



State of Utah

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Date: May 27, 2025

Mr. Dustin Grabau
Wasatch County Manager
25 North Main
Heber City, UT 84032


Dear Mr. Grabau:

In accordance with Section Annotated 26B-5-102, the Office of Substance Use and Mental Health (SUMH) has completed its annual review of Local Authority, Wasatch County and its contracted service provider, Wasatch Behavioral Health; 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.

Wasatch County 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 local authority in response to each reported finding, which have been included in the final report. If there are any questions, please contact Kelly Ovard by phone at 385-310-5118 or by email at kovard@utah.gov.

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

Sincerely,


Brent Kelsey (Jun 3, 2025 14:51 MDT)

Brent Kelsey
Director

Enclosure

cc: Juergen Korbanka, Director, Wasatch Behavioral Health



Utah Department of
Health & Human Services
Integrated Healthcare

Site Monitoring Report of

Wasatch County/Wasatch County Family Clinic

Local Authority Contract #A03086

Review Date: February 4, 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 Wasatch County Family Clinic (WCFC) on February 4, 2025. The focus of the review was on governance and oversight, fiscal management, pediatric and adult mental health services, substance use prevention and treatment services and general operations.

The nature of this examination was to evaluate the WCFC's 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 WCFC's data and its compliance with established programmatic and operational objectives. Additionally, the review included an examination, through sampling, of the WCFC'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 SUMH 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)
<i>Governance and Oversight</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None 1	7-8
<i>Mental Health Programs</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i>Substance Use Disorders Prevention</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None 1	12-13
<i>Substance Use Disorders Treatment</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None 1	15-16

Governance and Fiscal Oversight

SUMH conducted its annual monitoring review of Wasatch County/Wasatch County Family Clinic (WCFC) and their contracted service provider, Wasatch Behavioral Health (WBH). The review was conducted on February 4, 2025 by Kelly Ovard, Financial Services Auditor IV.

Overall cost per client data was analyzed and compared to the statewide Local Authority average. State licensing and subcontractor files were examined for compliance with state licensing laws and adherence to contractual requirements, as well as the WCFC's own policy. 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, Wasatch Behavioral Health sent several files pertaining to Wasatch County to demonstrate Wasatch County's allocation plan and to justify their billed amounts. The allocation plan is clearly defined and shows how administrative and operational costs are equitably distributed across all cost WCFCs and that the billing costs for services are consistently used throughout the system.

There is a current and valid contract in place between the SUMH and the Local Authority. Wasatch County met its obligation of matching a required percentage of State funding.

As required by the Local Authority, Wasatch County received a single audit for the year ending December 31, 2023. The firm HMBE completed the audit and issued a report dated July 1, 2024. The auditors' opinion was compliant stating that the financial statements present fairly, in all material aspects, the financial position of Wasatch County. The audit was classified as Unmodified. The SAPT and MHBG grants were not audited. There was one continuing audit finding which will be discussed below.

As Wasatch County's contracted service provider, Wasatch Behavioral Health received a single audit as required. The CPA firm Litz & Company completed the audit for the year ending June 30, 2023. The auditors issued an unmodified opinion in their report dated November 15, 2024. The MHBG and the SAPT grants were tested as major programs. There were no findings or deficiencies reported. Their report was also uploaded to the Federal Audit Clearinghouse.

Follow-up from Fiscal Year 2024 Audit:

FY24 Minor Non-compliance Issues:

- 1) The following **four findings** were issued in the most recent **(2022) audit by HBME dated July 7, 2023** and the **federal grants** were not audited as major programs.
 - a) **Finding 2022-1: Financial Close and Reporting (Material Weakness)**
Condition: During our audit, material adjustments were required to bring the County's financial statements into conformity with generally accepted accounting principles (GAAP) as it relates to governmental entities.
 - b) **Finding 2020-2: Budgetary Compliance** Condition: For the year ended December 31, 2022, expenditures in the Municipal Building Authority fund exceeded budget by \$308,258.
 - c) **Finding 2020-3: Fund Balance Condition:** As of December 31, 2022, the County had deficit unrestricted fund balances in its Solid Waste District Fund and Information System Services Fund. The County did not appear to budget at least 5 percent of 2022 actual revenues in the subsequent year's budget to begin retiring these deficit fund balances.
 - d) **Finding 2020-4: Open and Public Meetings Act Condition:** HBME noted that various meeting minutes and the corresponding public materials for meetings, held during 2022, were not posted to the Utah Public Notice website within three business days after their approval.
 - e) The **MHBG and the SAPT grants** were not audited in the 2022 financial audit as major programs.

