Interview on 12-17-19 with client #6 revealed: he had visited the local public mental health facility in the past ''I haven't been for about a year now.''

Corrective Action:

United Youth Care Services complies with this standard and provides an individualized person centered treatment plan in collaboration with each client served; case management and referrals to appropriate community resources with the written consent of the client. Audited clients 1-6 and former client #8 charts revealed a person centered approach to the client's treatment development based on what the client wanted to work on. Clients cannot be forced to participate in medication management, psychiatric evaluations or accept a diagnosis they have been diagnosed with during the assessment period even though the client reports the symptoms and the need has been identified. Staff are trained on Instructional Elements of Person Centered Planning (to meet the clients where they are) and assist the client in identifying their treatment goals and work with the client on the goals when the client is ready. Clients with co-occurring disorders are the most difficult to work with and require rapport building, continued encouragement/motivation and the staff's ability to meet the clients where they are in their treatment needs. United Youth Care Services staff understand the complexity of these issues and work collaboratively with each other and clinical staff to best meet the clients needs. When goals and expected treatment outcomes are developed in collaboration with the client, it doesn't mean that the client is able or ready to work on ALL goals simultaneously. United Youth Care Services



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adheres to the person-centered treatment model and work with clients on goals they want to work on while providing continuous education about addressing additional identified needs outlined in the treatment plan. ALL staff are aware of and have demonstrated knowledge of understanding through application on how and when to have consent forms completed on behalf of clients. The agency provides coordination of care services for its clients all of the time. The goal of the agency is to empower clients to make phone calls and seek information and resources for themselves. This is done through staff education and motivation which may minimize the need for consent forms. UYCS has medical FNPs who provide basic medical care for the clients entering treatment as part of its move towards integrated care. The agency did not have an in house referral form developed but, As a result of the exit interview with DHSR surveyors, an inhouse coordination of care form will be completed with the client's consent and placed in the client record for review. The Clinical Director is available for ongoing clinical supervision with ALL staff to ensure client needs are met due to the complexity of issues clients present with during treatment. Staff meet frequently with clinical director to explore, review and process information about clients so that appropriate services are provided. To ensure continued individualized treatment planning is occurring and the staff understands the

importance of wording goals simplistically and relevant to the client's identified needs, the agency will have a licensed clinician (Mistor Williams) other than the CD (per surveyor's request) to provide a mini in-service training on competent person-centered goal writing: Keeping it Simple, Measurable, Achievable, Relevant and Time-limited.

- The agency will have a licensed clinician (Mistor Williams) other than the CD (per surveyor's request) provide a mini in-service training on Assessing and Disclosing Client Information to provide Coordination and Care Services as outlined in Standard: 10 NACAC 27G.0205, Records Management & Documentation Manual. To ensure United Youth Care Services and its staff continue to comply with the above standards, The Clinical Director will provide more oversight to ensure follow up on case management, and that it is completed by the staff. The CD will conduct a weekly chart review of 10% of active records to check for completion of assessments and PCPs. The QA/QI Director and QA/QI Consultant will oversee both processes through a quarterly review of 10% of the charts.

- In review of client #1 diagnostic assessment completed on 04-9-19, the licensed professional diagnosed client #1 with Major Depression Disorder based on symptoms client reported he was experiencing for years and that triggered continued drug and alcohol use. Client stated in the assessment that he had not had a prior diagnosis of depression, but he endorsed depression.



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- In review of client #6 clinical record, his diagnostic assessment dated 2-7-19 and 09-23-19 respectively addresses client #6 history and engagement with medication management not only with the local Health Department, but with Monarch and through UYCS as well. Client #6 was in fact addressed by each clinician regarding his needs for medication and he did not want medication at the time which is his right. Client #6 will need continued encouragement and motivation to consider getting back on medications to help minimize his mental health symptoms. However, his continue engagement in the use of drugs and alcohol minimizes the efficacy of any psychotropic medications that could be prescribed.

Outcome: The above mini-inservice trainings were conducted by Mistor Williams on January 2, 2020 and again by Michael Herring, MSW, LCSW, LCAS, CCS on January 9, 2020 to ensure ALL staff received and understood the content.

10A NCAC 27G .4402 (e) staff (V.267); 10A NCAC 27G .4502 (d) staff (V.281)

- Based on records review and interviews, the facility failed to complete required training for each direct care staff that includes Understanding of the Nature of Addiction, the Withdrawal Syndrome, group therapy, family therapy, relapse prevention and other treatment methodologies, for 3 of 7 current audited staff (Licensed Clinical Addiction Specialist (LCAS) #1, Qualified Professional (QP) #2 and QP#3) as well as 2 of 4 audited Non-Reported staff (Qualified Professional (NRQP) #4 and NRQP#6).
- Based on records review and interviews, the facility failed to complete required training for each direct care staff that includes Understanding of the Nature of Addiction, the Withdrawal Syndrome, group therapy, family therapy, relapse prevention and other treatment methodologies, for 4 of 7 current audited staff (Licensed Professional Counselor/Licensed Clinical Addiction Specialist (LPC/LCAS), Licensed Clinical Addiction Specialists (LCAS) #2, Qualified Professional (QP) #1 and QP#3) as well as 1 of 4 audited Non-Reported staff (Qualified Professional (NRQP) #7).
- Finding # 1 The CD was responsible for ensuring all counselling staff and contract staff were trained before the correction date of 9/18/19 at 5:00 pm. The required training was completed on 9/26/19 and did not include all contract staff.



