



State of Utah

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Date: March 14, 2024
Commissioner Amelia Powers Gardiner
100 East Center #2300
Provo, UT 84606

Dear Commissioner Powers Gardiner:

In accordance with Utah Code Annotated 26B-5-102, the Office of Substance Use and Mental Health has completed its annual review of Utah County's Health Department abusePrevention Services and the final report is enclosed. The scope of the review included fiscal management, substance abuse treatment and prevention services, and general operations.

The center has many strengths; however, this report by its nature focuses on the exceptions and areas in need of improvement. The OSUMH has approved all corrective action plans submitted by the Center/County in response to each reported finding, which have been included in the final report. If you have any questions, please contact Kelly Ovard at 385-310-5118.

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

Sincerely,

Brent Kelsey
Director

Brent Kelsey (Mar 18, 2024 14:53 MDT)

Enclosure

cc: Brandon Gordon, Utah County Commissioner
Tom Sakievich, Utah County Commissioner
Jackie Karsies, Utah County Health Department Finance Manager
Eric Edwards, Director Utah County Health Department
Heather Lewis, Utah County Prevention Coordinator



Utah Department of
Health & Human Services
Integrated Healthcare

Site Monitoring Report of

Utah County Health Department Prevention Services

Local Authority Contract #A03080

Review Date: January 9, 2024

Final Report

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Section One: Site Monitoring Report

Executive Summary

In accordance with Utah Code Section 26B-5-102, the Office of Substance Use and Mental Health (also referred to in this report as OSUMH or the Office) conducted a review of Utah County's Department of Drug and Alcohol Prevention and Treatment (also referred to in this report as UCaDDAPT or the County) on January 9, 2024. The focus of the review was on governance and oversight, fiscal management, substance abuse prevention and treatment services and general operations. The Utah County Health Department Prevention Services (UCHDPS) manages the Prevention portion of the SUD program.

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

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

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

Summary of Findings

Programs Reviewed	Level of Non-Compliance Issues	Number of Findings	Page(s)
<i>Governance and Oversight</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiencies	None None None None	
<i>Substance Use Disorders Prevention</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None 1	8-9

Governance and Fiscal Oversight

The Office of Substance Use and Mental Health (OSUMH) conducted its annual monitoring review at Utah County's Health Department of Prevention Services (UCHDPS). The Governance and Fiscal Oversight section of the review was conducted on January 9, 2023 by Kelly Ovard, Financial Services Auditor IV.

A site visit was conducted with the Utah County Health Department as the contracted Local Authority for Utah County for prevention services. Utah County also provided documentation for their annual review of the county's prevention services. Overall cost per client data was analyzed and compared to the statewide Local Authority average. Executive travel reimbursements were reviewed to ensure they were appropriate and that no personal benefit was gained. Board minutes were reviewed and discussions were conducted to determine if an appropriate level of involvement and financial oversight was provided.

As part of the site visit, UCHDPS provided backup to support their costs and billed amounts. This allows OSUMH to fairly incorporate these overhead/administrative costs into the payments sent for services that qualify for funding found on the Center's contract allocation letter. Random samples were taken from the backup provided to verify that the listed services qualified for each different service category.

As the Local Authority, UCHDPS received a single audit for Utah County as required. The CPA firm Gilbert & Stewart completed the audit for the year ending December 31, 2022. The auditors issued an unmodified opinion in their report dated June 14, 2023. There were no findings in the report. Block Grants for Substance Abuse and Mental Health were audited as major programs.

Follow-up from Fiscal Year 2023 Audit:

FY23 Deficiencies:

- 1) **Billing Times:** The required billing time is 30 days for services. The average billing time for the time period July 1, 2021 to June 30, 2022 was 60 days.

This was not audited during the FY23 audit but it will be reviewed again next year.

- 2) The **Conflict of Interest forms for Subcontractors were missing.** *see Contract Article 1:14* When completing annual contracts/updates or when annual auditing of subcontractors is conducted, annual Conflicts of Interest with the Subcontractor need to be completed/updated.

It has been determined that this is resolved. Utah Co. Prevention does not have subcontractors, but has coalitions that assist in providing prevention services and materials to the public.

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. All **documents need to be uploaded** in a timely manner in order for the audits to be completed. Complete and accurate documents for the audit were not uploaded by the due date of December 19, 2023. This will move to a finding next year if not corrected.

