Dear Commissioner Lee:

In accordance with Utah Code Annotated 62A-15-103, the Division of Substance Abuse and Mental Health has completed its annual review of Utah County’s Health Department Prevention Services and the final report is enclosed. The scope of the review included fiscal management, substance abuse treatment and prevention services, and general operations.

The center has many strengths; however, this report by its nature focuses on the exceptions and areas in need of improvement. The Division has approved all corrective action plans submitted by the Center/County 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.

We appreciate the cooperation and assistance of the staff and look forward to a continued professional relationship.

Sincerely,

Brent Kelsey
Interim Division Director

Enclosure

cc: Amelia Powers Gardner, Utah County Commissioner
Tom Sakievich, Utah County Commissioner
Rustin Sweat, Utah County Health Department Controller
Heather Lewis, Utah County Prevention Coordinator
Site Monitoring Report of

Utah County Health Department Prevention Services

Local Authority Contract #A03080

Review Date: January 11, 2022

Draft Report
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Section One: Site Monitoring Report
Executive Summary

In accordance with Utah Code Section 62A-15-103, the Division of Substance Abuse and Mental Health (also referred to in this report as DSAMH or the Division) conducted a review of Utah County’s Department of Drug and Alcohol Prevention and Treatment (also referred to in this report as UCaDDAPT or the County) on January 11th, 2022. The focus of the review was on governance and oversight, fiscal management, substance abuse prevention and treatment services and general operations. The Utah County Health Department Prevention Services (UCHDPS) manages the Prevention portion of the SUD program.

The nature of this examination was to evaluate the Center’s compliance with: State policies and procedures incorporated through the contracting process 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.

The Center 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 Center employee responsible to ensure its completion.
### Summary of Findings

<table>
<thead>
<tr>
<th>Programs Reviewed</th>
<th>Level of Non-Compliance Issues</th>
<th>Number of Findings</th>
<th>Page(s)</th>
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<tr>
<td><strong>Governance and Oversight</strong></td>
<td>Major Non-Compliance</td>
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<tr>
<td></td>
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<td></td>
<td>Minor Non-Compliance</td>
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<td></td>
<td>Deficiencies</td>
<td>2</td>
<td>8-9</td>
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<tr>
<td><strong>Substance Abuse Prevention</strong></td>
<td>Major Non-Compliance</td>
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Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review at Utah County’s Health Department of Prevention Services (UCHDPS). The Governance and Fiscal Oversight section of the review was conducted on January 11, 2021 by Kelly Ovard, Financial Services Auditor IV.

A site visit was conducted remotely with the Utah County Health Department as the contracted Local Authority for Utah County for prevention services. Utah County also provided documentation for their annual review of the county’s prevention services. Overall cost per client data was analyzed and compared to the statewide Local Authority average. Personnel files were examined for compliance with state licensing laws and adherence to contractual requirements, as well as the Center’s own policy. Executive travel reimbursements were reviewed to ensure they were appropriate and that no personal benefit was 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, UCHDPS provided backup to support their costs and billed amounts, using rates taken from their Medicaid Cost Report. This report is a cost study conducted by the Local Authority and then reviewed/approved by the Department of Health (DOH), Medicaid Division. This report establishes the center's cost allocation plan as it pertains to overhead/administrative costs and spreads these costs across the Current Procedural Terminology (CPT) billing codes used by the Center that year. This allows the Division 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.

As the Local Authority, UCHDPS received a single audit for Utah County as required. The CPA firm Gilbert & Stewart completed the audit for the year ending December 31, 2020. The auditors issued an unmodified opinion in their report dated June 29, 2021. There were two findings reported and noted below. The Coronavirus Relief Fund (21.019) was reviewed as a major program.
Follow-up from Fiscal Year 2021 Audit:
  No findings for FY21

Findings for Fiscal Year 2022 Audit:

FY22 Major Non-compliance Issues:
  None

FY22 Significant Non-compliance Issues:
  1) **Audit Finding 2020-001**: The county does not have policies and procedures in place to determine and track which subawards are subject to the transparency act. Policies and procedures should be implemented, and training should be conducted to ensure applicable employees are familiar with the Transparency Act requirements to ensure all applicable subawards are accounted for in the FSRS.