These items have been resolved with the exception of item a). There will be a recommendation below for this item.

FY24 Deficiencies:

- 1) **The 2022 audit was not uploaded to the Federal Audit Clearinghouse:** The maximum time allowed to upload the audit is 9 months from the end of the audit period. This is continued from last year's audit.

This item has been resolved.

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:

- 1) **Emergency Plan:** Radio tests were held on March 7, June 6, and September 5, 2024 (the December test was not conducted due to reprogramming of the radios).

Wasatch County participated in only one test on March 7, 2024, therefore, they did not meet the minimum 75% participation per SUMH directives. **See Appendix A**

County's Response and Corrective Action Plan:

Action Plan: Select WCFC staff will be trained to effectively use the radio system to ensure coverage for quarterly check-ins. Staff will be assigned to sign on and complete radio tests as scheduled to meet SUMH participation requirements.

Timeline for compliance: WCFC will be prepared to comply upon the return of the LA radio following its current reprogramming.

Person responsible for action plan: Chad Shubin

Tracked at SUMH by: Kelly Ovard

FY25 Recommendations:

- 1) **County Financial Audit Finding:** There was one finding that was reviewed and continued in the [2023 County Financial Audit by HBME](#) page 98. There has been progress in the close-out process but there are still items to complete. This will be watched for in the County Audit for 2024 that should come out in the middle 2025. If it is still not resolved for 2025 this will return to a finding in the SUMH FY25 audit.
- 2) **Emergency Plan:** The draft was uploaded and is still a work in progress of 18 months. It is expected that it will be complete at the start of July 2025. This will result in a finding in FY26 if there is no final version of the County Emergency Plan. At last year's monitoring SUMH was informed a new plan would be in place and implemented by July 2024. However, the plan submitted is still in draft form.
- 3) **Unspent Funds Summary:** SUMH recommends that the local authority discuss unspent funds with Wasatch Family Clinic, to determine how to use these funds effectively in future fiscal years.

Program	Service Code	Awarded Amount	Spent Amount	Unspent Amount
SUD	SOR1 - State Targeted Response	\$15,000	\$0	\$15,000
	SOR2 - State Targeted Response	\$5,000	\$0	\$5,000
	Total Unspent SUD	\$20,000	\$0	\$20,000
Prevention:	PFS2 - Partnerships for Success	\$34,500	\$33,320	\$1,180
	PXP - Prevention Prepared Communities	\$14,000	\$12,009	\$1,991
	YPX - Youth SUD Prevention Programs	\$29,000	\$17,649	\$11,351
	Total Unspent Prevention	\$48,500	\$45,329	\$14,522
	Total Unspent Dollars	\$68,500	\$45,329	\$34,522
	Grand Total of Local Authority Allocation	\$1,496,632	\$1,462,110	\$34,522
Total Spent vs Unspent %			97.7%	2.31%

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

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 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

Cody Northup, Program Administrator, conducted the annual monitoring review for mental health programs at Wasatch County Family Clinic (WCFC) on February 4th, 2025. 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 FY24 Monitoring Report; statistics, including the mental health scorecard; area plans; adult and youth outcome questionnaires (OQs/YOQs); Office Directives, and the WCFC's provision of the ten mandated services as required by Section 17-43-301.

