



## State of Utah

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## Department of Health & Human Services

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NATE CHECKETTS  
*Deputy Director*

DR. MICHELLE HOFMANN  
*Executive Medical Director*

DAVID LITVACK  
*Deputy Director*

NATE WINTERS  
*Deputy Director*

Date: December 30, 2024

Shayne Scott

County Manager

60 North Main

Coalville, Utah 84017

Dear Mr. Scott:

In accordance with Section 26B-5-102, the Office of Substance Use and Mental Health has completed its annual review of the contracted Local Authority, Summit County, and its contracted service provider Healthy U, during the review period for FY24; the final report is enclosed. The scope of the review included fiscal management, children, youth, family and adult mental health services, substance abuse treatment and prevention services, and general operations.

The Local Authority (LA) 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 LA/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 (Dec 30, 2024 15:45 MST)

Brent Kelsey  
Director

Enclosure

cc: Aaron Newman, Director of Behavioral Health, Summit County Health Department  
Nelson Clayton Behavioral Health Programs Manager, Healthy U Behavioral



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

Site Monitoring Report of

Summit County

Local Authority Contract # A03090

Review Date: April 23, 2024

Draft Report

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

## Executive Summary

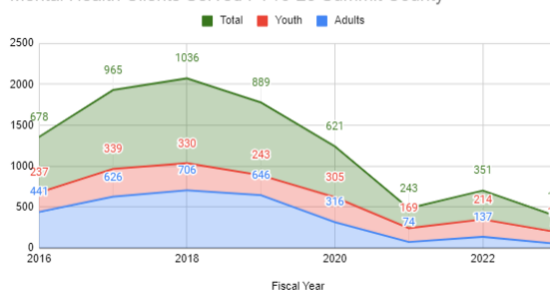
In accordance with Section 26B-5-102, the Office of Substance Use and Mental Health (also referred to in this report as SUMH or the Office) conducted a review of the Local Authority, Summit County, (also referred to in this report as the County). The official date of the review was April 23, 2024. The 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 Local Authorities (LA) 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 LA's data and its compliance with established programmatic and operational objectives. Additionally, the review included an examination, through sampling, of the LA's efficient and appropriate use of financial resources.

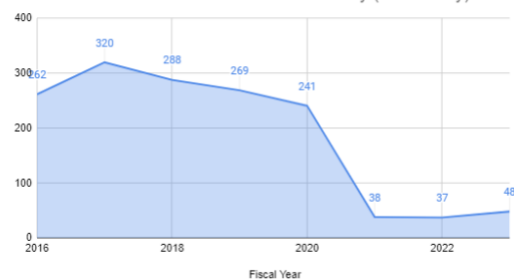
Any program or operational inadequacies are identified in this report as non-compliance issues. The chart on the following page provides a quick reference to locate any non-compliance issues identified by the monitoring team. A detailed description of the issues can be found in the body of this report.

A particular ongoing system concern that has been identified in multiple monitoring reports of Summit County is the declining number of clients served within the county:

Mental Health Clients Served FY16-23 Summit County



SUD Clients Served FY16-23 Summit County (Adults Only)



According to Subsections 17-43-201(4) and 17-43-301(5), *“each local authority is accountable to the department and state with regard to the use of state and federal funds, regardless of whether the services are provided by a private contract provider”*. Each local authority shall also comply with all directives issued by the department regarding the use of state and federal funds. Office Directives H.ii.a. indicate that service data is required for all clients receiving treatment and services regardless of who is providing the service or where the service is provided.

## 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 2	12-18
<b><i>Combined Mental Health Programs</i></b>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None 4 1 None	23-28 28-30
<b><i>Child, Youth &amp; Family Mental Health</i></b>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None 4 1 None	33-37 37-38
<b><i>Adult Mental Health</i></b>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None 2 1 1	40-42 42-43 43-44
<b><i>Substance Use Disorders Prevention</i></b>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<b><i>Substance Use Disorders Treatment</i></b>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None 1 3 2	47-50 51-53 53-54

## **Governance and Fiscal Oversight**

The Office of Substance Use and Mental Health (SUMH) conducted its annual monitoring review of Summit County, the Local Authority(LA). The Governance and Fiscal Oversight section of the review was conducted on April 23, 2024 by Kelly Ovard, Financial Services Auditor IV. Overall cost per client data was analyzed and compared to the statewide LA average. State licensing and subcontractor files were examined for compliance with state licensing laws and adherence to contractual requirements, as well as the LA's own policy. Client fees were reviewed for consistency and adherence to approved fee schedules. Employee travel reimbursements were reviewed to ensure they were appropriate and that no personal benefit has been gained. Meeting 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 County.

As part of the site visit, Summit County provided backup from their subcontractors to support their costs and billed amounts, using rates taken from their Medicaid Cost Report. This report establishes the LA'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 LA that year. This allows the SUMH to fairly incorporate these overhead/administrative costs into the payments sent for services that qualify for funding found on the LA's contract allocation letter. Random samples were taken from the backup provided to verify that the listed services qualified for each different service category.

There is a current and valid contract in place between the SUMH and the Local Authority Summit County. The current contract between Summit County and its current subcontractor ends on June 30, 2024. The County is currently working on its service delivery plan going forward after this date.

As required by the Local Authority, Summit County received a single audit for the year ending December 31, 2022. The firm Squire and Company, PC completed the audit and issued a report dated August 29, 2023. The STR Opioid Grant and the Mental Health Block Grant were reviewed as major programs for the county.

## **Findings for Fiscal Year 2023 Audit:**

### **FY23 Major Non-compliance Issues:**

None

### **FY23 Significant Non-compliance Issues:**

- 1) There were **three items of non-compliance in the Summit County Annual Audit** for the year ending **December 31, 2021**. These findings were found on pages 132-133.
  - a) **Budgetary compliance** – Section 17-36-36 requires that expenditures not be in excess of the total budgeted appropriation for any department. For the year ended December 31, 2021, the County exceeded budgeted expenditures in various funds and departments.
  - b) **Fund balance** – Section 17-36-36 requires the County to include in its subsequent budget year an appropriation to retire the deficit of an amount equal to or greater than 5% of any fund's total actual revenue of the current year when the fund reports a deficit fund balance. We noted the County reported a deficit unassigned fund balance in its senior citizens and public lands funds at December 31, 2021. We also noted the County has not included in the subsequent budget year an appropriation to retire the deficits as required.
  - c) **Views of responsible officials** – The County will review its policies and internal controls and ensure timely action is taken when noncompliance is identified.

***This item was resolved in the Annual Fiscal Audit for the year ending 12/30/2022.***

- 2) **Documentation and data collection for billing and treatment purposes.**  
SUMH and Summit County are not able to verify which services are occurring due to the lack of verifiable record keeping. Services and data collection should comply with the Scope of Work (SOW) requirements outlined in the 7/1/2020 contract between DHS and Summit County [A03090](#):

#### **ATTACHMENT A: SCOPE OF WORK MENTAL HEALTH**

**9. Client Records:** The LMHA shall maintain complete and accurate records for all clients served. The record must document services provided for each client, as identified in the SUMH Directives and the Utah Practice Guidelines. Additionally:

- a. The documentation must be organized, clear, current, and legible; and



b. Client records must be updated and filed, electronically or paper chart, in compliance with Article 2, and in accordance with the client payor's requirements. In the event that no payor requirements exist, the records must be updated and filed within one week of each service activity.

## **ATTACHMENT B: SCOPE OF WORK SUBSTANCE USE DISORDER SERVICES**

### **4. ADMINISTRATIVE REQUIREMENTS**

d. Client Records: The LSAA shall maintain complete and accurate records for all individuals served. The record must document services provided for each client as identified in the SUMH Directives.

Additionally:

- (1) Documentation must be organized, clear, current, and legible;
- (2) Client records must be updated and filed within one week of the service date; and
- (3) Assessments and recovery plans must be current and reflect the most current assessment of the client's progress.

It should also comply with the SUMH [Directives](#) as outlined in the Scope of Work above. Sections that require documented client records include, but are not limited to:

#### **A. GOVERNANCE AND OVERSIGHT**

##### **ii. Monitoring/Audit:**

##### **2. Allowable Costs:**

...LA must provide the supporting documentation or provide a way to do this remotely with SUMH personnel, where the Electronic Health Record (EHR) can be viewed together to verify compliance.

#### **E. MENTAL HEALTH SERVICES**

iv. LAs shall have a policy for screening for and responding to suicide risk. Records must contain a suicide screener, suicide risk assessment, and a suicide/crisis safety plan, when indicated, that includes indication of lethal means counseling when clinically indicated.

vii. First Episode Psychosis (FEP) Mental Health Block Grant (MHBG) funds should be used to treat individuals with "early serious mental illness" and not for primary prevention must:

- b. Maintain client records, training records, and submit semi-annual reports that follow a template provided by DHHS/SUMH.

viii. Integrated Care Strategies:

- c. Local Authorities awarded funding through SB041 will:
  - 4. Provide the integrated care services:
    - b. Engagement in the integrated care program. Introduce the care team and enter the patient into the electronic health record;
  - 7. Measures:
    - a. Patient outcomes will be tracked through the Contractor's Electronic Health Record ("EHR"). Each patient receiving services from this funding will be entered into the EHR so their outcomes can be tracked over the course of the program.

F. SUBSTANCE USE DISORDER TREATMENT SERVICES

- i. The LA must provide substance use disorder treatment designed to help individuals stop or reduce harmful substance misuse, improve their health, social function and manage their risk for relapse.
  - 4. Document criminogenic risk in each participant's clinical record.

The SUMH Auditor was unable to identify or evaluate all of the services an individual may receive through Summit's contract with SUMH. Medical and billing records are maintained on multiple platforms. There is no consistent numbering or organization being used to tie services together across multiple providers to create a client record.

Best practices by other local authorities suggest the use of a county wide EHR system to track the MH and SUD services in the county. This is the most effective tool to collect the required documentation. It would provide one client ID and a single service ID for each service that would tie the financial and treatment process together. SUMH is willing to assist Summit County in purchasing an EHR system for the county and provide any help and training required to get the data in a reportable format.

***This item has been partially resolved with the review of submitted payments for Governance and Oversight. Data items regarding treatment services still exist. See***

***Combined MH Significant N/C issue #1, Children, Youth and Family Significant N/C #2 and SUD Tx Significant N/C issue #1***

- 3) **Protected Health Information (PHI) Data Security with Contracted Providers is lacking:** The data for clients seen by subcontractors other than at the Healthy U clinic in Summit County, resides on the computers of those providers. SUMH was not able to examine the data or the security measures that protect the data for these clients. There is no Electronic Health Record for Substance Use and Mental Health clients provided by Healthy U with these subcontractors. Since the data was not made available to the SUMH auditors for this audit, SUMH is unable to determine if the data for each client is secured.

The Health Information Technology for Economic and Clinical Health (HITECH) Act was signed into law in February 2009 to promote the adoption and meaningful use of health information technology. The HITECH Act encouraged healthcare providers to adopt electronic health records and improved privacy and security protections for healthcare data.

In the Code of Federal Regulations (CFR), Title 45/Subchapter C/Part 164/Subpart C outlines security standards for the protection of electronic protected health information. Covered entities are required to implement certain administrative, physical and technical safeguards to protect electronic health information. This did not change for the reporting year FY22 but changes have been made in FY23 that may partially resolve this issue.<sup>1</sup>

***This finding is resolved due to all services for SUMH dollars being provided in the Healthy U clinic or by Healthy U providers in the schools.***

**FY23 Minor Non-compliance Issues:**

- 1) **Billing times** remain above the required 30 days at 58 days on average.

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

***This item was not audited for this year due to PRISM issues with Medicaid.***

- 2) A **list of subcontractors** was uploaded 4 weeks after the audit. The **subcontractor audit was not able to be completed**. This is a continued finding from FY22.

***This finding has been resolved. All SUMH funded services are being provided by the Healthy U clinic.***

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<sup>1</sup> Please see the following referenced sources: [\(1\) Federal Government 45 CFR Title 45 164.312](#) and (2) [OCR Hipaa Privacy page 9](#).division

## **FY23 Deficiencies:**

- 1) **Summit County's Single Audit for FY21** was submitted to the Federal Audit Clearinghouse on 10/27/21, which is **27 days late** per Article 4.22. What steps are being taken to ensure future audits are submitted prior to September 30?

