



## State of Utah

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## Department of Health & Human Services

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*Deputy Director*

Date: March 20, 2025

Commissioner Brandon Gordon  
100 East Center Street Suite 320  
Provo, UT 84606

Dear Commissioner Gordon:

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

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

SUMH appreciates the cooperation and assistance of the staff and looks forward to a continued professional relationship.

Sincerely,

Brent Kelsey (Mar 20, 2025 10:24 MDT)

Brent Kelsey  
Director

Enclosure

cc: Skyler Beltran, Utah County Commissioner Vice Chair  
Amelia Powers-Gardner, 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 21, 2025

Final 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 (SUMH) conducted a review of the Utah County Health Department on January 21, 2025. The focus of the review was on governance and oversight, fiscal management, substance use disorder prevention and general operations. The Utah County Health Department manages the prevention portion of the SUD program.

The nature of this examination was to evaluate the local authority'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 local authority 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 SUMH employee responsible to ensure its completion.

## 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 Deficiencies	None None None None	
<b><i>Substance Use Disorders Prevention</i></b>	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 (SUMH) conducted its annual monitoring review at Utah County's Health Department (UCHD). The Governance and Fiscal Oversight section of the review was conducted on January 21, 2025 by Kelly Ovard, Financial Services Auditor IV.

A site visit was conducted with the Utah County Health Department. 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, UCHD provided backup to support their costs and billed amounts. This allows SUMH 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, UCHD 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 2024 Audit:**

**There were no findings in FY24.**

**Findings for Fiscal Year 2025 Audit:**

**FY25 Major Non-compliance Issues:**

None

**FY25 Significant Non-compliance Issues:**

None

**FY25 Minor Non-compliance Issues:**

None

**FY25 Deficiencies:**

None

**FY25 Recommendations:**

None

**FY25 Comments:**

None



## Substance Use Disorders Prevention

David Watkins, Program Administrator, conducted the annual prevention review for Utah County's Department of Prevention Services (UCHDPS) on January 21, 2025. The review was conducted with the Utah County Health Department and focused on the requirements found in State and Federal law, SUMH 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 2024 Audit

#### **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 SUMH Directives. There should be at least one more EASY Compliance check completed from the previous year.

**This finding has been reduced for FY25. See recommendation 1.**

### Findings for Fiscal Year 2025 Audit

#### **FY25 Deficiency:**

- 1) **Data Entry:** Office Directives require that data for universal and selective prevention services are entered into the Data Users Group System (DUGS) within 45 days of services. During FY24 only 1 strategy was entered into the DUGS systems, and none of the entries met the 45 day of service requirement. Utah County is aware of the issue and is making efforts to improve. With the site visit occurring half way through the next audit period, some issues with this finding may persist into the next year. Utah County's FY25 data entries do indicate more strategies being entered, timeliness of entries can't be assessed at this time.

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

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

UCHD Prevention Program Manager will ensure that all individuals responsible for DUGS data entry will have login access to the database and be properly trained by 3/1/2025 for documentation of any prevention efforts funded with pass-through grants from OSUMH. Individuals will be instructed to document **ALL services within the 45 day window**. Documentation will be reviewed quarterly and corrective action will be taken for noncompliance.

##### **Timeline for compliance:**

March 1, 2025 - Training completed, All Coordinators trained

June 30, 2025 - All services will be entered on time, All Coordinators told to meet compliance measures or risk losing funding. Coalition data entry will be monitored quarterly and staff will be informed of concerns to address before the end of next quarter.

Coalitions may be placed on a probationary status until documentation requirements are being met consistently.

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

**Tracked at OSUMH by:** David Watkins

**FY25 Recommendations:**

- 1) **EASY Compliance Checks:** Compliance checks decreased again in FY24. Utah County expressed several reasons for this decrease during the site visit. As LAs do not have authority to conduct compliance checks, the checks are contingent on local Law Enforcement. The Office Directives have shifted the requirement as a result of the authority that each LA has. SUMH will follow up on the role the LA can play in working with law enforcement to complete checks. SUMH would like to see Utah County continue to implement their plan to increase law enforcement buy-in for completing the checks and be able to show evidence of efforts at next year's site visit.
- 2) **Readiness Assessments:** The Office Directives require each LA to increase the number of coalitions conducting community readiness assessments related to opioids. To meet this requirement related to the reception of Opioid Settlement Fundings, SUMH recommends that Utah County complete opioid related community readiness assessments during the last six months of FY25.

**FY25 Comments:**

- 1) **School Nurses:** Utah County has a unique partnership that allows them to hire nurses at the Health Department that work in the schools. These school nurses are being trained in prevention science with the hope that they can provide evidence-based prevention efforts in schools. Utah County is the only county in the state that has Health Department nurses working in schools.
- 2) **Coalitions:** At the site visit Utah County mentioned the success and challenges the six coalitions in the county are having. Due to staff changes and turnover along with other issues, it was mentioned that the county is going through a reset period with coalition work. This reset should allow for necessary enhancements to be put in place to allow for the continued success of coalition efforts moving forward. Utah County has shown dedication to supporting coalition coordinators through hiring and training a specific Communities that Care (CTC) coach who will be coaching coalition coordinators through the CTC process.
- 3) **SHARP survey:** SUMH commends Utah County for educating and advocating for the SHARP survey. UCHDPS works to ensure that parents are educated about the survey and that school districts are onboard with conducting the survey. This is critical to ensure SHARP data is available.

## **Section Two: Report Information**

## Background

Section **26B-5-102** outlines duties of SUMH. 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 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 determined by the 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 SUMH 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 SUMH may be relied upon for technical assistance and training and the Local Authority is encouraged to utilize SUMH resources. Each corrective action plan must be approved by SUMH 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 SUMH 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 SUMH as evidenced by their signature and date; follow-up and verification actions by the SUMH 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 SUMH. Upon receipt, the SUMH will have five business days to examine the report for inaccuracies. During this time frame, the SUMH requests that SUMH 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, SUMH will evaluate the finding and issue a revision if warranted.

At the conclusion of this five day time frame, the SUMH 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 SUMH).

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

## Signature Page

SUMH appreciates the cooperation afforded the SUMH 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 03/20/2025

Approved by:

Kyle Larson   
Administrative Services Director

Date 03/20/2025

Eric Tadehara   
[Eric Tadehara \(Mar 20, 2025 10:03 MDT\)](#)  
Office Assistant Director

Date 03/20/2025

Brent Kelsey   
[Brent Kelsey \(Mar 20, 2025 10:24 MDT\)](#)  
Director

Date 03/20/2025












# Utah County Prevention FY25 Final Report

Final Audit Report


2025-03-20

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