Follow-up from Fiscal Year 2024 Audit:

There were no findings issued 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:

Combined Mental Health

- 1) **Clinical Chart Reviews:** SUMH recommends that WCFC continue to input the peer review findings into their new system, utilizing the system to assist clinicians, and improving their ability to meet client needs going forward. WCFC has been working on an improved tracking and reporting system for their clinical chart peer reviews with Wasatch Behavioral Health (WBH, Utah County). The agencies are still in the process of gathering data from the peer reviews, and plan to analyze and create reports with strengths and areas for improvement in the near future.

Children, Youth, and Families

- 1) **Family Peer Support Services (FPSS):** SUMH recommends that WCFC continue to explore options to maintain FPSS as a service for the community, including exploring dual certification with a certified peer support specialist on staff, and collaborating with WBH if possible. FPSS numbers have remained very low (<10 clients served) on both the FY23 and FY24 youth mental health scorecards. In FY23, WCFC had reported that they had hired a part time FPSS and needed additional training on

local resources. WCFC does not have an FPSS on staff in FY25, indicating that it is difficult to maintain the position due to a perceived lack of need in the community.

Adult Mental Health

- 1) **Services with Older Adults:** SUMH recommends WCFC explore opportunities to provide services to the older adults in the catchment area, in addition to current efforts. WCFC mentioned that some services had paused with one of the local nursing facilities and that it would be beneficial to rekindle that relationship again. WCFC also noted that it would be valuable to explore implementing some prevention services and presentations with the local nursing homes as well.

FY25 Comments:

Combined Mental Health

- 1) **Outcome Questionnaire/Youth Outcome Questionnaire (OQ/YOQ):** Per the FY24 youth and adult mental health scorecards, WCFC continues to show a focus and commitment to utilizing the OQ/YOQ. According to the FY25 Office Directives, SUMH has a OQ/YOQ goal of 75% utilization rate of unduplicated clients. WCFC achieved 83% utilization for adults and 94.2% for youth. Additionally, WCFC reports that use of this tool as a clinical intervention is expected with their therapists and clinicians have indicated that they find it useful during sessions. SUMH applauds WCFC's commitment to using the OQ/YOQ as a tool to benefit their clients.

Adult Mental Health

- 1) **Peer Support Services (PSS):** WCFC reported during the on site review that they had been utilizing peer support services with a member of their MCOT team who comes to the office when needed in order to work with clients who may benefit from this service. As of a week before the review, WCFC was able to get another part-time peer support specialist certified and are looking forward to being able to utilize the peer's lived experience and expertise going forward. SUMH appreciates WCFC continuing to find ways to offer this support to their community.

Substance Use Disorders Prevention

David Watkins, LCSW, Program Administrator, conducted the annual prevention review of Wasatch County Family Clinic on February 4, 2025. The review focused on the requirements found in State and Federal law, SUMH 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.

Follow-up from Fiscal Year 2024 Audit

FY24 Deficiencies:

- 1) The **SYNAR compliance rate decreased from 92.3% in FY22 to 84.6% in FY23**, which does not meet SUMH requirements. The standard is for each county to have a 90% compliance rate for SYNAR checks.

This issue has been resolved.

The LA had a Synar compliance rate of 91.7% in FY24 which meets the requirement.

Findings for Fiscal Year 2025 Audit:

FY25 Deficiency:

- 1) **Data entry:** Reports pulled from the Data Users Group System (DUGS) showed that the LA met the 45 day requirement for data entry 11% of the time during FY24. The Office Directives state "the LA must enter prevention data into the SUMH approved system within 45 calendar days of the delivery of service."

SUMH recommends that the LA develop processes that allow for more regular data entry throughout the year. It should be mentioned that at the time of the site visit, no data had been entered for FY25. SUMH notes that with FY25 more than half way over there is a good chance the LA will have a significant percentage of entries that fail to meet the 45 day requirement again next year. SUMH will look for improvement in regular data entry post site visit to show compliance with the directives for FY25.

County's Response and Corrective Action Plan:

Action Plan: To ensure compliance, the LA Prevention Team will enter data into the approved system within **35 days** of each event. The **LA Program Manager** will implement an **event tracking sheet**, which will be reviewed during **weekly coordination meetings** to support timely data entry and maintain accountability for DUGS reporting requirements.