***This item has been resolved. The report for 2022 was received by the FAC on September 25, 2023.***

- 2) The **certification of audit review** was not uploaded for the audit that was finalized in October 2022 for the year ending December 31, 2021.

***This item has been resolved.***

- 3) Documents for the audit were due to be uploaded by April 11, 2023. **Not all documents were uploaded by the due date.**

***Documents for the G&O section were uploaded prior to the audit. Some treatment docs were late but provided before the audit. Other treatment documents that may have been missing or unavailable will be addressed by the treatment teams. The spreadsheets for the payment codes had member numbers that were not able to be verified in the EPIC EHR for HMHI. This will be moved from a finding to a recommendation as a meeting was held on April 30, 2024 that resolved the service spreadsheet issues.***

- 4) There were two therapists that were making in excess of the maximum amount (150%, \$77,145) of the requirement for **ARPA funding**. These two bonuses need to be repaid by the county for a total of \$3,076.

***This item will be resolved once the invoice is sent and payment has been received. See Comments.***

- 5) The resolution of the following deficiencies identified by the monitoring tool for the **Summit County Emergency Plan** are needed:
  - a) Record of changes (indicating dates that reviews/revisions are scheduled/have been made and to which components of the plan)
  - b) Methods and schedules for updating the plan, communicating changes to staff, and training staff on the plan
  - c) List alternative facilities (including the address of and directions/mileage to each)
  - d) Communication procedures with staff, clients' families, state and community stakeholders and administration

- e) Disaster planning team has been selected, to include all areas for Residential/Housing services

***This item has not been resolved and will continue as Deficiency #2 below.***

**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:**

- 1) **Annual State funding from SUMH was not spent.** Of the dollars awarded by the State, to Summit County, \$212,303 was unspent in FY22. In FY23 this amount increased to \$346,513 in unspent dollars This is an increase from 13.7% in FY22 to 21.7% in FY23. **Unspent funding is increasing from year to year.**

Sum of Unspent (Original Contracted - Spent)	Fiscal Year		
Service Code	2022	2023	Grand Total
CMF - Covid Mitigation Funds	\$15,000	\$15,000	\$30,000
FRF - MH - Family Resource Facilitator	\$932	\$10,468	\$11,400
FTL - SA - SAPT Funded Treatment Services		\$23,373	\$23,373
HDO - Health Disparity Funding		\$100,000	\$100,000
MHF - MH - Block Grant Funded Services		\$1,319	\$1,319
MHN - MH - State Funded Services to Medicaid Ineligible Patients		\$9,204	\$9,204
MHS - MH - State Funded Services		\$39,102	\$39,102
MMR - Medicaid Match Residential		\$1,379	\$1,379
MOT - MH - Crisis Mobile Outreach Team		\$107,150	\$107,150
PFS - SA - SPF-PFS Grant (Partnerships for Success) Funded Prevention Services	\$45	\$4,278	\$4,323
PXP - SA - Prevention Prepared Communities		\$48	\$48
RFL - Retention and Front Line	\$36,919		\$36,919
RSS - SA - Recovery Support Services	\$12,067	\$9,248	\$21,315
SLF - SA - Sober Living Funding	\$34,447	\$23,447	\$57,894
SOP - SA - State Opioid Prevention	\$249	\$112	\$361
SOR - SA - State Opioid Response	\$39,782	\$12,500	\$52,282
SPF - MH - Suicide Prevention Firearm Safety		\$5,000	\$5,000
SPL - SA - State Funded Prevention Services	\$7	\$104	\$111
SS1 - Self-Directed Services	\$14,847	\$14,847	\$29,694
WTD - SA - SAPT Funded Treatment Services to Women (Pregnant or With Dependent Children)		\$33,425	\$33,425
YPX - SUD Prevention Programs Targeting Children and Youth		\$35	\$35
YTS - Youth Treatment Services		\$43,624	\$43,624
<b>Grand Total</b>	<b>\$154,295</b>	<b>\$453,663</b>	<b>\$607,958</b>

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

#### Action Plan:

- 1) Summit County is restructuring the administration of the grant funded services so that Summit County will be directly overseeing the coding and usage approval with HMHI-PC, allowing HMHI-PC to utilize the appropriate codes for services. This will be a change from the fee for service arrangement that UUHP had with the HMHI clinic, and it will allow Summit County to bill directly and oversee the dollar usage. Summit County will take over all billing upon the execution of a service contract with HMHI.

**Timeline for compliance:** December 2024

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

**Tracked at SUMH by:** Kelly Ovard

- 2) **Emergency Plan:**The emergency plan audit tool identifies the following deficiencies in the emergency plan submitted by Summit County:
- a) No record of changes (indicating dates that reviews/revisions are scheduled/have been made and to which components of the plan).
  - b) The methods and schedules for updating the plan, communicating changes to staff, and training staff on the plan are not included.
  - c) The plan does not list alternative facilities (including the address of and directions/mileage to each)
  - d) The plan does not identify communication procedures with staff, clients' families, state and community stakeholders and administration
  - e) The plan does not select a disaster planning team, to include all areas for Residential/Housing services
  - f) The plan does not have a procedure for protection of healthcare information systems

In addition, Summit County participated in zero of the required DHHS quarterly 800 MHz radio checks. Please see the Emergency Plan Audit Tool in Attachment A.

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

##### ***Response provided by Summit County Emergency Response as any changes to County Emergency Management Plans are beyond the scope of the Behavioral Health Division:***

In regards to findings above, the following information has been provided, from the submitted EMP, to challenge those findings.

**Finding A: No record of changes (indicating dates that reviews/revisions are scheduled/have been made and to which components of the plan).**

**Response:** Point A is found on **page 9, Record of Change**, of the submitted EMP:

Section	Page Number	Revision Summary	Date	Revised By:
All	NA	General revisions	12/2018	Chris Crowley
Update	NA	Update: Contacts migration to Summit County Emergency Alerts System (Everbridge)	12/2018	Chris Crowley
Delete	NA	Deleted: Contacts Section	12/2018	Chris Crowley
Functional Appendix	EOC	Add: EOC Operations Plan DRAFT 2018	12/2018	Chris Crowley

Update		Update: Multi-Year Training & Exercise Plan 2018	12/2018	Chris Crowley
Functional Appendix	MRC	Add: MRC Operations Plan 2018	12/2018	Chris Crowley
Delete		Deleted: Various obsolete content	12/2018	Chris Crowley
Delete		Deleted: Table 3.4 Disaster Level Matrix	12/2018	Chris Crowley
Update		Updated: Table 3.4.18 Disaster Level Matrix	12/2018	Chris Crowley
1	Promulgation	Updated: EMP Promulgation 2018	12/2018	Chris Crowley
1	Introduction	Whole Community Approach	12/2018	Chris Crowley
All	All	General revisions	11/2017	Chris Crowley
3	Contacts	Contacts update	11/2017	Chris Crowley
Functional Appendix	MAG	Mountainland Association of Governments Hazards Mitigation Plan 2016	11/2017	Chris Crowley
Functional Appendix	SCHD	Integration of Summit County Health Department Emergency Operations Plan – 2015	11/2017	Chris Crowley
Functional Appendix	Debris Management	Summit County Debris Management Plan, Public Works 2017	11/2017	Chris Crowley
Functional Appendix	Resources	Resource Typing Inventory 2017	11/2017	Chris Crowley
Functional Appendix	Training	Multi-Year Training & Exercise Plan 2017	11/2017	Crowley
ALL	ALL	General revisions	12/2015	Chris Crowley
ALL	ALL	Contacts update	12/2015	Chris Crowley
ALL	ALL	Declaration of Emergency Annex 2015	12/2015	Chris Crowley
ALL	ALL	General revisions	12/2014	Chris Crowley
ALL	ALL	Contacts update	12/2014	Chris Crowley

Additionally, it is noted on the very first page that the EMP is currently going through the CDC's Project Public Health Readiness Program (PPHR) for updating. This is a multi year effort and works in coordination and consultation with the Utah Division of Emergency Management, the



Federal Emergency Management Administration (FEMA), the Center for Disease Control (CDC), the Department of Homeland Security, the Utah Department of Health and Human Services (Formerly the Utah Department of Health), Community Emergency Response Teams, and corresponding agencies in Summit County.

**Finding B: The methods and schedules for updating the plan, communicating changes to staff, and training staff on the plan are not included.**

**Response:** Point B is addressed on **page 15, EMP Maintenance**, of the submitted EMP: *Each year, plan holders on the distribution list will be sent a cover letter and revisions request via e-mail. To make changes, plan holders are instructed to respond to the email and send requests to the Emergency Manger. Upon receipt, the Emergency Manger will notify plan holders and request feedback on the suggested change. If the change is approved, the updated section will be distributed to plan holders to replace the existing pages.*

*Items that will be reviewed annually for possible updating include, but are not limited to, the following:*

- 1. Community notification and alerting lists, including identity, e-mail, and phone numbers of appropriate personnel.*
- 2. List of priority personnel for receipt of vaccine and pharmaceuticals.*
- 3. Inventories of critical equipment, supplies, and other resources.*

*In addition, community and contractor functions and procedures should be re-reviewed and revised as appropriate.*

*While every effort will be made to maintain this Emergency Management Plan, the Summit County Health Department recognizes that at times of an emergency and activation of this plan, scheduled reviews may not take place. Additionally, during such times, this plan may be amended and altered upon approval of the Emergency Manager and Health Officer (or succession). In such cases, any change to the EMP will be distributed to all plan holders.*

**Finding C: The plan does not list alternative facilities (including the address of and directions/mileage to each)**

**Response:** Point C is addressed on **pages 75-88 of Section 8: Emergency Management Zones and Hazards Analysis** of the submitted EMP. As stated in our discussion, when comparing other LA's EMPs, such as Wasatch Behavioral's, these are set up not as Emergency Management Plans but as facility-specific evacuations. Given Summit County does not operate any facilities for behavioral health treatment of housing, these specific protocols are not applicable. Rather, Summit County is divided into five Emergency Management Zones. Each Zone has its own coordination based on its unique operational factors and can identify the best location for services and operations, determined by the type and level of emergency. For

example, if a biological or terrorist attack occurs at Emergency Management Zone 1A (Park City), surge services could be established in Emergency Management Zone 2 or 3 (South Summit/North Summit) so as not to impact responses in 1A.

**Finding D: The plan does not identify communication procedures with staff, clients' families, state and community stakeholders and administration**

**Response:** Point D is addressed on **pages 127-134 in Section 3: Emergency Communication Procedures For Public Outreach**. In this section, the means and methods of communicating with the residents of Summit County are outlined (Twitter Accounts to be used, community websites, local media, Reverse 911, and utilization of other such resources).

*As a supplement to the County Emergency Management Plan, this Plan's purposes are to:*

- *Assess the major emergency events that Summit County communities are likely to face and what information they will need prior to, during and after each specific emergency event;*
- *Identify all of the available communication channels at the agency's disposal including those from mutual aid agencies;*
- *Identify the different audiences who need to receive information regarding the emergency;*
- *Formulate communication strategies to fit each specific potential emergency;*
- *Establish internal communication procedures within and among incident command, the emergency operations center and the joint information center.*
- *Provide generic "fill in the blank" message templates that can be used quickly by emergency staff during an emergency including fact sheets and other informational materials.*

Pages 138-140 specifically outline the various avenues of communications to be utilized, such as local media, community partners, social media, websites, and County texting systems.

During the COVID-19 pandemic, this method was utilized to help notify residents on all critical information points, from where to find medical services (physical and behavioral), the latest situational updates, and notices of quarantine and evacuation. The breadth of this system is critical due to the population nature of Summit County, with the majority of individuals within the County coming as either part-time residents or tourists. Specific to behavioral health during the pandemic, the BHD utilized its provider list server, composed of all licensed providers in the County, to send weekly updates and answer questions from the providers.

**Finding E: The plan does not select a disaster planning team, to include all areas for Residential/Housing services**

**Response:** Concerning Point E, there is no reference to Residential/Housing services within the EMP or on the EOC operations because Summit County does not operate a housing

authority nor contract with any housing agencies within Summit County. While there have been efforts to establish a Wasatch Back Housing Authority with Wasatch County and Park City, these efforts have failed and are no longer being considered.

