



## State of Utah

SPENCER J. COX  
*Governor*

DEIDRE M. HENDERSON  
*Lieutenant Governor*

## Department of Health & Human Services

TRACY S. GRUBER  
*Executive Director*

NATE CHECKETTS  
*Deputy Director*

DR. MICHELLE HOFMANN  
*Executive Medical Director*

DAVID LITVACK  
*Deputy Director*

NATE WINTERS  
*Deputy Director*

Date: November 20, 2023

David Zook

Cache County Executive

199 North Main

Logan, UT 84321

Dear Mr. Zook:

In accordance with Utah Code Annotated 26B-5-102, the Office of Substance Abuse and Mental Health has completed its annual review of Cache County (District 1 Mental Health Authority) and Bear River Mental Health, its contracted service provider; the final report is enclosed. The scope of the review included fiscal management, children, youth, family and adult mental health 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 Office 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 (Nov 21, 2023 08:26 MST)

Brent Kelsey  
Office Director

Enclosure

cc: Lee Perry, Box Elder County Commission  
Bill Cox, Rich County Commission  
Beth Smith, Director, Bear River Mental Health



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

Site Monitoring Report of

Cache County - District 1 Mental Health Authority and  
Bear River Mental Health

Local Authority Contract #A03079

Review Date: November 15, 2023

Final Report

## Table of Contents

<b>Section One: Site Monitoring Report</b>	3
Executive Summary	4
Summary of Findings	5
Governance and Fiscal Oversight	6
Mental Health Mandated Services	8
Combined Mental Health Programs	9
Child, Youth and Family Mental Health	11
Adult Mental Health	13
<b>Section Two: Report Information</b>	15
Background	16
Signature Page	19
Attachment A	20

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

## Executive Summary

In accordance with Utah Code Section 26B-5-102, the Office of Substance Abuse and Mental Health (also referred to in this report as OSUMH or the Office) conducted a review of Cache County (District 1 Mental Health Authority) and its contracted service provider, Bear River Mental Health (also referred to in this report as BRMH or the Center) on November 15, 2023. The focus of the review was on governance and oversight, fiscal management, pediatric and adult mental health services, and general operations.

The nature of this examination was to evaluate the Center's compliance with: State policies and procedures incorporated through the contracting process; State mandated mental health services; and Preferred Practice Guidelines. During the examination, the review teams evaluated: the reliability and integrity of the Center's data and its compliance with established programmatic and operational objectives. Additionally, the review included an examination, through sampling, of the Center's efficient and appropriate use of financial resources.

Any program or operational inadequacies are identified in this report as non-compliance issues. The chart on the following page provides a quick reference to locate any non-compliance issues identified by the monitoring team. A detailed description of the issues can be found in the body of this report.

.

## Summary of Findings

Programs Reviewed	Level of Non-Compliance Issues	Number of Findings	Page(s)
<b><i>Governance and Oversight</i></b>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<b><i>Combined Mental Health Programs</i></b>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<b><i>Child, Youth &amp; Family Mental Health</i></b>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<b><i>Adult Mental Health</i></b>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	

## **Governance and Fiscal Oversight**

The OSUMH conducted its annual monitoring review of the Local Authority, Cache County, and its contracted service provider, BRMH. The Governance and Fiscal Oversight section of the review was conducted on November 15, 2023 by Kelly Ovard, Administrative Services Auditor IV.

The site review was conducted in person. BRMH is the mental health contracted service provider for Cache, Box Elder and Rich Counties. Files from BRMH and Cache County were uploaded and reviewed. 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. Executive travel reimbursements were reviewed to ensure they were appropriate and that no personal benefit has been gained. Board minutes were reviewed and discussions were conducted to determine if an appropriate level of involvement and financial oversight was provided.

As part of the remote review, BRMH provided backup to support their costs and billed amounts, using rates taken from their Medicaid Cost Report. This report establishes the center's cost allocation plan as it pertains to overhead/administrative costs and spreads these costs across the Current Procedural Terminology (CPT) billing codes used by the Center that year. This allows the Office 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.

Cache County's contracted service provider, Bear River Mental Health, did not meet the threshold to require a single audit; but did receive an independent financial statement audit, which was reviewed. The firm Carver, Florek & James, CPA's completed the audit for the year ending June 30, 2022 and also looked at some specific items at the request of the Office. The auditors issued an unmodified opinion in their report dated December 12, 2022. No findings or deficiencies were reported. The audit for the year ending June 30, 2023 is still in progress due to issues with Medicaid and PRISM. This report will be uploaded in December when it is completed.