FY24 OSUMH Comments:

None

Substance Use Disorders Prevention

Becky King, Program Administrator, conducted the annual prevention review for Utah County's Department of Prevention Services (UCHDPS) on January 9, 2024. The review was conducted with the Utah County Health Department Prevention Services (UCHDPS) as they now administer the prevention program and focused on the requirements found in State and Federal law, OSUMH Directives and contracts. In addition, the reviews evaluated the services described in the annual prevention area plan and evaluated the data used to establish prevention priorities.

Follow-up from Fiscal Year 2023 Audit

There were no findings in FY23

Findings for Fiscal Year 2024 Audit

FY24 Major Non-compliance Issues:

None

FY24 Significant Non-compliance Issues:

None

FY24 Minor Non-compliance Issues:

None

FY24 Deficiencies:

- 1) **Eliminate Alcohol Sales to Youth (EASY) Compliance Checks:** The EASY Compliance checks decreased from 293 to 287 in Utah County from FY22 to FY23 respectively, which does not meet OSUMH Directives. There should be at least one more EASY Compliance check completed from the previous year.

County's Response and Corrective Action Plan:

Action Plan: Rather than continue to try to achieve a measure that we are not able to legally achieve, the prevention coordinators across Utah want to create alternative options to ensure checks are being completed, and that we are supporting law enforcement in getting them done. Coordinators across the state will want to implement different things, depending on their communities. In Utah County specifically, the prevention staff, coalition members and I will seek permission and approval from OSUMH and Utah County Health Department leadership to support law enforcement and encourage them to complete EASY checks through their agencies. We encourage them to participate in any prevention training and in learning about the outcomes of these checks and the necessity to continue to complete them. Our underage drinking rates have continued to decline in Utah County as a result of the efforts made like EASY checks, and ensuring continued partnerships with law enforcement is one surefire way to continue to keep rates low. We will promote any EASY-related education for officers and ensure there is representation

from each police department or area. If no training is available for law enforcement, we will provide data and other research to educate them on the importance of the checks.

More information regarding the changes made, the prevention coordinator's role, and our ability to respond to and perform the duties as we had done in the past.

- Utah County Health Department staff can't do E.A.S.Y. checks, but we are being penalized since we don't have "one more check than last year." Utah compliance check regulations (Utah Code 77-39-101) were implemented in 2007 and amended in 2021 to allow only state-authorized "peace officers" to investigate the sale of alcohol, tobacco, e-cigarette and nicotine products to underage individuals, and Utah Code 32B-7-305, (amended in 2022), states that only a municipal or county law enforcement agency can be reimbursed for doing these checks. **Therefore, an LSAA has no capacity, nor the legal standing to conduct compliance checks, so penalizing them for not doing something they have no control over, and which would violate state law if they actually did do, is inequitable.**
- This system of evaluation is based on an arbitrary comparison of previous year numbers to current year numbers. **It doesn't take into account planning, execution, or efforts made to impact or promote compliance checks.** If an LSAA has a compliance check rate of 99.9%, and rates drop by .1%, they are given a deficiency, (even though they still have a 99.8% compliance check rate). If they have a compliance check rate of 1%, and they increase by .1%, they are considered to be in compliance, (even though they still only have 1.1% compliance). Regardless of where they start, if rates drop by a .01 percentage, LSAA's are given a deficiency, even if they worked hard to create an impact. If rates increase by a .01 percentage, LSAA's are considered to be in compliance, even if they did *nothing* to impact these rates. This promotes a "why even try" attitude toward compliance checks, and most importantly, it does not assess what, if anything, LSAA's are doing to impact compliance checks in their community.

Timeline for compliance: By December 2024

Person responsible for action plan: Heather Lewis and Megan Hawks

Tracked at OSUMH by: Becky King

FY24 Recommendations:

- 1) **Coalition Support:** There has been a considerable amount of capacity building in Utah County within the coalitions. **Orem** was planning to partner and form a coalition in their city, but after staff turnover that plan has slowed dramatically. There is also an issue with a new contract with **Eagle Mountain** where they have not been willing to agree to the terms of the new contract, so it is unknown whether this coalition will continue. Their Coordinator also vacated their position and it is

unknown whether this position has been replaced or not. It is recommended that UCHD continue to provide support to Orem and Eagle Mountain as needed. OSUMH can provide support and technical assistance upon request.