**Finding F: The plan does not have a procedure for protection of the healthcare information system.**

**Response:** Point F is addressed on **pages 58-60 in Section 3.6.4: Preservation of Vital Records**. This section clearly states that:

*The Health Department will identify, maintain, and protect its vital records. Vital records are defined as those records that are essential to the rights and interests of individuals, government, corporations, and other entities, including vital statistics, death certificates, morbidity and mortality data, statutes, ordinances, court records, contracts, official proceedings, and historical records of the Health Department.*

The section continues to identify and classify all records explicitly maintained by the Health Department. For those programs that utilize health systems, such as WIC, those records are maintained by the State of Utah through their Vision system and not by the Health Department.

**Timeline for compliance:** Completed

**Person responsible for action plan:** Chris Crowley, Public Health Emergency Manager

**Tracked at SUMH by:** Nichole Cunha

#### **FY24 Recommendations:**

- 1) Conflict of Interest Forms (COI):** The Division of Licensing and Background Checks, in their most recent audit and licensing visit, showed one employee that did not have a conflict of interest form or training. It was noted by the clinic that the employee was a new employee and that the training had been scheduled for a future date after the licensing audit. The clinic stated that the employee has received their conflict of interest forms and training. It is recommended that the Healthy U managers closely track employee requirements such as COI, licensures and liability insurance for providers. This will be reassessed again in next year's audit.
- 2) Summit County DHS Finance Manager:** SUMH recommends that Summit County hire a Financial Manager to assist the Director of Behavioral Health to manage the financial operations. In FY22, \$212,303 dollars allocated to Summit County went unspent. In FY23, \$346,513 went unspent. This money was not transferred to other counties where it could be utilized, but was returned to the federal/state governments. These resources could have also been used by Summit County or

other counties. The addition of a finance manager would better monitor these critical resources and move funding in a timely way if unused.

The finance manager should attend the monthly Utah Behavioral Health Committee (UBHC) finance directors meetings and work closely with other finance directors and SUMH to coordinate activities in a more cohesive manner. This person should be familiar with the Medicaid financial process and procedures.

**FY24 SUMH Comments:**

- 1) **Refund of ARPA Bonus:** This finding from the FY23 audits will be resolved once payment has been received. Summit County did not submit a refund because an invoice was not received. This invoice will be sent with the \$3,076 payment request.
- 2) **Timeliness of documentation upload:** The documentation for G&O sections was uploaded in a timely manner, however the payment spreadsheets were not able to be traced back to direct services. This was resolved after the audit on April 30, 2024 to the office's satisfaction with the Summit team tracking down the services between HMHI's billing and HealthyU's EHR. Thanks to Aaron Newman and the Healthy U team for your assistance and in scheduling a meeting to resolve this matter.
- 3) SUMH is concerned that the **current contract is ending** with HMHI and Healthy U at the end of June 2024. SUMH has yet to have a county approved plan provided to show how services will be accessed within the county after June 30, 2024 and how the missing MH and SUD service data will be provided for audits going forward.

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

## Mental Health Programs

The Office of Substance Use and Mental Health (SUMH) conducted its annual monitoring review at Summit County on April 23rd, 2024. The monitoring team consisted of Leah Colburn, Program Administrator; Cody Northup, Program Administrator; and Heather Rydalch, 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); SUMH Directives, and the LA's provision of the ten mandated services as required by Section 17-43-301-(6)(b). Duplicate findings for child, youth, and family and adult mental health have been combined to provide clarity and avoid redundancy.

## Combined Mental Health Programs

### Findings for Fiscal Year 2023 Audit:

#### **FY23 Major Non-compliance Issues:**

None

#### **FY23 Significant Non-compliance Issues:**

- 1) **Internal monitoring of contracted providers:** A formal subcontractor onboarding and ongoing training has not been completed. An example of this impacting client care and financial reimbursement was found in the monitoring chart review process. After reviewing the clinical documentation from the new contracted provider, it was observed that Summit County and HMHI Park City need to provide training to ensure that these providers follow clinical documentation best practices and bill to reimbursable Medicaid codes. Summit County must develop a system to monitor and train contractors to ensure high quality care for serious mental illness/serious emotional disturbance (SMI/SED) individuals. Summit County has reported they recently entered into a contract with Davis Behavioral Health to complete internal monitoring for FY23. This monitoring will be imperative to ensure that appropriate documentation using clinical best practices and SUMH contracted requirements are completed.

**This finding will remain a Significant Non-compliance finding as there are still concerns with the lack of internal monitoring and follow up on required changes. See FY24 Significant Non-compliance Issue #2.**

### **FY23 Minor Non-compliance Issues:**

- 1) **Outcome Questionnaire/Youth Outcome Questionnaire (OQ/YOQ):** Twelve of the 16 charts reviewed showed no indications of the Outcome Questionnaire/Youth Outcome Questionnaire (OQ/YOQ) being completed. SUMH Directives state *"SUMH will require that an Outcome Questionnaire be given to patients and consumers at intake, every thirty days or every visit (whichever is less frequent), and at discharge/discontinuation (inpatient stays for community mental health are exempt)."* Summit County does not administer the OQ/YOQ at least once every 30 days. Despite being required as part of SUMH Directives, none of the charts reviewed demonstrated evidence of the OQ/YOQ being used as an intervention. Lack of use as a clinical intervention was also noted in the FY22 monitoring report.

There was insufficient data submitted for OQ reporting to meet the 90% match rate to SAMHIS (Substance Abuse Mental Health Information System) with a 0% match rate reported for Adult Mental Health. The Directives read, *"Client match rates for clients with serious mental illness and serious emotional disturbance must exceed 90% for the provider to be included in the outcome results."* The Directives also state *"SUMH requires a 50% utilization rate for the LMHA for clients served in publicly funded programs who experience serious mental illness or serious emotional disturbance."* Of note, this is the **third fiscal year** in which the Adult Mental Health scorecard has indicated a 0% participation rate for individuals with serious mental illness.

**This finding will increase to a Significant Non-compliance finding due to no documentation demonstrating that the OQ/YOQ is being utilized as a clinical intervention. See FY24 Significant Non-compliance Issue #3.**

- 2) **Psychosocial Rehabilitation Services (PRS):** The FY22 Youth Mental Health scorecard indicates that no PRS services were provided. This is the third year in which no PRS services have been provided to youth. The FY22 Adult Mental Health scorecard indicates that there was an increase from 0 to 5 individuals served. PRS is focused on empowerment and the individual's potential for recovery. It assists individuals with SMI to become more independent and functional, and to improve their quality of life. **PRS is one of the ten mandated services as required by Section 17-43-301.**

**This finding will increase to a Significant Non-compliance finding due to no documentation demonstrating that PRS are being provided. See FY24 Significant Non-compliance Issue #4.**

### **FY23 Deficiencies:**

- 1) **Provision of Required Continuum of Care (Section 17-43-301-(6)(b)):** The FY22 Summit County Area Plan details the methodology that will be used to ensure that mandated services will be provided. Several of the services for high acuity clients in the Area Plan include the use of assessments, and mandated care coordination and supports. SUMH is highly concerned that Summit County continues to have multi-year findings in which a number of these services are not being provided, or the county is unable to provide evidence of service provision. Specifically, a review of the FY22 scorecards indicate that 5 of 10 mandated services are being provided below the rural average or not being provided at all for both youth and adults. This includes:
  - assessment for outpatient services;
  - 24-hour crisis care and services;
  - psychotropic medication management;
  - psychosocial rehabilitation, including vocational training and skills development; and
  - case management;
  - respite services are also not being provided for youth.

Individual mandated services with pervasive issues related to provision, data, and extended periods of non-compliance are listed separately.

**This finding will increase to a Minor Non-compliance finding due to no documentation demonstrating that the required continuum of care is being provided. See FY24 Minor Non-compliance Issue #1.**

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

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

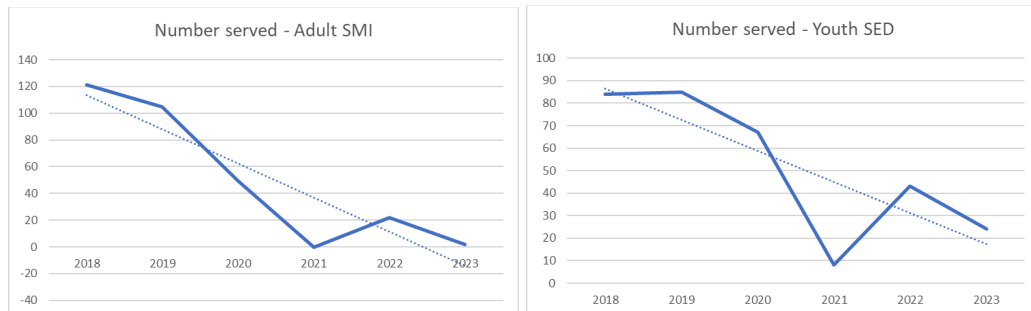
None

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

- 1) **Provision of services to adults with SMI and youth with SED:** Provision of services to adults with SMI was a Significant Non-compliance finding in the FY23 audit report. Lack of service provision to both adults with SMI and youth with SED was a combined Significant Non-compliance finding in the FY22 report. The FY23 scorecards follow this concerning trend, showing only 24 youth with SED and 2 adults with SMI were served. Per the 1915(b)(3) waiver for the Prepaid Mental Health Plans, clients who receive services designated under this waiver are required to have SMI/SED diagnosis. In addition, collection of this information is required as a component of the mental health block grant state plan under Federal Title 42,



300x-1. During the onsite review, it was reported that the scorecard numbers continue to be inaccurate. Summit County believes that they continue to work with roughly the same number of clients each year, denying that their numbers have declined in recent years. Specifically, Summit County reported they do not refer SMI clients to community partners and keep services inside the Huntsman Mental Health Institute, stating that they are the primary provider for this clientele. It was noted that the EPIC system is not programmed in a way to produce accurate numbers and that there is no way to pull the required data. Summit County must create an action plan to address provision and documentation of services to individuals with SMI/SED.



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

#### Action Plan:

As of this response, Summit County remains in contract negotiations with HMHI for a service contract through July 1, 2030. This contract is expected to be in place by January 1, 2025, at which time HMHI will begin utilizing the full suite of CPT codes and will no longer be limited to the treatment codes used by HUB (except for Medicaid coding). Working with members of the OSUMH Data Team, HMHI has made several successful data submissions and is on-track to provide all required data sets by January 1<sup>st</sup>, 2025. With the issue of data reporting addressed, it is expected that the number of SMI/SEDs for FY25 will serve as an accurate accounting of those clients seen through DHHS-funded services and Medicaid.

Per the draft terms of the proposed HMHI Service Contract, the following sections have been added:

#### - Main Body:

**OSUMH Reports.** Contractor shall complete and submit within thirty (30) days of the close of the previous month, per OSUMH Directives, all required data and corresponding reports in the format required by OSUMH as outlined in the data spec documents. These reports include:

- i) Mental Health Data Specifications
- ii) SID Events Data Specifications
- iii) TEDS Discharge Specifications
- iv) TEDS Admit Specifications
- v) Recovery Support Specifications
- vi) Early Intervention Specifications
- vii) Other reports requested by OSUMH in accordance with Directives.

- Reporting specifications are maintained on the OSUMH Data website: <https://sumh.utah.gov/data-reports/data-specs/>
- Schedule I:
  - 1) Contractor shall ensure that all required data for the current billing cycle is collected and submitted to OSUMH in accordance with OSUMH Office Directives and data requirements and specifications (current data requirements: <https://sumh.utah.gov/data-reports/data-specs/>).

Supplementing these numbers in Summit County is the robust network of independent non-profits providing free services to the residents, independent of DHHS or county support. As a result, individuals who have an SMI/SED diagnosis receive care through these organizations and are not reported in County Data Sets as they have no obligation to do so. To help ensure residents with an SMI/SED diagnosis are being served, the BHD will seek to conduct an annual census of these non-profit providers to better understand the services and service levels these community partners provide. This census will be conducted in August of each year and coincide with the annual Provider Survey used to track additional service metrics, such as wait times, insurances accepted, specialties, the average cost of services, and other metrics identified as essential to understanding the behavioral healthcare system in Summit County.

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

**Person responsible for action plan:** Cristie Frey / Aaron Newman

**Tracked at SUMH by:** Cody Northup

- 2) **Internal monitoring of contracted providers:** This was a significant non-compliance finding in the FY23 audit with the identified action plan noting a recent contract with Davis Behavioral Health (DBH) and Summit County. The contract stipulated that DBH would conduct internal monitoring of clinical charts for Summit and provide recommendations. Following that review, Summit County has not continued the internal chart review process on their own or addressed the concerns noted on the DBH review. Also mentioned in the FY23 action plan was that Summit County would select one new provider to work with individuals who receive care funded by SUMH. At the time of review, this had not happened.