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- The CD previously received a copy of the letter from the Division of Health Service Regulation that indicated the 23 day plan of correction required for cited deficient practice from the 8/26/19 survey.
- Interview on 12/27/19 with the contracted trainer revealed: The trainer had provided some training for the facility but could not remember the dates or find them in his calendar. The trainer requested surveyor give him the dates and type of trainings. The trainer was provided the dates, type of trainings and name of trainings. When the dates were provided by surveyor, the trainer confirmed he provided training on 9-12 -19, 9-13-19 and 9-26-19 and that the name of the training was "Dope on Dope".

The trainer did not identify the training on 9/26/19 named Utilizing CBT (Cognitive Behavioral Therapy.

Corrective Action:

United Youth Care Services followed the standards as outlined in **10A NCAC 27G .4402 & 10A NCAC 27G .4502**. The CD could not fail to ensure the training was applicable and relevant because the surveyor denied CD the ability to assist with the training. The CD received three (3) letters and the statement of deficiencies from DHSR and none of this information indicated the agency had 23 days to have the training completed. The surveyors did not verbally say to the CD that the training had to be completed within 23 days of the exit interview nor was the CD provided the information in writing by anyone. CD asked surveyors where that information could be found in the statutes, but was not provided assistance. CD was confused about why surveor was saying the agency was failed to complete the training in a specified time when the surveyor did not provide the information to CD verbally or in writing at the time before, during or after the exit interview on 08/26/19.

The agency brought this standard into compliance by hiring an exceptionally qualified trainer in the field of mental health and substance abuse (Michael Herring MSW, LCSW, LCAS, CCS). Mr. Herring provides similar trainings throughout the state of NC for numerous agencies and conferences all over the state. ALL staff employed by United Youth Care Services received the training as outlined in the Plan of Protection accepted by the surveyor on 08/26/19. It was outlined in the POP that all trainings would be provided within 30 days of the exit survey, demonstrating the CD was not aware of a 23-Day requirement. The surveyor agreed to this date and did not request the CD or HD to make changes to the POP along with other changes requested to be made. The CD was never notified verbally or in writing that there was a 23-Day requirement to have the training completed. UYCS is in compliance with **10A NCAC 27G .4402 & 10A NCAC 27G .4502.** which states Each SACOT/SAIOP shall have at least one direct care



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staff present in the program who is *trained* in the specified areas. *Trainings* were also completed for ALL identified employees of United Youth Care Services who provided group facilitation, treatment plan development and case management for the clients in SAIOP & SACOT. ALL direct care staff received ALL of the specified trainings to include:

- alcohol and other drugs withdrawal symptoms
- symptoms of secondary complications due to alcoholism and drug addiction
- the nature of addiction
- the withdrawal syndrome and
- relapse prevention

were held on September 12 & 13, 2019. The training in

- group therapy
- family therapy and
- other treatment modalities

were completed on 09/26/19. This brought **ALL** direct care staff up to and above what was required, bringing the agency back into compliance with the required standards. The agency utilizes a contract LPC/LCAS-A to provide mental health counseling to its clients in the SAIOP/SACOT programs. Because she focuses on the clients' mental health and is a contractual dually licensed clinician, the agency did not request that she too. receive the trainings. The agency also acknowledges awareness that some clients receive mental health counseling with other agencies (Monarch, ADS, etc..) and the clinicians there are not required to have the specific trainings. Licensed professionals are responsible for ensuring they receive 40 hours of clinicial training in their respective fields to adhere to compentency requirements. To ensure that all contracted staff regardless of service area are proprerly trained; United Youth Care Services had the contractual staff complete the required trainings online to ensure everyone has been trained.

Licensed Clinical Addiction Specialists (LCAS) #2, Qualified Professional (QP) #1 and QP#3, (Qualified Professional (NRQP) #7) *ALL* received the trainings as outlined above. *The staff* when asked for the specific title and content of the training were unable to do so and therefore, did not receive credit for participating in the training some 4 months ago.

Competency is determined by cumulative knowledge gained through ongoing application and practice and cannot be determined by whether or not a staff can recall the title to a training or all of the content of a training received. Staff will continue to receive supervision, observations of classroom teachings and continued ongoing trainings pertinent to the population served to improve their knowledge and skills while working with the population served.