**Follow-up from Fiscal Year 2023 Audit:**

***There were no findings in FY23.***

**Findings for Fiscal Year 2024 Audit:**

**FY24 Major Non-compliance Issues:**

None

**FY24 Significant Non-compliance Issues:**

None

**FY24 Minor Non-compliance Issues:**

None

**FY24 Deficiencies:**

None

**FY24 Recommendations:**

- 1) Please upload your FY23 Financial Audit Documents once they are approved by your board.
- 2) Emergency/Disaster Plan: Thank you for the provision of your plan and providing the attached documents.
  - a) We appreciate your consistent participation in the 800 MHz radio checks in Logan. Box Elder County has participated in the past two checks and Tremonton has yet to participate. Please remember that this is a requirement that all areas participate. It is strongly encouraged that all counties participate in these calls as well as participation in the Regional Healthcare Coalition if not currently attending.
  - b) We also highly recommend development of a procedure to protect your healthcare information system and networks (i.e., ransomware attack) or include where this procedure is located if it has already been developed as this item was not addressed this year.
  - c) We also would encourage you to participate with their regional healthcare coordination council, contact information attached.

**FY23 Office Comments:**

- 1) A big thank you to Beth, Rob, and Tim for the timely upload of documents and for your robust comments and recommendations in your opening meeting. Your support is greatly appreciated!



## Mental Health Mandated Services

According to Utah Code 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 the Office a plan approved by the county legislative body for mental health funding and service delivery, either directly by the local mental health authority or by contract.” This annual area plan provides the state Office of Substance Use and Mental Health with a measuring tool against which the local authority is measured during the annual monitoring site review.

A major focus of the monitoring efforts of the Office of Substance Abuse and Mental Health is to measure compliance with this legislative mandate to provide these services to the adults, youth, and children of Utah.

## Combined Mental Health Programs

The Office of Substance Use and Mental Health (SUMH) conducted its annual monitoring review at Bear River Mental Health (BRMH) on November 15, 2023. The monitoring team consisted of Leah Colburn, Program Administrator; Pam Bennett, Assistant Director; and Heather Rydalch, Peer Support Program Manager. 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 FY23 Monitoring Report; statistics, including the mental health scorecard; area plans; adult and youth outcome questionnaires (OQs/YOQs); Office Directives, and the Center's provision of the ten mandated services as required by Utah Code 17-43-301.

### **Follow-up from Fiscal Year 2023 Audit:**

*There were no findings for FY23.*

### **Findings for Fiscal Year 2024 Audit**

#### **FY24 Major Non-compliance Issues:**

None

#### **FY24 Significant Non-compliance Issues:**

None

#### **FY24 Minor Non-compliance Issues:**

None

#### **FY24 Deficiencies:**

None

#### **FY24 Recommendations:**

- 1) Internal Peer Review of Documentation:** SUMH recommends the addition of mandatory reporting to the audit tool used for peer-to-peer chart review. In addition, when reviewing audit results, BRMH should consider addressing documentation for children and adults separately for potential trends and opportunities for staff training.

#### **FY24 Office Comments:**

- 1) Robust Group List:** BRMH has a wide array of groups that are offered to adults, youth and children. Groups are offered as a service option for individuals who desire services more often than individual therapy. Efforts have been made to offer groups to support marginalized populations, including groups in Spanish, LGBTQ+ groups, trauma-informed modalities, and women's empowerment groups for those who are incarcerated. The ability to provide mental health and skills based groups

helps to increase client engagement and, for many, support mental health outcomes.

- 2) Crisis Services:** Mobile crisis outreach teams (MCOT) are an effective method of managing crisis in the community and diverting individuals from emergency room care. The FY23 Mental Health scorecards demonstrate that BRMH has responded to a dramatic increase in the number of MCOT services. Stabilization and mobile response is well-established and offers crisis and support services to children, youth and families.
- 3) Intellectual and Developmental Disability/Mental Health (IDD/MH):** SUMH commends the BRMH IDD/MH liaison for active engagement with quarterly state-wide meetings. SUMH appreciates BRMH's continued engagement with agency initiatives over the past 5 years to support this extremely vulnerable population.
- 4) Professional Development:** BRMH has developed a "Lunch and Learn" series for their providers to allow for agency wide learning opportunities. These learning opportunities create an opportunity for clinical teams to share best practices for clinical care with colleagues, and help develop a sense of clinical proactive community within the agency.

# Child, Youth and Family Mental Health

## Follow-up from Fiscal Year 2023 Audit

*There were no findings in FY23*

## Findings for Fiscal Year 2024 Audit

### **FY24 Major Non-compliance Issues:**

None

### **FY24 Significant Non-compliance Issues:**

None

### **FY24 Minor Non-compliance Issues:**

None

### **FY24 Deficiencies:**

None

### **FY24 Recommendations:**

- 1) **Child System Community Partnerships:** While BRMH does have good child system community partnership, it is recommended that the agency work to insure that that all partners across child serving agencies in their communities have a clear understanding of the continuum of services BRMH provides, how to access these services, and how to effectively partner with the agency to support children and family mental health needs. It is particularly important for ongoing community education as many child serving agencies have employee turnover.