Additionally, SUMH requested access to review a random pull of mental health charts submitted to the Substance Abuse Mental Health Information System (SAMHIS) by Summit County in FY24. SUMH requested to schedule two separate 2-hour blocks of time with at least two staff members, with knowledge of the electronic health record system, who could review the charts with the SUMH audit team. Suggested dates and times were offered for the chart review. At the time of this report, Summit County has not responded. Due to the lack of response by Summit County, SUMH was unable to complete a chart review. Summit County

must develop a method of monitoring compliance and quality of service provision and documentation.

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

#### **Action Plan:**

As of this response, Summit County remains in contract negotiations with HMHI for a service contract through July 1, 2030. This contract is expected to be in place by January 1, 2025, at which time HMHI will have agreed to a specific set of monitoring steps outlined below, along with other monitoring agreements for separate service contracts.

- **HMHI Monthly Service Review:**
  - o Each month, the Summit County Behavioral Health Director, the HMHI-PC Clinical Director, and the HMHI-PC Finance Director meet to review each service claim and client chart for the past month to determine the appropriate OSUMH allocations line in which to bill, along with ensuring that the client meets the stated requirements and fall outside the restrictions of usage of each OSUMH allocation.
- **HMHI Yearly Review:**
  - o BHD has contracted with Davis Behavioral Health to conduct an annual service review of HMHI. Upon execution of the contract with HMHI, DBH will resume these services in the Spring of 2025.
- **U-TTEC Monthly Service Review:**
  - o Thanks to OSUMH's purchase of Credible, the BHD will be able to monitor the charting of school-based services. The utilization of Credible by U-TTEC is a mandated part of the service contract. As of this response, we are still working with QualiFacts on the coding and implementation of the system to meet Utah requirements. The estimated date for full operations of Credible is slated for December 1, 2024.
  - o Per the terms of the contract, the following County specific reports will be submitted to the BHD for review by the Behavioral Health Executive Council:
    - § Number of Clients seen the previous month by age, race, sex, and funding source,
    - § Number of services provided is separated into mental health and substance use disorder.
    - § Number of Latino services provided for the previous month.
    - § English speaker wait times.
    - § Spanish speaker wait times.
    - § Subsidy percentage analysis.

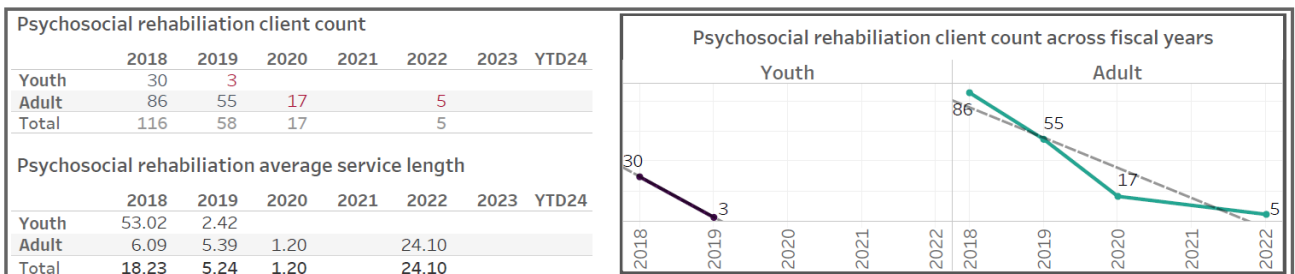
**Timeline for compliance:** U-TTEC: Completed, HMHI: January 1, 2025, BDH: April 2025

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

- 3) **Outcome Questionnaire/Youth Outcome Questionnaire (OQ/YOQ):** OQ/YOQ was a minor non-compliance finding in the FY23 audit. It is also noted that it is the third fiscal year where OQ on the Adult Mental Health scorecard has indicated a 0% participation rate for individuals with serious mental illness. Office Directive H.iv.d.1. creates minimum frequency requirements that include *“administration at intake, every thirty days or every visit (whichever is less frequent), and at discharge/discontinuation (inpatient stays for community mental health are exempt)”*. Office Directive E.ii. requires *“Data from the **Outcome Questionnaire (OQ)** or **Youth Outcome Questionnaire (YOQ)** must be shared with the client and incorporated into the clinical process, as evidenced in the chart (excluding children age five and under).”* During this year’s review, Summit County reported that clinicians in the clinic are trained to give the OQ/YOQ to clients at intake and then again every 30 days. However, as noted in the external chart review completed by Davis Behavioral Health, this practice could not be verified as there was no documentation in progress notes when an OQ/YOQ was completed. Summit County must develop a method of monitoring administration and clinical utilization of the OQ/YOQ.

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

- 4) **Psychosocial Rehabilitation Services (PRS):** Lack of PRS was a Minor Non-compliance finding in the FY23 audit and the action plan stated that the services were occurring. However, Summit County did not have the CPT codes for billing and was therefore unable to document them. This has not changed with this year’s review as both the FY23 Youth and Adult scorecards show zero services offered, and Summit County further reported that they remain without the appropriate codes to bill for the services. Summit County is required to create a corrective action plan that will address how they will document and track PRS, which is a mandated service (Section 17-43-301).



## County's Response and Corrective Action Plan:

### Action Plan:

- 1) As of this response, Summit County remains in contract negotiations with HMHI for a service contract through July 1, 2030. This contract is expected to be in place by January 1, 2025, at which time HMHI will begin utilizing the full suite of CPT codes and will no longer be limited to the treatment codes used by HUB (except for Medicaid coding). Working with members of the OSUMH Data Team, HMHI has made several successful data submissions and is on-track to provide all required data sets by January 1<sup>st</sup>, 2025. With the issue of data reporting addressed, it is expected that numbers for FY25 will serve as an accurate accounting of those clients seen through DHHS-funded services and Medicaid.
- 2) As of this response, HMHI has trained its case managers in the documentation of Psychosocial Rehabilitation Service codes for adults and youth and how to differentiate services for billing and data recording. Training is contingent upon the RSS codes being added to the EPIC EHR system which is in process. As these codes are added to EPIC, staff is learning to expand the recording of these services and data will be collected on these visits as well. This improvement in reporting will better highlight the existing PRS services being provided by HMHI.

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

**Person responsible for action plan:** Cristie Frey / Aaron Newman

**Tracked at SUMH by:** Cody Northup

### FY24 Minor Non-compliance Issues:

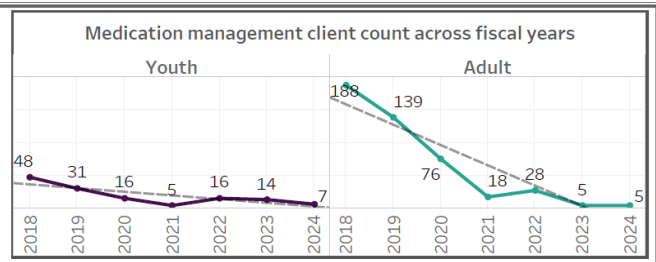
- 1) **Provision of Required Continuum of Care (Section 17-43-301):** Provision of the required continuum of care will be increased to a Minor Non-compliance finding from the FY23 audit where it was a Deficiency. In the FY23 audit, Summit's corrected action plan reported that these services were being provided and that it was a data issue which would be addressed by January 2024. At the time of this FY24 review, Summit County has not provided data and documentation for the provision of these services.. **Summit County is required by Section 17-43-301-(6)(b) to provide 10 mandated services within the county.** Five of ten mandated services demonstrate a concerning decrease in service provision. The FY24 services of concern are listed below:

- Psychotropic medication management

Medication management client count across fiscal years							
	2018	2019	2020	2021	2022	2023	YTD24
Youth	48	31	16	5	16	14	7
Adult	188	139	76	18	28	5	5
Total	236	170	92	23	44	19	12

Medication management average service length							
	2018	2019	2020	2021	2022	2023	YTD24
Youth	2.1	1.4	0.5	2.7	2.3	3.2	2.0
Adult	3.4	2.6	0.8	3.2	2.1	1.8	1.2
Total	3.1	2.4	0.8	3.1	2.2	2.8	1.7

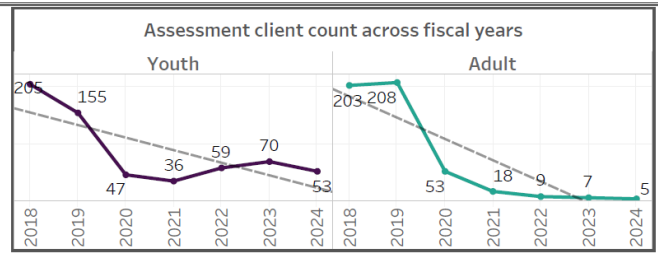


- Assessment for outpatient services and outpatient therapy;

Assessment client count							
	2018	2019	2020	2021	2022	2023	YTD24
Youth	205	155	47	36	59	70	53
Adult	203	208	53	18	9	7	5
Total	408	363	100	54	68	77	58

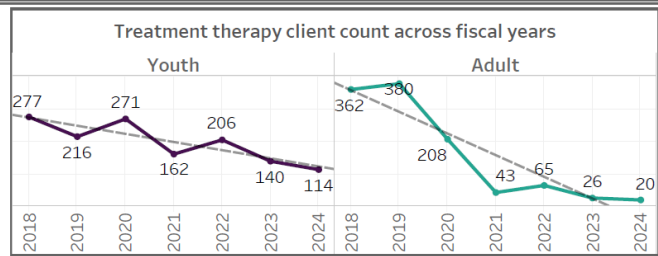
Assessment average service length							
	2018	2019	2020	2021	2022	2023	YTD24
Youth	2.1	2.1	1.9	1.0	1.2	0.9	0.9
Adult	2.0	2.2	1.7	1.5	1.5	1.1	1.1
Total	2.1	2.2	1.8	1.2	1.2	0.9	0.9



Treatment therapy client count							
	2018	2019	2020	2021	2022	2023	YTD24
Youth	277	216	271	162	206	140	114
Adult	362	380	208	43	65	26	20
Total	639	596	479	205	271	166	134

Treatment therapy average service length							
	2018	2019	2020	2021	2022	2023	YTD24
Youth	14.0	10.6	8.0	13.4	10.8	7.2	4.4
Adult	8.7	7.2	4.5	12.9	6.4	5.4	4.9
Total	11.0	8.4	6.5	13.3	9.8	6.9	4.4



Mandated services with pervasive issues addressed separately in the report include:

- Psychosocial rehabilitation, including vocational training and skills development (see FY24 Combined Significant Non-compliance Issue #2) ;
- Respite care (see FY24 Child, Youth, and Family Significant Non-compliance Issue #1)
- Case management (see FY24 Adult Minor Non-compliance Issue #2; FY24 Child, Youth, and Family Significant Non-compliance Issue #4);

## County's Response and Corrective Action Plan:

### Action Plan:

As of this response, Summit County remains in contract negotiations with HMHI for a service contract through July 1, 2030. This contract is expected to be in place by January 1, 2025, at which time HMHI will begin utilizing the full suite of CPT codes and will no longer be limited to the treatment codes used by HUB (except for Medicaid coding). Working with members of the OSMH Data Team, HMHI has made several successful data submissions and is on-track to provide all required data sets by January 1<sup>st</sup>, 2025. With the issue of data reporting addressed, it is expected that numbers for FY25 will serve as an accurate accounting of those clients seen through DHHS-funded services and Medicaid..

HMHI is training case managers in documentation of Psychosocial Rehabilitation Services codes and how to differentiate services for billing and data recording. This training is contingent upon the PRS codes being added to the EPIC EHR system which is in process. As these codes are added to EPiC staff is learning to expand the recording of these services and data will be collected on these visits as well. This improvement in reporting will better highlight the existing PRS services being provided by HMHI.

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

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

**Tracked at SUMH by:** Cody Northup

**FY24 Deficiencies:**

None

**FY24 Recommendations:**

None

**FY24 SUMH Comments:**

- 1) **Community Engagement & Behavioral Health Survey:** During the onsite review, Summit County presented a recently published Community Engagement & Behavioral Health Survey report that shared some data and statistics on their surrounding area. The report broke down the division of insurance providers in Utah versus the rest of the county, and also identified some challenges to Utah's mental health system such as how many individuals identified at least 3 days a month of "poor mental health" (45.8%). The report also pointed out some strengths including an increase of people in the area report receiving the emotional support they needed (60%), a decrease in people not having access to services (28%), and an overall de-stigmatization of mental health among the population.