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To prevent any further occurrences of staff not receiving continuing education in the specific areas outlined, <u>ALL direct care staff will receive the trainings within 30 days of (hire)</u>/ employment at United Youth Care Services. In addition, UYCS will have staff identified in the statement of deficiencies re-trained through Quantum CEUs online on relevant curriculuum as outlined in **10A NCAC 27G .4402 & 10A NCAC 27G .4502 by 02/07/20.** Staff will continue to receive quarterly trainings on MH/SA to continue improving their skills to work with the populations served HR Director will ensure that all newly hired direct care staff and all current direct care staff remain trained in the required areas and a certificate of training completion shall be placed in the staff personnel records. A training checklist will be included in each staff's personnel file documenting trainings required and dates received. The FNP/HR Director will monitor this deficiency monthly. QA/QI Consultant will review HR files quarterly and document compliance.

Michael Herring MSW, LCSW, LCAS, CCS indicated he received a phone call from DHSR staff inquiring if he provided training for UYCS. He states he was in the middle of checking out a patient when he received the call and could not recall the name of the agency or the dates off the top of his head given the training had been completed approximatly four (4) months prior and he completes trainings across the state for several other agencies. He further indicated he requested the DHSR staff to refressh his memory and was told by the DHSR staff that Sandra Grace was the CD. He then stated he remembered that he had done a training for the agency Sandra Grace works for and gave the three dates, as well as the title as Dope On Dope & CBT and Family Dynamics. Mr. Herring stated he wasn't aware that he was going to be quized on the titles, but was simply verify that he actually conducted the trainings and signed the certificates for the staff who participated in the training.

Finding #1 - Clients, including former that were not reported during previous survey Review on 12-17-19 of the client census, revealed the following clients were admitted and receiving services, but not reported to Division of Health Service Regulation Compliance Consultants when requested, for the survey completed 8-26-19: client #1; client #3; client #4; former client #7; former client #10; former client #11 and former client #13. Interview on 12-30-19 with the Clinical Director and the Human Resources Director failed to reveal why the client census was not accurate.

Corrective Action:

Client census consists of active consumers who are currently receiving services and are being billed on. The census report is kept by the Program Director and was provided to the surveyors as it is kept. Client #1; client #3; client #4; former client #7; former client #10; former client #11



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and former client #13 were not currently receiving services are not kept on the same consumer lists as those clients who are being billed on. CD and HD were asked a general question by the surveyor without being given specific names as to who was left off the list. To prevent further discrepancies on the number of clients that are enrolled despite their current status, The Program Director completed a combined client database by January 3, 2020 as outlined in the POP of ALL enrolled UYCS clients readily available for review. The QA/QI Consultant will review the databases monthly to ensure that it remains inclusive of ALL clients.

Finding #2: - Staff not reported to surveyors

Record review and Interview on 12-11-19 with the facility's Human Resource Director (HRD), related to current and former facility staff revealed: the "Employee List United Youth Services" was provided on 12-10-19 that indicated: 13 current staff; 1 former staff. A second "Employee List United Youth Services" was provided by HRD on 12-10-19 that indicated: 17 current staff; 2 former staff; included non-clinical staff: HRD; Receptionist; Quality Assurance/Quality Improvement staff Program Director-the HRD reported the second employee list was complete and accurate. Review of client records from 12-12-19 to 12-17-19 revealed the following staff signing client facility records, who were not included on the HRD's second more completed "Employee List United Youth Services" Non-Reported Qualified Professional : (NRQP) 4; NRQP5; NRQP6; NRQP7.

Corrective Action:

HR Director provided staff names as he documented from his memory and based on staff that were currently providing direct care services to clients at United Youth Care Services. The second list, according to the HR Director was inclusive of administrative staff as well as direct care staff. HRD completed his own database by January 3, 2020 to include both direct care staff, indirect care staff and contractors. The QA/QI Consultant will review the database monthly to ensure that it remains inclusive of ALL staff.

UYCS received a letter from Sandhills indicating the catchment area's need for additional services (MAT and PRTF). The owner designated a staff to contact the MCO to inquire about the PRTF requirements.

10 NCAC27G .0404 Operations During License Renewal Period (V.139) Not informing DHSR of outpatient services.



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Corrective Action: UYCS has been providing SACOT & SAIOP services for many years and has had annual surveys conducted by DHSR during this time. UYCS has never been called out for not notifying DHSR about providing outpatient services because they were already aware. To meet this standard, UYCS will immediately notify DHSR in writing that it has a contract with MCO Sandhills to provided outpatient therapy and a contract with NC Tracks to provide outpatient medical treatment to clients. The clinical director drafted a letter to Stephanie Gilliam to inform her that UYCS has been and is currently providing outpatient services. The letter was mailed certified on December 31, 2019.

Please accept this summary as the deficiency response statement and as our version of the POC. Please contact me if you have any questions or difficulty following the summary.

Respectfully Submitted,

Sandra Grace MAW, LEAW, LEHD, CES-I

Sandra Grace MSW, LCSW, LCAS, CCS-I Unite Youth Care Services, Inc.