### **FY24 Office Comments:**

- 1) **Respite:** BRMH has experienced a gradual increase in the number of clients who have received a respite service since 2021 (FY21: 22; FY22: 41; FY23:52). Respite is an important service which affords caretakers temporary relief from the stresses of caring for their child with significant mental health needs. SUMH appreciates BRMH prioritization of this valuable service within the organization, for the youth and families they serve.
- 2) **Family Peer Support Services (FPSS):** The FY23 Scorecard indicates that BRMH saw an increase in FPSS provided (FY22:9; FY23:14). BRMH reports that they were able to hire a part time FPSS and are working to ensure that clinical teams have clear pathways to identify families who would benefit from this service. SUMH encourages BRMH to continue to find opportunities to expand access to this vital service. SUMH is available for technical assistance as requested to support these efforts.

**3) School-Based Behavioral Health (SBBH):** BRMH has continued their investment in SBBH services across their multi-county catchment area. Over FY23, BRMH reviewed their approach to SBBH services to increase opportunities for greater family involvement in treatment services. This review has resulted in transitioning many of the school referrals for clinical treatment services into their outpatient clinics to support scheduling with the primary caregivers. BRMH continues to have a presence in school with both clinical mental health therapists and case managers (integrated care specialists) to support on-site school behavioral health needs. BRMH continues to be heavily involved within school communities to support mental health screening events with the local education agencies in their catchment.

# Adult Mental Health

## Follow-up from Fiscal Year 2023 Audit

*There were no findings in FY23*

## Findings for Fiscal Year 2024 Audit

### **FY24 Major Non-compliance Issues:**

None

### **FY24 Significant Non-compliance Issues:**

None

### **FY24 Minor Non-compliance Issues:**

None

### **FY24 Deficiencies:**

None

### **FY24 Recommendations:**

- 1) **Peer Support Services (PSS):** The FY23 Adult Mental Health scorecard indicates that BRMH is providing significantly fewer PSS when compared to other rural Local Authorities (BRMH: 2.3%; Rural: 4.3%). BRMH has hired a new PSS specialist and has PSS attending meetings to increase clinician referrals. OSUMH recommends that BRMH continue to track this trend as they implement these strategies.

### **FY24 Office Comments:**

- 1) **Services for Incarcerated Individuals:** BRMH has made a significant staff investment for service provision to individuals in the local jails. This includes both clinical and integrated care specialists, and includes therapeutic, support and crisis services. A review on recidivism is upcoming and will be an important indicator of the effectiveness of the programming.
- 2) **Receiving Center:** BRMH has recently received funding to develop a no-refusal receiving center. Purchase of land and design of the facility are actively being pursued. The agency is also working diligently with partners to educate the community and address stigma that is impacting understanding and acceptance. When completed, the receiving center will provide a critical resource and will strengthen the collaborative relationship between BRMH, law enforcement, and other community partners.
- 3) **Peer Support Services:** BRMH Heather Rydalch, Peer Support Program Manager, met with the 3 Peer Support Specialists (PSS) that included 1 Part time Certified Peer Support Specialist (CPSS), 1 Family Peer Support Specialist (FPSS), and 1 CPSS/FPSS. PSS said that *"Peer Support (PS) is meeting the clients where they are and holding their hand until they feel comfortable."* *"Sustained recovery is more attainable if their care*

*plan includes PS.” “PS has prevented hospitalization and brings comfort to those that are receiving PS services.” All 3 PSS have expressed interest in getting more support in their role as a PSS at their agency.*

- 4) Participant Feedback:** Heather Rydalch, Peer Support Program Manager, attended the Peer Group on Wednesday, November 15, 2023. Many of the clients have been coming to BRMH for several years, and they had positive feedback regarding the group. One member said *“Everyone feels comfortable coming to the Peer Group.”* Other comments included *“every day is a good day”* and *“we inspire each other.”*

## **Section Two: Report Information**



## Background

Utah Code Section 26B-5-102 outlines duties of the Office of Substance Abuse and Mental Health. Section 2(c) states that the Office 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 Office 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 the services rendered and outcomes reported by them or their contract providers,
- Each local substance abuse authority and each mental health authority is exercising sufficient oversight and control over public funds allocated for substance abuse and mental health programs and services, and
- Other items determined by the Office to be necessary and appropriate.