# Child, Youth and Family Mental Health

## Findings for Fiscal Year 2023 Audit

### **FY23 Major Non-compliance Issues:**

None

### **FY23 Significant Non-compliance Issues:**

- 1) **Respite:** Summit County has no respite services provided as indicated by the FY22 Youth Mental Health scorecard. This has been a multi-year finding since FY19.  
**Respite is one of the ten mandated services as required by Section 17-43-301-(6)(b)(viii).** Summit County has reported that there is an RFP that has been open with no applicants for this service in their community. While this is acknowledged, this is a required service under the continuum of care which is highly beneficial for youth and their families.

**This finding will remain a Significant Non-compliance finding as Summit does not have any Respite options at the time of the review. See FY24 Significant Non-compliance Issue #1.**

### **FY23 Minor Non-compliance Issues:**

- 1) **School Based Behavioral Health (SBBH) Documentation:** As part of the monitoring process, Summit County was provided with SAMHIS identifiers to support a random chart pull for children and adult mental health charts. Six of eleven youth charts that were identified to be pulled for the random mental health chart review resulted in not finding a chart which included clinical documentation in the electronic health record. UUHP program staff involved with the chart review indicated that these charts were likely associated with the SBBH program. The medical necessity of clinical mental health services are determined by assessment, with accompanying diagnosis, and goals/care plan. This should also include progress note documentation. Without clinical records it is unclear if the treatment needs or if services were provided to the identified client. Accurate documentation of treatment is necessary to provide funding for clients.

Three of the 10 charts identified as SBBH charts had services provided by a contractor from the University of Utah. Documentation indicates that the youth had services in the prior fiscal year by HealthyU's previous subcontractor. Concern should be documented about continuity of care best practiced between service providers for individuals served. Individuals who had been seeing a prior contracted provider had to retell their clinical story to a new provider to establish services. This places undue burden on the families of those served.



Two of 10 SBBH charts demonstrated administration of the YOQ. SBBH services that are funded through mental health early intervention funding (MHEI) require year end YOQ reporting, as well as school level data reporting. Summit County did not report this data in FY23 as required by FY23 SUMH Directives Section 5.x.

**This finding will increase to a Significant Non-compliance finding due to ongoing concerns with training school based clinicians and DBH's internal chart review findings. See FY24 Significant Non-compliance Issue #2**

- 2) **Family Peer Support Services (FPSS):** The FY22 area plan indicates that FPSS services are provided. It was indicated in the monitoring visit that Latino Behavioral Health is providing peer services, however there is **no data captured on the FY22 Youth Mental Health scorecard** related to this service provision. The FY23 SUMH Directives Section E. iii. states: *"LAs shall continue to establish, maintain, and/or expand access to **Adult, Youth, and Family Peer Support Services.**"* FPSS services can provide key support for youth and their families as they navigate and engage in mental health services.

**This finding will increase to a Significant Non-compliance finding due to Summit not having FPSS for at least three years. See FY24 Significant Non-compliance Issue #3.**

- 3) **Case Management:** Case management services have been declining per the Youth Mental Health scorecard. In FY19 in which there were 112 individuals served to FY22 in which 0 zero individuals have been served. It is indicated by HMHI Park City that this service is provided, however the electronic health record is unable to capture the service. **Case management is one of the ten mandated services as required by Section 17-43-301.** The FY22 area plan indicates utilization of the DLA-20 as part of the assessment for case management service provision needs, however this was unable to be reviewed in the chart review for youth due to incomplete documentation in the 11 total charts reviewed.

**This finding will increase to a Significant Non-compliance finding due to billing code and tracking service concerns. See FY24 Significant Non-compliance Issue #4.**

#### **FY23 Deficiencies:**

None

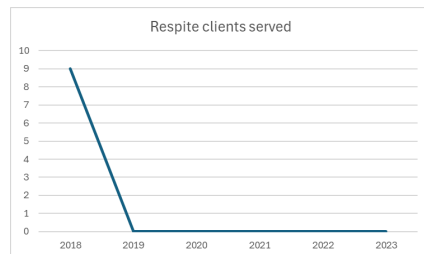
## **Findings for Fiscal Year 2024 Audit:**

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

None

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

- 1) Respite:** During the review, it was reported that Summit County is not currently offering any respite options and that this has not changed since FY19; respite was a significant non-compliance finding in FY23. Respite is one of the ten mandated services as required by Section 17-43-301-(6)(b)(viii). During the FY23 audit, the action plan states that Summit County had been looking for a respite provider and that they had not had any response. It was reported during this review that there still has not been any responses to their inquiries. In the required response and corrective action plan, Summit County should consider other options aside from the effort that has been unsuccessful for two years.



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

#### **Action Plan:**

- 1) Summit County continues to search for a local youth respite provider and has had an active RFP, created with the help of OSUMH, however, it should be noted that this RFP is on temporary hold while contract negotiations are taking place. Once the HMHI contract has been executed, the Respite RFP will be released within 14 days. It should be noted, that per the Summit County Procurement Officer, the State of Utah is currently in the process of changing its procurement system, and the new RFP will have to conform to its publication. Previously, this was through SciQuest. The target date for full execution of the HMHI Service Contract is slated for January 1, 2025 or earlier.
- 2) Summit County welcomes a respite service provider referral from OSUMH who is willing to meet the directive requirement of working with Summit County. While we recognize this is a mandated service, we are limited to providing this service by the realities of providers unwilling to take on this role.

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

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

- 2) School Based Behavioral Health (SBBH) Documentation:** In the FY23 audit, in which SBBH documentation was a minor non-compliance finding, SUMH noted concerns regarding the thoroughness of the documentation including continuity of care between service providers and YOQ usage. The corrective action plan noted changes starting in FY23 that would allow for these concerns to be addressed through working with the U-TTEC lab and a training that will be offered prior to the beginning of the school year. According to DBH's internal chart review (mentioned in the combined mental health section), school based clinicians are not trained on treatment plans and 2 school based clients did not have any assessments completed. Additionally, during the current FY24 onsite visit, it was reported that Summit County and the U-TTEC lab have not been on the same page and that ongoing training will be provided by the U-TTEC lab. It was mentioned that all providers get a training manual which has an explanation of the screenings and assessment tools, and each new clinician receives 2 weeks of training on what is expected. However, from that time forward, Summit does not have direct oversight.

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

**Action Plan:**

As of July 1, 2024, Summit County has taken over the school-based service contract from HUB and has contracted directly with U-TTEC for these services. Thanks to support from OSUMH, Summit County is able to purchase an EHR system (Credible, expected to be operational by the end of October) which will be used by U-TTEC (outlined specifically in the contract) to document treatment plans and provide coordination between Tier 3 services at HMHI-PC and the Local Education Authorities. Currently, conversations between U-TTEC, LEAs, HMHI-PC, and Summit County are taking place to develop systems and pathways for coordinated care and means to integrate the YOQ. Per the new terms of the U-TTEC Contract, U-TTEC is responsible for the following:

**B) Deliverables:**

- 1) Refine and implement program manuals,
- 2) Develop other content outlining mental health services and flowcharts, as needed,
- 3) School staff consultation,
- 4) Technical assistance and training on MTSS,
- 5) Professional development for educators/ related service providers,
- 6) Regular WBT program meetings (across programs),
- 7) Regular admin/related services meeting (school level),
- 8) Weekly supervision of graduate student (2 hrs/wk for a 20 hr/wk student),
- 9) 40 hours/week for supervisor oversight (includes supervision of graduate students in the fall and spring, supporting with coordination for summer

check-ins/services, collaborating and coordinating summer services with the schools, HMHI, and county health department.

10) Graduate clinicians (not less than 6 total @ 20 hrs/wk)

- i) Total 120 hrs/week (per academic year) of WBT program management support and services for North and South Summit County and Park City schools
- ii) 10 hrs./wk. over summer (includes 7 hr./wk. for program support and 3 hrs./wk. for supervision)
- iii) School-wide social-emotional learning consultation and coaching
- iv) Student and Teacher subjective well-being strength-based questionnaire, as needed
- v) Targeted social-emotional, anger management, and problem-solving groups for students at-risk for mental health concerns, as well as other topics assigned.
- vi) Individual psychotherapy for students with mental health concerns
- vii) Travel (both ways) from the University of Utah to Summit County LEAs.

11) School-based psychiatry support:

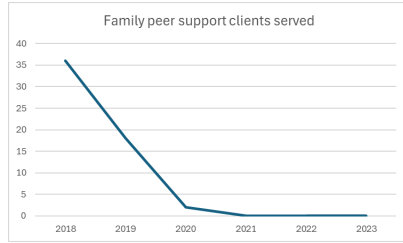
- i) 4 hrs./wk. evaluation and consultation by a psychiatry fellow,
- ii) 6 hrs./wk. supervision, additional evaluation and consultation support, and administration by an attending psychiatrist,
- iii) Case management supports.

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

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

**Tracked at SUMH by:** Cody Northup

**3) Family Peer Support Services (FPSS):** During the onsite review, it was reported that Summit County currently does not have any FPSS and has not for at least 3 years. Given this ongoing gap in services, FPSS was a minor non-compliance finding in the FY23 audit. Note that the FY23 SUMH Directives Section E. iii. states: *"LAs shall continue to establish, maintain, and/or expand access to Adult, Youth, and Family Peer Support Services."* It was reported in the corrective action plan that Latino Behavioral Health does offer FPSS services but does not receive any SUMH funding and therefore is not obligated to report data to Summit County or SUMH. Summit County should create an action plan that includes tracking delivery and quality of FPSS services provided to clients.



## County's Response and Corrective Action Plan:

### Action Plan:

Due to the specific requirements for certification, specifically a parent with lived experience, and the low reimbursement for this position, compared to the high cost of living in Summit County, HMHI has reached out to several existing staff members to gauge their willingness to take on this role in addition to their current position. While several employees are willing to provide this service, none meet the lived family experience at this time.

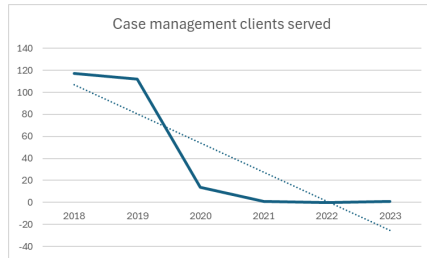
HMHI is open to explore additional options for certification which would broaden the requirements for certification, and increase the pool of individuals willing to provide this service.

**Timeline for compliance:** Recruitment is continuing till an applicant is found.

**Person responsible for action plan:** Cristie Frey / Aaron Newman

**Tracked at SUMH by:** Cody Northup

- 4) **Case Management (CM):** Case management is one of the ten mandated services as required by Section 17-43-301 and was identified as a minor non-compliance finding on the FY23 audit. The action plan mentioned the billing issues through HMHI's EPIC system and noted that they were working on recognizing behavioral health case management as a proper billing code. The FY23 youth scorecard indicated that 1 client received CM services throughout the year. During the review, it was reported that the CM billing code still does not function to indicate when the service is provided. It was reported that there is 1 case manager who works with the clinicians and completes home visits per their recommendations. The case manager helps with simple things like implementing behavior charts, and will inquire with the family about any additional services that would prompt further referrals. An action plan is needed to address the provision of a full array of case management services, including coordination of care, assistance and linkage to services and resources, and monitoring progress, along with the documentation and tracking of these services.



## County's Response and Corrective Action Plan:

### Action Plan:

- 1) Summit County is currently in contract negotiations with HMHI for direct billing. By being able to perform this function directly, HMHI-PC will no longer be limited to the treatment codes used by HUB (except for Medicaid coding). Working with members of the OSUMH Data Team, HMHI has been working on identifying how OSUMH data needs to be reported to illustrate the actual service levels. While progress has been made, HMHI is still working on the final implementation and incorporation of the data sets into their EHR. Additionally, Summit County is working with Qualifacts on the implementation of Credible. Currently, both projects are on track to be implemented by the end of the year, in concert with the new service contract being signed.