Timeline for compliance: The tracking sheet and DUGS reporting process will be aligned with the above plan no later than June 15.

Person responsible for action plan: Chad Shubin & Trudy Brereton

Tracked at SUMH by: David Watkins

FY25 Recommendations:

- 1) **Substance Abuse Prevention Skills Training (SAPST):** 2 of the LA's staff last attended the SAPSTS training during FY22. Office directives outline that all prevention staff should be recertified every 3 years. SUMH recommends that the 2 staff attend an upcoming SAPSTs training to avoid compliance issues next year.
- 2) **Evidence-based prevention programs:** The LA is implementing the Love and Logic and Why Try programs. Neither of these programs are on an approved evidence-based registry that meets office directives for evidence-based programs. SUMH recommends that the LA coordinate with the other LAs that are implementing these programs to submit information to the Utah Evidence Based Workgroup for review.
- 3) **Community readiness assessments:** Office directives outline that LAs that receive opioid funding should complete opioid related community readiness assessments within the first 3 years of funding. SUMH recommends that the LA works to complete an opioid readiness assessment in the coming year to meet this requirement.

FY25 Office Comments:

- 1) **Community Coalitions:** SUMH appreciates the work that Wasatch County is doing with coalitions. The Caring Community coalition has engaged leaders and coalition members that has allowed them to enhance the prevention work they are doing. The LA is also aware of the growth that is happening within the county and how that might affect the coalitions and prevention work the LA does. In response to this, the LA has spent time ensuring that they develop new coalitions in a way that works for the community. This is highlighted through the work they are doing to establish the Hideout area coalition. The LA is aware of some of the concerns that come from establishing multiple coalitions within a smaller county. One of those issues is the potential creation of the same meeting for multiple coalitions and inviting the same people to both meetings.
- 2) **School partnership and youth groups:** At the site visit, the auditor was able to attend one of the youth group meetings at one of the middle schools in the county. The LA has developed a great relationship with the schools in the area to allow for these youth groups to function. The schools provide a staff person to be involved with the group and the LA hires a staff to coordinate efforts both at the middle and high schools. At the time of the site visit the youth group was preparing for a trip to the State Capitol to do some advocacy work around alcohol policies.

Substance Use Disorder Treatment

Becky King, LCSW, Program Administrator, and Becky Johnson, Auditor III, conducted the review of Wasatch County Family Clinic on February 4, 2025, 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 and a review of WCFC's internal chart review. Clinical practices and documentation were evaluated by reviewing 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 Wasatch County staff. Treatment schedules, policies, and other documentation were viewed. The Utah Substance Abuse Treatment Outcomes Measures Scorecard results were reviewed with Wasatch County staff. Client satisfaction was measured by reviewing records, Consumer Satisfaction Survey data and results from client interviews. Finally, additional data was reviewed for opiate use and treatment access in Wasatch County.

Follow-up from Fiscal Year 2024 Audit

FY24 Deficiencies:

1) **The Treatment Episode Data Set (TEDS) Shows:**

- a) The use of social recovery support services at WCFC is lower than the state and rural averages. This was a noted issue last year as well.

This issue has been resolved. The percentage of clients who attended social recovery support was higher (Intake 25%, Discharge - 32%) than the state (Intake - 23%, Discharge - 24%) and rural averages (Intake - 17%, Discharge - 19%) at both intake and discharge and showed greater improvement than the state and rural averages in FY24.

- b) WCFC is not providing Recovery Support Services (RSS) and has not submitted data since September 2021. They were provided with RSS funds through the Substance Abuse and Mental Health Services Administration (SAMHSA) Supplemental and ARPA funds; however, they have not utilized these funds.