  **County’s Response and Corrective Action Plan:**

  **Action Plan**: The Utah County Grants Office has drafted a Federal Awards Policy and Procedures document that has been reviewed and will be presented to the Utah County Board of Commissioners for adoption in the coming weeks. This policy will address the deficiencies noted in the finding referenced above. Once completed and adopted, the Grants Office (with assistance from the Auditors Office and respective department personnel) will provide training for grant managers and county employees who are involved with administering the program. Essential points of training will include the Transparency Act requirements to ensure all applicable subawards are accounted for in the FSRS.

  **Timeline for compliance**: The Federal Awards Policy and Procedures document will be created by June 30, 2022, and will be implemented with the FY23 grant fund awards, beginning July 1, 2022. Noted training will commence soon after adoption.

  **Person responsible for action plan**: Jeremy Walker/Rustin Sweat/Peter Brown

  **Tracked at DSAMH by**: Kelly Ovard

  2) **Audit Finding 2020-002**: The County does not have adequate policies and procedures in place to monitor (audit) a subrecipient’s compliance with applicable federal requirements.

  **County’s Response and Corrective Action Plan:**

  **Action Plan**: The Utah County Grants Office has drafted a Federal Awards Policy and Procedures document that has been reviewed and will be presented to the Utah County Board of Commissioners for adoption in the coming weeks. This policy will address the deficiencies noted in the finding referenced above. Once completed and adopted, the Grants office (with Utah Department of Human Services, Division of Substance Abuse and Mental Health
Utah County’s Health Department Prevention Services
FY2022 Monitoring Report
assistance from the Auditors Office and respective department personnel) will provide training for grant managers and county employees who are involved with administering the program. Essential points of training will include procedures to monitor (audit) a subrecipient’s compliance with applicable federal requirements. Both the Grants Office and the program managers will have roles in monitoring compliance.

**Timeline for compliance:** The Federal Awards Policy and Procedures document will be created by June 30, 2022, and will be implemented with the FY23 grant fund awards, beginning July 1, 2022. Noted training will commence soon after adoption.

**Person responsible for action plan:** Jeremy Walker/Rustin Sweat/Peter Brown

**Tracked at DSAMH by:** Kelly Ovard

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**FY22 Minor Non-compliance Issues:**
None.

**FY22 Deficiencies:**

1) **Conflict of interest form is required to be updated annually (Contract Article 1:13).** There were no conflict of interest or dual employment forms uploaded for the audit for calendar year 2021. These forms should be updated on an annual basis.

**County’s Response and Corrective Action Plan:**

**Action Plan:** Both the Conflict of Interest forms and Dual Employment forms were not accessible for viewing at the time of the site visit. To ensure compliance, the Prevention Program Manager will monitor the completion of forms by each employee and obtain copies which will be uploaded and available for reference.

**Timeline for compliance:** June 30, 2022

**Person responsible for action plan:** Rustin Sweat/Heather Lewis

**Tracked at DSAMH by:** Kelly Ovard

2) **Monitoring of subcontractors (Contract Article 1:16).** It is required in the contract with the Division that all subcontractors be monitored on at least an annual basis. There was no monitoring in place for the subcontractors that the Health Department works with on prevention.

**County’s Response and Corrective Action Plan:**
**Action Plan:** As mentioned above, a Federal Awards Policy & Procedures document is being created by the Program Manager, Auditors, Attorneys and DSAMH staff. This tool will be implemented July 1, 2022 and the Manager will begin audits for subcontractors thereafter, ensuring that each of the grantees is audited one time prior to the Annual Site Review in 2023.

**Timeline for compliance:** By July 1, 2022 the Federal Awards Policy & Procedure document will be created. By December 31, 2022 each Communities That Care coordinator/supervisor and school district representative receiving contract funds will receive an audit by the Program Manager.

**Person responsible for action plan: Heather Lewis**

Tracked at DSAMH by: Kelly Ovard

**FY22 Recommendations:**

None

**FY22 Division Comments:**

1) Thanks to Rustin Sweat and Heather Lewis at the County Health Department for their help and cooperation with the audit. Thanks to Larry Kettenring at Utah County for helping to resolve the I9 issues.
Substance Use Disorders Prevention

Becky King, Program Administrator, conducted the annual prevention review for Utah County’s Department of Prevention Services (UCHDPS) on January 11, 2021. The review was conducted with the Utah County Health Department Prevention Services (UCHDPS) as they now administer the prevention program and focused on the requirements found in State and Federal law, Division Directives and contracts. In addition, the reviews evaluated the services described in the annual prevention area plan and evaluated the data used to establish prevention priorities.