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

**Person responsible for action plan:** Cristie Frey / Aaron Newman

**Tracked at SUMH by:** Cody Northup

### FY24 Minor Non-compliance Issues:

- 1) **Youth Satisfaction Survey - Family:** Summit County only collected 4.8% of the Youth Satisfaction Survey - Family (YSS-F). The Office Directives require that: "Each provider is required to submit consumer satisfaction survey results for a minimum of 10% of unduplicated adults and children for whom substance use or mental health service data are submitted, regardless of the modality of treatment or length of stay in treatment." Summit County needs to develop a plan for survey administration for the YSS-F to engage caregivers in order to meet the 10% threshold.

## County's Response and Corrective Action Plan:

### Action Plan:

- 1) HMHI-PC started using iPads loaded with the YSS-F for individuals to complete when they come in person to the clinic.
- 2) HMHI-PC sends email reminders to clients to encourage the completion of the YSS-F.

**Timeline for compliance:** Completed

**Person responsible for action plan:** Cristie Frey / Aaron Newman

**Tracked at SUMH by:** Cody Northup

### FY24 Deficiencies:

None

### FY24 Recommendations:

None

### FY24 SUMH Comments:

- 1) **Collaboration with The Division of Child and Family Services (DCFS):** During the onsite review, SUMH inquired about Summit County collaboration with other child serving systems in the area. Summit County reported that they work with DCFS in a variety of ways including through the local Children's Justice Center, monthly Multidisciplinary Team meetings, and individual referrals for family or individual therapy. It was reported that the DCFS caseworkers have remained consistent in the area and that has helped to maintain ongoing relationships, ensuring release of information forms get signed, and being able to provide ongoing progress reports between the two agencies.

# Adult Mental Health

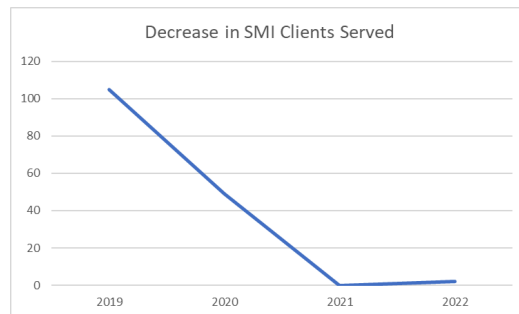
## Findings for Fiscal Year 2023 Audit

### **FY23 Major Non-compliance Issues:**

None

### **FY23 Significant Non-compliance Issues:**

- 1) **Serious Mental Illness (SMI):** The FY22 Adult Mental Health scorecards indicate the drop in SMI designation from FY19 to FY22 has not been resolved (SMI:105/49/0/2).

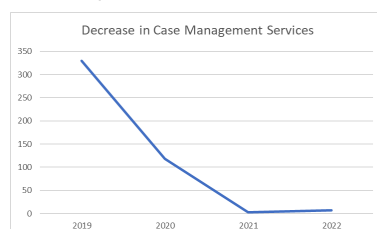


Per the 1915(b)3 waiver for the Prepaid Mental Health Plans, clients who receive services designated under this waiver are required to have SMI designation. Collection of this information is required as a component of the State plan under Federal Title 42, 300x-1. During a review of the adult mental health charts, the comment was made that the SMI paperwork is being completed but is difficult to find in the current electronic health record. Summit Co is required to submit this data into the SAMHIS system and is encouraged to work with SUMH to ensure data is submitted correctly.

**This finding will remain a Significant Non-compliance finding as scorecard numbers for SMI designation are still a concern. See FY24 Combined Significant Non-compliance Issue #1.**

### **FY23 Minor Non-compliance Issues:**

- 1) **Targeted Case Management (TCM):** Case management, one of the ten mandated services per Section 17-43-301, dropped by 97.5% in FY21 with only 3 individuals served, and remained low in FY22 with only 7 individuals served.





With fewer clinicians available, supportive services like TCM become a vital link and necessary advocate between the SMI client and the care delivery system.

**This finding will increase to a Significant Non-compliance finding due to billing code and tracking service concerns. See FY24 Significant Non-compliance Issue #1.**

- 2) **Adult Peer Support Specialist Services (PSS):** The FY22 SUMH Directives Section B.i. states that *"DSAMH requires Local Authorities to have policies and procedures to provide guidelines and supports for Certified Peer Support Specialists and Family Peer Support Specialists."* Summit Co has indicated that there is a certified PSS in the jail providing services to those with substance use issues. However, the FY22 Adult MH Scorecard indicates that Summit County continues to report no PSS for adult mental health clients.

Summit County has included the development of the Peer Support Specialist program in the Summit County Mental Health Strategic Plan 2023, as a component of ensuring the success and sustainability of mental health programs. SUMH encourages Summit to reach out to the SUMH Peer Support Program Manager for technical assistance as this plan goes into effect.

**This finding will increase to a Significant Non-compliance finding due to the FY23 scorecard showing 0 services offered. See FY24 Significant Non-compliance Issue #2.**

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

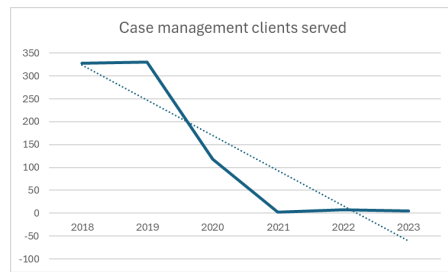
#### **FY24 Major Non-compliance Issues:**

None

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

- 1) **Targeted Case Management (TCM):** TCM was a Minor Non-compliance finding in the FY23 review in which the report noted the drop in services over recent scorecards. The TCM action plan stated that the low reported numbers are due to Healthy U's EPIC system, which does not allow claims reporting for behavioral health case management, and that this would be addressed with a follow up date of May 1st, 2024. During the FY24 review, it was reported that Summit County currently has 2 case managers, one that is focused on working with drug court and another that is primarily working with the mental health population. It was reported that the scorecard numbers continue to decrease due to continued EPIC billing and reporting issues. Summit County is required to develop and follow an action plan

that will demonstrate TCM, a mandated service per Section 17-43-301, is being provided to clients at an appropriate level.



## County's Response and Corrective Action Plan:

### Action Plan:

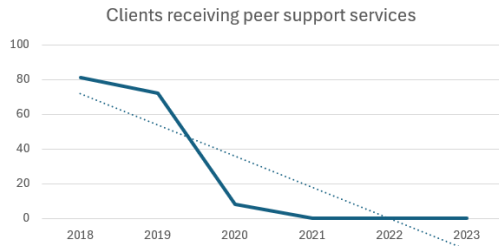
- 1) As of this response, Summit County remains in contract negotiations with HMHI for a service contract through July 1, 2030. This contract is expected to be in place by January 1, 2025, at which time HMHI will begin utilizing the full suite of CPT codes and will no longer be limited to the treatment codes used by HUB (except for Medicaid coding). Working with members of the OSUMH Data Team, HMHI has made several successful data submissions and is on-track to provide all required data sets by January 1<sup>st</sup>, 2025. With the issue of data reporting addressed, it is expected that numbers for FY25 will serve as an accurate accounting of those clients seen through DHHS-funded services and Medicaid.

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

**Person responsible for action plan:** Cristie Frey / Aaron Newman

**Tracked at SUMH by:** Cody Northup

- 2) **Adult Peer Support Specialist (PSS) Services:** According to the FY23 audit, PSS services was a Minor Non-compliance finding due to extremely low reported numbers on the FY22 adult scorecard. At that time, the corrective action plan stated the barriers to obtaining more specialists was difficult given the low cost of pay and high cost of living. However, it was also stated that the need to increase PSS services was identified as a priority and that incentive programs would be developed to address this concern. Additionally, it was noted that the Huntsman Mental Health Institute was working with a drug court graduate to complete certification. At the time of the FY24 onsite review, it was reported that Summit County maintained 1 PSS and they primarily work with substance use clients and in the jail. Further, the FY23 adult scorecard shows 0 PSS services offered to mental health clients throughout the previous year. Summit County is required to develop and follow an action plan to ensure peer support is being provided to mental health clients at an appropriate level, as required by FY24 Office Directive E.iii.



## County's Response and Corrective Action Plan:

### Action Plan:

- 1) As of this response, Summit County remains in contract negotiations with HMHI for a service contract through July 1, 2030. This contract is expected to be in place by January 1, 2025, at which time HMHI will begin utilizing the full suite of CPT codes and will no longer be limited to the treatment codes used by HUB (except for Medicaid coding). Working with members of the OSUMH Data Team, HMHI has made several successful data submissions and is on-track to provide all required data sets by January 1<sup>st</sup>, 2025. With the issue of data reporting addressed, it is expected that numbers for FY25 will serve as an accurate accounting of those clients seen through DHHS-funded services and Medicaid.
- 2) As acknowledged above, Summit County continues to recognize the need for expanding peer support services. During the last year, additional funding from the Community Mental Wellness Fund, overseen by the Summit County Mental Wellness Alliance, was able to develop a scholarship program to help incentivize the certification of new PSS. While we were able to recruit a Drug Court participant, as stated above, due to the low pay and continual increase in the cost of living, she did not remain beyond a month. As a result, we remain at only one PSS.
- 3) Summit County is open to any recruitment ideas from OSUMH that will help in addressing this issue.

**Timeline for compliance:** Recruitment is continuing till an applicant is found.

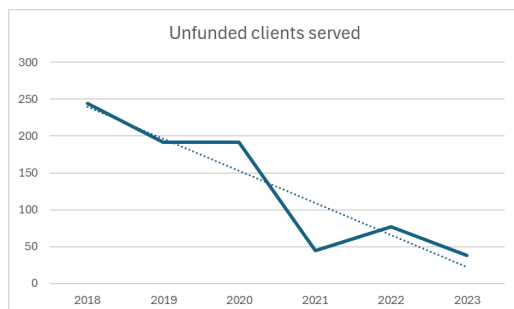
**Person responsible for action plan:** Cristie Frey / Aaron Newman

**Tracked at SUMH by:** Cody Northup

### FY24 Minor Non-compliance Issues:

- 1) **Services to unfunded adults:** FY23 Division Directives indicate that local authorities "must use the unfunded State General Funds dedicated to children, youth and adults to serve unfunded clients". The FY23 Area Plan projected that 300 unfunded adults would be served. However, the adult mental health scorecards continue to demonstrate that unfunded individuals are not receiving services. Summit County is expected to create a corrective action plan that will include both the provision of

services to individuals who are unfunded and data collection and reporting of those services to SUMH.



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

#### Action Plan:

- 1) HMHI has not turned away anyone who has applied for free or reduced cost services who met the income requirements during FY23 or FY24.
- 2) As of this response, Summit County remains in contract negotiations with HMHI for a service contract through July 1, 2030. This contract is expected to be in place by January 1, 2025, at which time HMHI will begin utilizing the full suite of CPT codes and will no longer be limited to the treatment codes used by HUB (except for Medicaid coding). Working with members of the OSUMH Data Team, HMHI has made several successful data submissions and is on-track to provide all required data sets by January 1<sup>st</sup>, 2025. With the issue of data reporting addressed, it is expected that numbers for FY25 will serve as an accurate accounting of those clients seen through DHHS-funded services and Medicaid.

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

**Person responsible for action plan:** Cristie Frey / Aaron Newman

**Tracked at SUMH by:** Cody Northup

#### FY24 Deficiencies:

- 1) **Consumer Satisfaction Surveys:** During this year's onsite review, SUMH followed up on the Mental Health Statistics Improvement Program (MHSIP) recommendation from the FY23 audit. Although the percentage of clients sampled rose in FY23 (FY22: 30%; FY23: 41.6%), the overall numbers of returned forms are still low (FY22: 18; FY23: 32), primarily due to the low documented number of mental health clients served (FY22: 60; FY23: 77). The discussion focused on implementation and best practice use of the MHSIP. During that discussion, it was reported that the survey is given out when clients are at the clinic and waiting for an appointment, or they will send clients an online survey link to complete. It was noted that Summit does not receive a strong response and that they have not seen or used the results. The

MHSIP survey is a Federally required survey; it measures concerns that are important to clients and should be used to guide best practices and improve outcomes for clients. It is recommended that Summit County review the specific MHSIP survey questions and FY24 responses, along with the findings and recommendations in this report, to assess why clients are not reporting positive service outcomes.

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

#### **Action Plan:**

- 1) HMHI-PC is using iPads loaded with the MHSIP survey for individuals to complete when they arrive at the clinic for appointments. Having this should help in meeting the targeted response rate.
- 2) HMHI-PC is open to any training provided by OSUMH related to integrating the MHSIPs data.