FY24 OSUMH Comments:

1) Community Coalition Achievements:

- a) **The Lehi Communities that Care (CTC)** continues to make great progress. They recently had a logo contest where ten of the youth were selected in the top place, and the first place winner received an award from the Mayor. These kids did great work, and the Lehi CTC even enlisted Adobe to help create their new logo.
- b) **Lindon Cares** has a strong coordinator who has a lot of energy and does amazing things. The coordinator and coalition has been struggling with administration to receive their full support, and even was denied extra funding by them, but they have continued to move forward with efforts despite this challenge. While UCHD doesn't provide administrative oversight for the coalition, they continue to help and support the coalition in finding ways to address these struggles. The Coordinator has been coached by one of the UCHD Prevention Staff and is working through the CTC's milestones and benchmarks.
- c) **Vineyard Cares** has increased their capacity over the last year. They were able to garner support from several of the businesses in their area and have great support from their Board. Their Coalition Coordinator is being coached by the UCHD staff and are making excellent progress with their goals.
- d) **The Payson CTC** has experienced recent changes, including the Coordinator retiring this year after 12 years. However, the city didn't hesitate to post the position and get her replaced. They now have a new Coordinator who has passion and has brought fresh ideas to the coalition. The new Coordinator is being coached by UCHD staff and is moving their coalition through the CTC process.

2) Program Implementation and Sustainability: Utah County sustains their programs through contracts with the school districts or cities. Programs are monitored for efficacy through bi-yearly and year-end reports that compile survey results or through outside companies that analyze the data. Utah County constantly seeks to support and increase opportunities within the communities for these types of programs, but all programs must be evidence-based to be considered. The local coalitions are able to meet additional expenses with outside grant funding through the Youth E-Cigarette, Marijuana and Other Drug Prevention Grant Program, which is monitored through the Health Department. UCHD continues to support coalitions through funding, training and coaching.

3) Opioid Initiatives: UCHD was provided a portion of the Opioid Settlement dollars from the total award amount that Utah County receives. UCHD purchases Naloxone and provides it to first responders and other individuals in the county. They helped train individuals how to recognize an overdose and how to use Naloxone. UCHD

also provides Wasatch Behavioral Health Naloxone and has a great partnership with them where they collaborate on a variety of opioid related initiatives. Utah County has been able to reduce the number of opioid related deaths through prevention and treatment efforts in their community.

Section Two: Report Information

Background

Utah Code Section **26B-5-102** outlines duties of OSUMH. Paragraph **(2)(c)** states that the Office shall:

- Consult and coordinate with local substance abuse authorities and local mental health authorities regarding programs and services,
- Provide consultation and other assistance to public and private agencies and groups working on substance abuse and mental health issues,
- Receive, distribute, and provide direction over public funds for substance abuse and mental health services,
- Monitor and evaluate programs provided by local substance abuse authorities and mental health authorities,
- Examine expenditures of any local, state and federal funds,
- Monitor the expenditure of public funds by local substance abuse authorities and mental health authorities,
- Contract with local substance abuse authorities and mental health authorities to provide a continuum of services in accordance with OSUMH policy, contract provisions, and the local plan,
- Assure that these requirements are met and applied uniformly by local substance abuse authorities and mental health authorities across the state,
- Conduct an annual program audit and review of each local substance abuse authority and mental health authority in the state and its contract provider in a review and determination that public funds allocated to by local substance abuse authorities and mental health authorities are consistent with services rendered and outcomes reported by them or their contract providers,
- Each local substance abuse authority and each mental health authority is exercising sufficient oversight and control over public funds allocated for substance abuse and mental health programs and services, and
- Other items determined by the OSUMH 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 OSUMH is simply making a best practice or technical suggestion. The contractor is encouraged to implement the suggestion but not required.

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

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

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

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

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

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

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

Signature Page

We appreciate the cooperation afforded the OSUMH monitoring teams by the management, staff and other affiliated personnel of Utah County's Department of Prevention Services and for the professional manner in which they participated in this review.

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

The Office of Substance Use and Mental Health

Prepared by:

Kelly Ovard 
Auditor IV

Date 03/14/2024

Approved by:

Kyle Larson 
Administrative Services Director

Date 03/14/2024

Eric Tadehara 
[Eric Tadehara \(Mar 14, 2024 13:29 MDT\)](#)
Office Assistant Director

Date 03/14/2024

Brent Kelsey 
[Brent Kelsey \(Mar 18, 2024 14:53 MDT\)](#)
Director

Date 03/18/2024











OSUMH Utah County Prevention FY24 Final Report - Google Docs

Final Audit Report

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