Follow-up from Fiscal Year 2021 Audit

1) The EASY Compliance Checks decreased from 340 to 117 from the FY19 to FY20 respectively, which does not meet Division Directives. LSAA’s are required to increase their EASY Compliance Checks by one check each year.

   a) The EASY Compliance Checks decreased from 117 to 0 from FY20 to FY21 respectively, which does not meet Division Directives.

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

Findings for Fiscal Year 2022 Audit

FY22 Major Non-compliance Issues:
None

FY22 Significant Non-compliance Issues:
None

FY22 Minor Non-compliance Issues:
None

FY22 Deficiencies:
None

FY22 Recommendations:

1) The EASY Compliance Checks decreased from 117 to 0 from the FY20 to FY21 respectively, which does not meet Division Directives. LSAA’s are required to increase their EASY Compliance Checks by at least one check each year.
FY22 Division Comments:

1) **Increased Capacity:** Utah County has increased coalition capacity over the last few years by bringing American Fork and Pleasant Grove on board with a Communities that Care (CTC) coalition serving those cities. Each coordinator is provided the opportunity to attend any local, state and national training opportunities. Staff attended the training opportunities through the Community Anti-Drug Coalitions of America (CADCA), National Prevention Network (NPN), Utah Prevention Coalition (UPCA) and Fall Conference this fiscal year. Student Health and Risk Prevention (SHARP) data training was provided to coalition members and staff after data was released. Each month the coordinator thinks of small training tips to share with board members to keep everyone up to date with the newest and most important information.

2) **Reducing Alcohol Use:** Utah County reports that the most impactful mechanism for prevention of underage drinking continues to be policy advocacy and the Parents Empowered campaign. Classrooms are providing Social/Emotional Learning Contacts, Mindfulness and Botvin Life Skills classes in schools across the state. These opportunities contribute to positive outcomes such as emotional regulation, refusal of offers to use drugs, increasing self-esteem and various other skills.

3) **Cannabis Prevention Campaign:** The Utah County SUD Prevention Team is collaborating with other Local Health Authorities to create a cannabis prevention campaign, since medical cannabis is legal and there is no messaging currently available. This campaign is focusing on increasing awareness of the dangers of cannabis use on the youth brain. Utah County has formed a workgroup with other prevention coordinators across the state to determine how to address cannabis issues in Utah. They have a planning meeting this Friday to obtain initial outcome data regarding their efforts. Utah County shared that this has been a great opportunity as a State to work together on something that has never been done before.
Section Two: Report Information
Background

Utah Code Section 62A-15-103 outlines duties of the Division of Substance Abuse and Mental Health. Paragraph (2)(c) states that the Division 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 division 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 division to be necessary and appropriate.
Non-Compliance Issues, Action Plans and Timelines

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

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

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

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

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

A **deficiency** results when the contractor is not in full compliance, but the deficiency discovered is not severe enough to require a formal action plan. However, the monitoring team may request action to fix the problem by a given date.
A **recommendation** occurs when the contractor is in compliance. The Division 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. The Division of Substance Abuse and Mental Health may be relied upon for technical assistance and training and the Local Authority is encouraged to utilize Division resources. Each corrective action plan must be approved by Division 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.

Please submit the corrective action plan in a word processing format. This will enable the Division staff to insert your plan into this document prior to issuing the final report.

**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 the Division as evidenced by their signature and date; follow-up and verification actions by the Division 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 the Division of Substance Abuse and Mental Health. Upon receipt, the Center will have five business days to examine the report for inaccuracies. During this time frame, the Division requests that Center management review the report and respond to Kelly Ovard if any statement or finding included in the report has been inaccurately represented. Upon receipt of any challenges to the accuracy of the report, the Division 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 the Division of Substance Abuse and Mental Health).

The Center’s corrective action plan will be incorporated into the body of the report when issued.
We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Utah County’s Department of Prevention Services 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 Division of Substance Abuse and Mental Health

Prepared by:
Kelly Ovard  _______________________
Auditor IV    
Date _________________

Approved by:
Kyle Larson    ______________________
Administrative Services Director    
Date 02/14/2022

Brent Kelsey    ______________________
Assistant Director Substance Abuse
Interim Division Director    
Date 02/14/2022