**Timeline for compliance:** Completed

**Person responsible for action plan:** Cristie Frey / Aaron Newman

**Tracked at SUMH by:** Cody Northup

#### **FY24 Recommendations:**

None

#### **FY24 SUMH Comments:**

- 1) **Summit County Clubhouse:** Heather Rydalch, Peer Support Program Manager, was able to visit the Summit County Clubhouse on January 26, 2024. During this visit, the members gave a tour and were excited to display the new greenhouse that was recently donated. During the onsite review, it was reported that the Clubhouse hired a new executive director and has seen a 38% growth in overall membership, from 24 total members to 33 total members. Additionally, the number of active members has increased from 7 to 21, an increase of nearly 200%.
- 2) **Ketamine Assisted Treatment:** Summit County reported that they have recently been working with the Huntsman Mental Health Institute to implement ketamine assisted treatment for clinically resistant depression. It was noted that clients engage in 3-6 sessions of ketamine injections which are then followed up with an integrative psychotherapy approach. Additionally, Summit County mentioned that group sessions have been initiated as part of the integrative therapy process and there are anywhere from 3-5 members per session. Summit County is currently exploring how to help fund this treatment for qualified clients.

## Substance Use Disorders Prevention

Becky King, Program Administrator, conducted the annual prevention review of Summit County on April 23, 2024. The review focused on the requirements found in State and Federal law, Office Directives, and contracts. In addition, the review evaluated the services described in the annual prevention area plan and the data used to establish prevention priorities.

### **Findings for Fiscal Year 2023 Audit**

#### **FY23 Major Non-compliance Issues:**

None

#### **FY23 Significant Non-compliance Issues:**

None

#### **FY23 Minor Non-compliance Issues:**

None

#### **FY23 Deficiencies:**

None

### **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) **Eliminating Alcohol Sales to Youth (EASY) Compliance Checks:** Summit County completed 35 EASY Compliance Checks in FY22 and FY23, which does not meet SUMH Directives. The counties are required to complete at least one more EASY Compliance Check than the year before. It is recommended that Summit County continue to work on ways to increase EASY Compliance Checks each year. SUMH is available to provide technical assistance and support as needed.

## Substance Use Disorders Treatment

Becky King, Administrator, conducted the review of Summit County on April 23, 2024 which focused on Substance Abuse Treatment (SAPT) Block Grant Compliance; Drug Court; clinical practice and compliance with contract requirements. Drug Court was evaluated through staff discussion, clinical records, and the Drug Court Scorecard. Clinical practices and documentation were evaluated by reviewing the internal audits of client charts and discussing current practices. Adherence to SAPT Block Grant requirements and contract requirements were evaluated by a review of policies and procedures by interviews with Summit County staff. Treatment schedules, policies, and other documentation were viewed. The Utah Substance Abuse Treatment Outcomes Measures Scorecard results were reviewed with Summit County staff. Client satisfaction was measured by reviewing records and Consumer Satisfaction Survey data. Finally, additional data was reviewed for opiate use rates in Summit County.

### Findings for Fiscal Year 2023 Audit

#### **FY23 Major Non-compliance Issues:**

None

#### **FY23 Significant Non-compliance Issues:**

- 1) **The Treatment Episode Data Set (TEDS)** shows the following data findings in the FY22, which does not meet SUMH Directives:
  - a) No **Criminogenic Risk Data** was collected for justice-involved clients in FY22.
  - b) The percentage of **clients employed from admission to discharge** moved from 0.0% to 0.0% from FY21 to FY22 respectively.
  - c) The percent of **clients involved in the criminal justice system** moved from 0% to 0% from FY21 to FY22 respectively.
  - d) The percent of **clients using tobacco from admission to discharge** moved from 0.0% to 0.0% from FY21 to FY22 respectively.
  - e) The percent of **clients that were abstinent from drug use from admission to discharge** moved from 0.0% to 0.0% from FY21 to FY22 respectively.
  - f) The percent of **clients that were abstinent from alcohol use from admission to discharge** moved from 0.0% to 0.0% from FY21 to FY22 respectively.
  - g) The **percent of housing that increased for clients upon discharge** moved from 0.0% to 0.0% from FY21 to FY22 respectively.
  - h) The percent of **clients that were using social recovery support upon discharge** moved from 0.0% to 0.0% from FY21 to FY22 respectively.
  - i) No data was entered in FY22 regarding the number of **old open admissions (charts that should be closed)** in the HMHI Park City SUD Treatment Program.

***This issue has not been resolved, see Significant Non-Compliance Finding #1.***

### **FY23 Minor Non-compliance Issues:**

None

### **FY23 Deficiencies:**

- 1) **SUMH Requirements for Providing Essential Services in the County:** HMHI Park City reports that they have not been providing the following services or accepting funding from SUMH due to data collection issues with their Electronic Health Care Record (EHR):
  - a) **State Opioid Response Grant (SOR)** - HMHI Park City did not accept SOR funding from SUMH this year since they reported that they are not able to report on the Government Performance Reporting Act (GPRA) data at this time. These funds are intended to treat individuals with opioid use disorders (OUD).

***This deficiency will continue as a deficiency in FY24; see Deficiency 1.***

- b) **Youth Treatment Services (YTS)** - HMHI Park City reports that they do not have enough adolescent clients with Substance Use Disorders (SUD) to provide youth treatment services or utilize the YTS funds, so they requested that these funds be sent back to SUMH this year. These funds are intended to treat adolescents with SUD (ages 12-17). In 2021, there were **10,073** youth (ages 0 - 17) The Summit County SHARP Survey estimates that about **3.4%** of youth in Summit County are in need of SUD treatment services in Summit County, which is **136** youth ([SHARP Survey | SUMH \(utah.gov\)](#)).

***This deficiency will rise to a Minor Non-compliance Issue in FY24; see Minor Non-compliance Issue 2.***

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

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

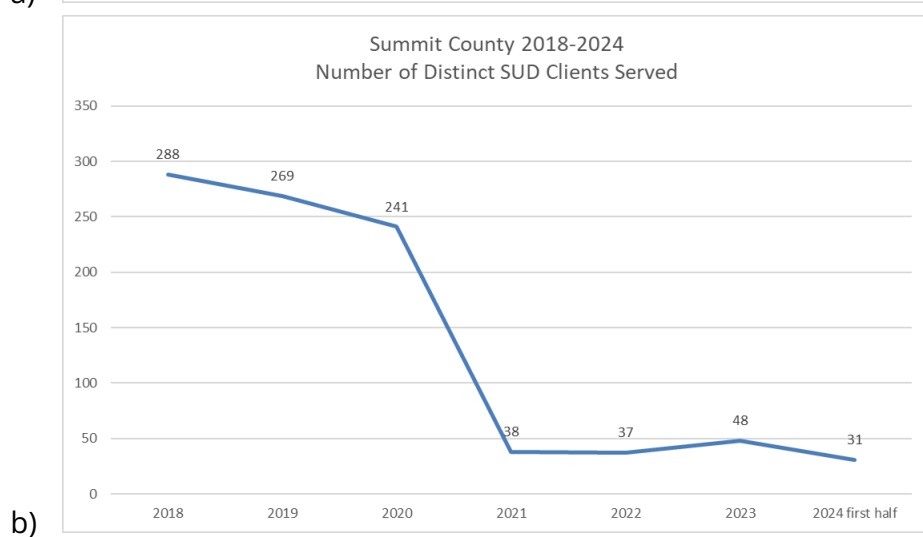
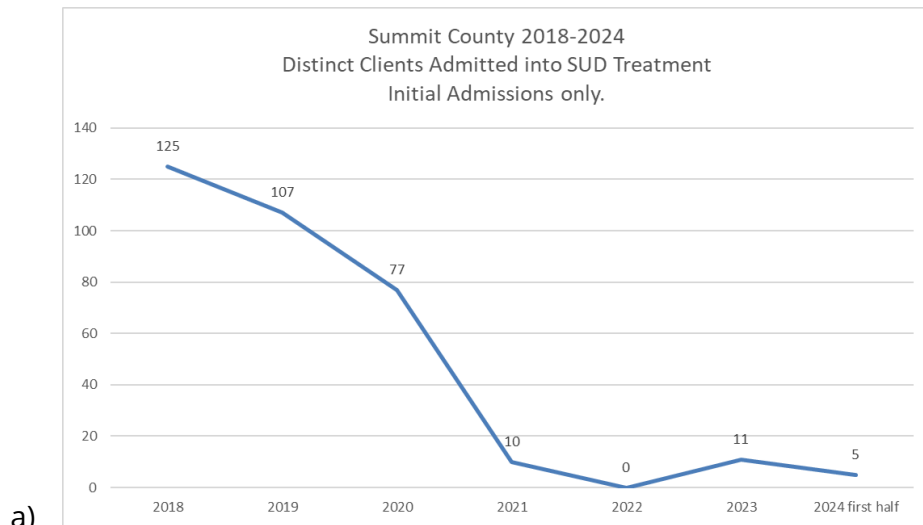
None

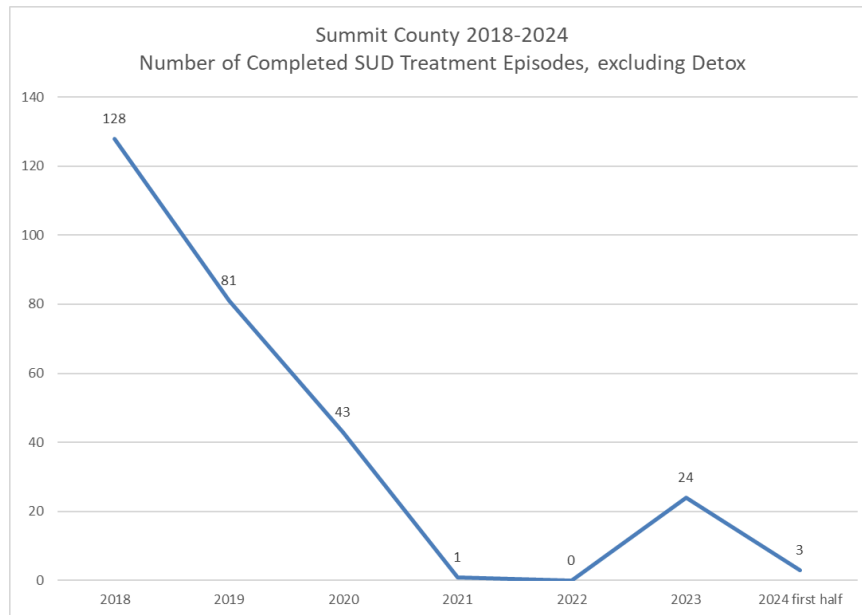
### **FY24 Significant Non-compliance Issues:**

- 1) **Substance Use Episodes Data:** Summit County has submitted a low volume of data required for the individuals who are provided substance use services. The Treatment Episode Data Set (TEDS) identifies that Summit County has either not provided the correct data or that the number of services provided for substance use services has significantly decreased since FY18. While, it is noted that FY18 and FY19 were both under the provision of Valley Behavioral Health - Summit County, the decreases in data provided or services rendered have continued to date. Although "assessment" data has continued to be submitted, there has not been valid outcome



data, represented by completed treatment episodes, reported to SUMH. There has not been enough outcome data reported to come to any reliable conclusion. Examples of incongruent data include:





- c)
- d) No **Criminogenic Risk Data** was collected for justice-involved clients in FY23.
  - e) The percentage of **clients employed from admission to discharge** moved from 0.0% to 0.0% from FY22 to FY23 respectively.
  - f) The percent of **clients involved in the criminal justice system** moved from 0.0% to 0.0% from FY22 to FY23 respectively.
  - g) The percent of **clients using tobacco from admission to discharge** moved from 0.0% to 0.0% from FY22 to FY23 respectively.
  - h) The percent of **clients that were abstinent from drug use from admission to discharge** moved from 0.0% to 0.0% from FY22 to FY23 respectively.
  - i) The percent of **clients that were abstinent from alcohol use from admission to discharge** moved from 0.0% to 0.0% from FY22 to FY23 respectively.
  - j) The **percent of housing that increased for clients upon discharge** moved from 0.0% to 0.0% from FY22 to FY23 respectively.
  - k) The percent of **clients that were using social recovery support upon discharge** moved from 0.0% to 0.0% from FY22 to FY23 respectively.
  - l) No data was entered in FY23 regarding the number of **old open admissions (charts that should be closed)** in the HMHI Park City SUD Treatment Program.