## Non-Compliance Issues, Action Plans and Timelines

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

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

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

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

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

A **deficiency** results when the contractor is not in full compliance, but the deficiency discovered is not severe enough to 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 Office is simply making a best practice or technical suggestions. The contractor is encouraged to implement the suggestion but not required.

In rare instances, a non-compliance issue from a previous year may continue unresolved at the time of the monitoring site visit. A recurring non-compliance issue will be prominently displayed in the current monitoring report and will require special attention by the Local Authority to ensure its immediate resolution.

## Signature Page

We appreciate the cooperation afforded the Office monitoring teams by the management, staff and other affiliated personnel of Cache County (District 1 Mental Health Authority – Bear River Mental Health) and for the professional manner in which they participated in this review.

If there are any questions regarding this report please contact Kelly Ovard at 385-310-5118.

The Office of Substance Abuse and Mental Health

Prepared by:

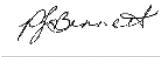
Kelly Ovard   
Administrative Services Auditor IV

Date 11/20/2023

Approved by:

Kyle Larson   
Administrative Services Director

Date 11/27/2023

Pam Bennett   
Assistant Director

Date 11/21/2023

Brent Kelsey   
Brent Kelsey (Nov 21, 2023 08:26 MST)  
Office Director

Date 11/21/2023

## Attachment A

### UTAH OFFICE OF SUBSTANCE USE AND MENTAL HEALTH

#### Emergency Plan Monitoring Tool FY24

**Name of Local Authority:** Bear River Mental Health

**Date:** November 8, 2023

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

<b>Compliance Ratings</b>				
Y = Yes, the Contractor is in compliance with the requirements.				
P = Partial, the Contractor is in partial compliance with requirements; comments provided as a suggestion to bring into compliance.				
N = No, the Contractor is not in compliance with the requirements.				
Monitoring Activity	Compliance			Comments
	Y	P	N	
<b>Preface</b>				
Cover page (title, date, and facility covered by the plan)	X			
Confirmation of the plan's official status (i.e., signature page, date approved)	X			
Record of changes (indicating dates that reviews/revisions are scheduled/have been made and to which components of the plan)	X			
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)		X		BRMH has three 800MHz radios. During this past year Logan has participated in every check. Box Elder has participated in the past two checks and Tremonton has yet to participate. It is strongly encouraged that all counties participate in these calls as well as participation in the Regional Healthcare Coalition if not currently attending.
Procedures that ensure the timely discharge of financial obligations, including payroll.	X			
Procedure for protection of healthcare information systems and networks	X			
<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			

We are happy to provide technical assistance as needed.











# OSUMH Cache Co\_BRMH FY24 Final Report - Google Docs

Final Audit Report

2023-11-27

Created:	2023-11-21
By:	Kelly Ovard (kovard@utah.gov)
Status:	Signed
Transaction ID:	CBJCHBCAABAAepqdaiRihnbIXVIXB1HgmBqcsrYlp_IJ

## "OSUMH Cache Co\_BRMH FY24 Final Report - Google Docs" History


-  Document created by Kelly Ovard (kovard@utah.gov)  
2023-11-21 - 5:04:28 AM GMT
-  Document emailed to Kelly Ovard (kovard@utah.gov) for signature  
2023-11-21 - 5:07:00 AM GMT
-  Document emailed to Kyle Larson (kblarson@utah.gov) for signature  
2023-11-21 - 5:07:01 AM GMT
-  Document emailed to Pamela Bennett (pbennett1@utah.gov) for signature  
2023-11-21 - 5:07:01 AM GMT
-  Document emailed to Brent Kelsey (bkelsey@utah.gov) for signature  
2023-11-21 - 5:07:01 AM GMT
-  Email viewed by Pamela Bennett (pbennett1@utah.gov)  
2023-11-21 - 5:07:08 AM GMT
-  Document e-signed by Kelly Ovard (kovard@utah.gov)  
Signature Date: 2023-11-21 - 5:07:19 AM GMT - Time Source: server
-  Document e-signed by Pamela Bennett (pbennett1@utah.gov)  
Signature Date: 2023-11-21 - 2:55:19 PM GMT - Time Source: server
-  Email viewed by Brent Kelsey (bkelsey@utah.gov)  
2023-11-21 - 3:25:37 PM GMT
-  Document e-signed by Brent Kelsey (bkelsey@utah.gov)  
Signature Date: 2023-11-21 - 3:26:07 PM GMT - Time Source: server

 Email viewed by Kyle Larson (kblarson@utah.gov)

2023-11-27 - 12:55:43 PM GMT

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

Signature Date: 2023-11-27 - 12:56:00 PM GMT - Time Source: server

 Agreement completed.

2023-11-27 - 12:56:00 PM GMT