According to Section 17-43-201(4),

“(a) Each local substance abuse authority is accountable to the department and the state with regard to the use of state and federal funds received from those departments for substance use services, regardless of whether the services are provided by a private contract provider.

(b) Each local substance abuse authority shall comply, and require compliance by its contract provider, with all directives issued by the department regarding the use and expenditure of state and federal funds received from those departments for the purpose of providing substance use programs and services. The department shall ensure that those directives are not duplicative or

conflicting, and shall consult and coordinate with local substance abuse authorities with regard to programs and services.”

The Office Directives also state that: “Service data is required for all clients receiving substance use disorder or collateral treatment (TEDS and SUD event), mental health treatment (MHE), crisis or stabilization services (CS), recovery support services (RSS), or indicated prevention services (IP).”

Summit County needs to comply with Section and the SUMH Office Directives regarding data submissions.

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

#### **Action Plan:**

- 1) Summit County is currently in contract negotiations with HMHI for direct billing. By being able to perform this function directly, HMHI-PC will no longer be limited to the treatment codes used by HUB (except for Medicaid coding). Working with members of the OSUMH Data Team, HMHI has been working on identifying how OSUMH data needs to be reported to illustrate the actual service levels. While progress has been made, HMHI is still working on the final implementation and incorporation of the data sets into their EHR. Additionally, Summit County is working with Qualifacts on the implementation of Credible. Currently, both projects are on track to be implemented in the first half of October 2024 in concert with the new service contract being signed.
- 2) In regards to points “d, e, f, g, h, i, k”, this data has been available but unable to be reported. With the changes to reporting being worked on with the OSUMH Data Team, it is expected these services will be reported on.
- 3) In regards to point “j” above, there are currently no public housing options available to individuals in Summit County for HMHI to refer to. An exception to this is the Summit County Clubhouse who has secured temporary housing exclusively for members. We are working with the SCC to encourage them to accept OSUMH funded clients who are not members.
- 4) In regards to point “l”, it is the University of Utah Medical (parent of both UUHP and HMHI) policy to not close out charts. Till such time as they change their current policy for the system, this will unfortunately remain a finding.

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

**Person responsible for action plan:** Cristie Frey / Aaron Newman

**Tracked at SUMH by:** Becky King

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

- 1) **Annual State Funding:** Summit County has not spent the allocated funding for the past 2 fiscal years. In FY22, \$189,253, or 32.8% of the total allocated funds, were unspent. In FY23, \$156,569, or 33.8% of the total allocated funds, were unspent. Summit County should examine their allocated funding and how it is utilized and ensure that a full substance use continuum of care is accessible to the individuals throughout their county. (See Contract 4.18 underutilization of funds)

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

### **Action Plan:**

- 1) As of this response, Summit County remains in contract negotiations with HMHI for a service contract through July 1, 2030. This contract is expected to be in place by January 1, 2025, at which time HMHI will begin utilizing the full suite of CPT codes and will no longer be limited to the treatment codes used by HUB (except for Medicaid coding). Working with members of the OSUMH Data Team, HMHI has made several successful data submissions and is on-track to provide all required data sets by January 1<sup>st</sup>, 2025. With the issue of data reporting addressed, it is expected that numbers for FY25 will serve as an accurate accounting of those clients seen through DHHS-funded services and Medicaid.
- 2) Each month, the Summit County Behavioral Health Director, the HMHI-PC Clinical Director, and the HMHI-PC Finance Director meet to review each service claim and client chart for the past month to determine the appropriate OSUMH allocations line in which to bill, along with ensuring that the client meets the stated requirements and fall outside the restrictions of usage of each OSUMH allocation.
- 3) It should be pointed out that for FY24, all FTL funds were utilized.

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

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

**Tracked at SUMH by:** Becky King

- 2) **Youth Satisfaction Survey - Family:** Summit County only collected 4.8% of the Youth Satisfaction Survey - Family (YSS-F). The Office Directives require that: " Each provider is required to submit consumer satisfaction survey results for a minimum of 10% of unduplicated adults and children for whom substance use or mental health service data are submitted, regardless of the modality of treatment or length of stay in treatment." Summit County needs to develop a plan for survey administration for the YSS-F to engage caregivers in order to meet the 10% threshold.

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

**Action Plan:**

- 1) HMHI-PC is in the process of having iPads loaded with the YSS-F for individuals to complete. Having this should help in meeting the targeted response rate.
- 2) HMHI-PC will continue to send email reminders to clients to encourage the completion of the YSS-F.

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

**Person responsible for action plan:** Cristie Frey / Aaron Newman

**Tracked at SUMH by:** Becky King

- 3) **Youth SUD Services:** Summit County did not provide substance use treatment services to anyone under 18 in FY23. There have not been any reported youth receiving services since FY20, when 28 youth were reported as receiving services. Summit County reports they have used different resources to serve youth with substance use needs in their county in FY23. Many of the youth that are referred for services are in need of prevention services, so HMHI has been sending these youth to the THRIVE Program, which teaches youth life skills. The THRIVE program is not funded through SUMH and has not gone through the office's process to become an evidence-based program. While it is notable that Summit County provides school based behavioral health services and other prevention based services, the substance use treatment continuum is missing. Summit County should evaluate the need for substance use services for youth and increase access to these services throughout the catchment area.

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

- 1) As of this response, Summit County remains in contract negotiations with HMHI for a service contract through July 1, 2030. This contract is expected to be in place by January 1, 2025, at which time HMHI will begin utilizing the full suite of CPT codes and will no longer be limited to the treatment codes used by HUB (except for Medicaid coding). Working with members of the OSUMH Data Team, HMHI has made several successful data submissions and is on-track to provide all required data sets by January 1<sup>st</sup>, 2025. With the issue of data reporting addressed, it is expected that numbers for FY25 will serve as an accurate accounting of those clients seen through DHHS-funded services and Medicaid.
- 2) HMHI provides assessments, individual therapy, family therapy, crisis services, case management, peer support, other RSS services, and medication management to youth in Summit County. We utilize psychosocial community resources like the Thrive program and Live Like SAM youth programming to supplement group and

peer based services we do not offer. We refer to parent resources through the health department/prevention for parenting groups. We refer to our HMHI Salt Lake resources and others for transitions to higher levels of care

- 3) Point of Correction: THRIVE received its evidence-based certification, level 2 on October 31, 2023 from DHHS.

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

**Person responsible for action plan:** Cristie Frey / Aaron Newman

**Tracked at SUMH by:** Becky King

#### **FY24 Deficiencies:**

- 1) **State Opioid Grant (SOR) Funds:** Summit County has not accepted or spent SOR funding since FY23. In FY22, \$12,500 was allocated to Summit County and only \$10,218 was utilized. In FY23, \$12,500 was allocated to Summit County and reallocated to another Local Authority by the end of the fiscal year. Summit County did not accept any SOR funding in FY24. It is recommended that Summit assess the need for opioid and stimulant use disorder prevention, harm reduction, treatment, and recovery support services within the county and utilize these funds appropriately. SUMH staff is available to provide technical assistance to help support and implement the use of the federal funding to meet the needs identified in Summit County.

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

##### **Action Plan:**

- 1) After discussion with HMHI, due to the small amount of SOR funds and the reporting requirements tied to their usage, we will not be requesting these funds for FY25. This is not to say that addressing opioid usage and treatment is not a priority, just that the time required to report is not equal to the amount being allocated.
- 2) Services related to OUD treatment and MAT have been approved for funding through the Summit County Opioid Settlement dollars, allowing for greater access to funding and flexibility in treatment opportunities, such as providing MAT within the Summit County Jail.
- 3) If these dollars are able to be moved to support prevention programs, we would gladly receive and utilize these funds.

**Timeline for compliance:** NA

**Person responsible for action plan:** NA

**Tracked at SUMH by:** Becky King

- 2) **Consumer Satisfaction Surveys:** During this year's onsite review, SUMH followed up on the Mental Health Statistics Improvement Program (MHSIP) recommendation from the FY23 audit. Although the percentage of clients sampled rose in FY23 (FY22: 30%; FY23: 41.6%), the overall numbers of returned forms are still low (FY22: 18; FY23: 32), primarily due to the low documented number of mental health clients served (FY22: 60; FY23: 77). The discussion focused on implementation and best practice use of the MHSIP. During that discussion, it was reported that the survey is given out when clients are at the clinic and waiting for an appointment, or they will send clients an online survey link to complete. It was noted that Summit does not receive a strong response and that they have not seen or used the results. The MHSIP survey is a Federally required survey; it measures concerns that are important to clients and should be used to guide best practices and improve outcomes for clients. It is recommended that Summit County review the specific MHSIP survey questions and FY24 responses, along with the findings and recommendations in this report, to assess why clients are not reporting positive service outcomes.

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

##### **Action Plan:**

Please note this is the same response to the same finding in Mental Health.

- 1) Summit County is currently in contract negotiations with HMHI for direct billing. By being able to perform this function directly, HMHI-PC will no longer be limited to the treatment codes used by HUB (except for Medicaid coding). Working with members of the OSUMH Data Team, HMHI has been working on identifying how OSUMH data needs to be reported to illustrate the actual service levels. It is anticipated that this will be completed in October 2024
- 2) HMHI-PC is in the process of having iPads loaded with the MHSIP survey for individuals to complete during appointment intake. Having this should help in meeting the targeted response rate.
- 3) HMHI-PC is open to any training provided by OSUMH related to integrating the MHSIPs data.

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

**Person responsible for action plan:** Cristie Frey / Aaron Newman

**Tracked at SUMH by:** Becky King

## **Section Two: Report Information**



## Background

Section **26B-5-102** outlines duties of the Office of Substance Use and Mental Health. Section 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 are determined by 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 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 Office 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.

## Signature Page

We appreciate the cooperation afforded SUMH monitoring teams by the management, staff and other affiliated personnel of Bear River Health Department and for the professional manner in which they participated in this review.


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

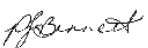
The Office of Substance Use and Mental Health

Prepared by:

Kelly Ovard  Date 12/30/2024  
Auditor IV

Approved by:

Kyle Larson  Date 12/30/2024  
Administrative Services Director

Pam Bennett  Date 01/02/2025  
Assistant Director

Eric Tadehara   
Eric Tadehara (Jan 6, 2025 12:05 MST) Date 01/06/2025  
Assistant Director

Brent Kelsey   
Brent Kelsey (Dec 30, 2024 15:45 MST) Date 12/30/2024  
Director

## Attachment A

### OFFICE OF SUBSTANCE USE AND MENTAL HEALTH

### UTAH OFFICE OF SUBSTANCE USE AND MENTAL HEALTH

#### Emergency Plan Monitoring Tool FY24

**Name of Local Authority:** Summit County

**Date:** May 8, 2024

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

Same plan as submitted in SFY23

Compliance Ratings				
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		X	<b>The plan has not been revised/updated since 2018 according to the record of change. Strongly suggest revising to include the missing elements identified in this monitoring tool.</b>
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>Need to identify method(s) and schedule(s) communicating changes and training staff.</b>
<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	No alternate care sites are listed for behavioral health providers to be used in case of disaster. Only county and med surg are referenced. Please document how these services will be supported.
Communication procedures with staff, clients' families, state and community stakeholders and administration			X	Please identify how services critical to behavioral health disaster support will be provided to include family support and assistance, education, communication will be provided in the event of a disaster. If not provided directly, include a statement that monitoring of subcontract(s) plan(s) to ensure these requirements are being met.
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	No participation in the quarterly radio checks. Per SUMH Directives, the county must participate in at least 3 of the 4 quarterly checks. It is also strongly encouraged to participate in the Regional Healthcare Coordination Council.
Procedures that ensure the timely discharge of financial obligations, including payroll.	X			
Procedure for protection of healthcare information systems and networks		X		This element is new this year. Policy should include protection of healthcare systems/networks (i.e., cyber attack).
<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	Please identify how services critical to behavioral health disaster support will be provided (such as clinical services, medication management, counseling, case management, family support, pharmacy, transportation, etc.) and support in the event of a disaster. If not provided directly, include a statement that monitoring of subcontract(s) plan(s) to ensure these requirements are being met.
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>●</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	Please identify how residential/housing services will be supported in the event of a disaster. If not provided directly, include a statement that monitoring of subcontract(s) plan(s) to ensure these requirements are being met.












# OSUMH Summit FY24 Audit Final Report

Final Audit Report

2025-01-06

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