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

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:

1) The Treatment Episode Data Set (TEDS) Shows:

SUMH recommends that WCFC review their data for drug use and MAT and explore reasons for the decrease in the number of clients that received MAT services in FY24. Use of medication assisted treatment (MAT) was 10% for SUD clients with opioids as their primary, secondary, or tertiary substance. This is down from 70% in FY23. ***(Please note that last year this was reported as MAT for clients for whom opioids were the primary substance.)*** WCFC shared that they were experiencing data issues in the past and are planning to review this issue to identify any ongoing data entry issues. WCFC has noticed there is a higher prevalence of clients using methamphetamine and alcohol and fewer clients with opioid use disorders. Data entry issues and changes in demographics of clients at WCFC may have contributed to a decrease in the number of individuals receiving MAT in FY24. It also recommended that WCFC continue to provide MAT services as needed for clients in their program.

Table 2. Wasatch SUD Served

Source: TEDS data (each client is counted only once)

	FY22	FY23	FY24
Total	130	114	148
Drug Court	9	13	12
MAT (Med. Assisted Tx)	30	13	17
Methadone	0	0	0
Naltrexone	4	8	7
Buprenorphine	27	5	10
Any opioid use	25	23	30
% opioid users receiving MAT	64%	70%	10%
Women	36	27	42
Youth	16	7	10
Justice Referred	88	75	97
Old Open Admissions	12%	1%	0%
Priority Groups			
Pregnant IV Users	0	0	0
Female IV Users	3	2	3
Male IV Users	6	17	8

County's Response and Corrective Action Plan:

Action Plan: The WCFC Program Manager has added MAT as a standing item on weekly team meeting agendas. This serves as a regular reminder for staff and a prompt for clinical discussions about clients who may benefit from MAT. It also creates opportunities for brief refresher training to reinforce best practices and support consistent consideration of MAT in treatment planning.

Timeline for compliance: Agenda item has been submitted for inclusion in the weekly agenda.

Person responsible for action plan: Chad Shubin

Tracked at SUMH by: Becky King/Becky Johnson

FY25 Recommendations:

- 1) SUMH recommends WCFC review their data for accuracy and train staff on entering criminogenic risk data in SAMHIS correctly. There were 13% of justice referred clients who did not get assessed for criminogenic risk in FY24. WCFC shared that they recently hired new staff who need to ensure they are completing and entering the criminogenic risk scores for the Risk and Needs and Triage (RANT) and Level of Service/Risk, Need and Responsivity (LS/RNR) in the Substance Abuse and Mental Health Services Administration's Health Information system (SAMHIS). WCFC is planning to provide ongoing training for staff on entering criminogenic risk data correctly in SAMHIS.

Table 4. Wasatch Criminogenic Risk

Source: TEDS data

FY22 FY23 FY24**Justice Referred Adults (non-detox)**

Low risk	7	12	14
Moderate/high risk	27	60	63
Not collected	15	0	11
% not collected	31%	0%	13%

Adult Drug Court

Low risk	0	0	0
Moderate/high risk	8	15	6
Not collected	0	0	0
% not collected	0%	0%	0%

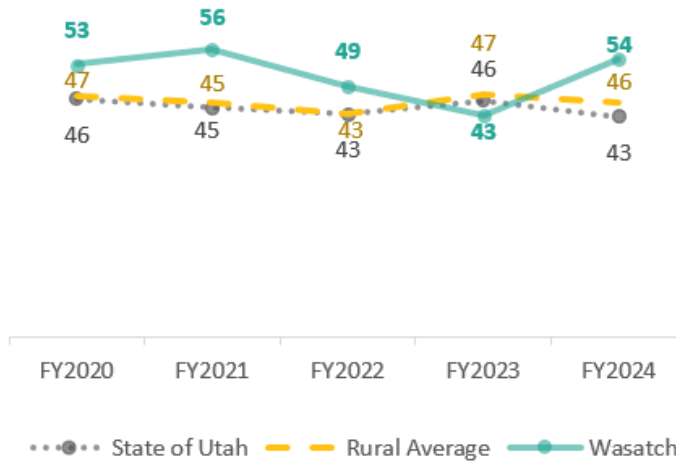
- 2) The SUMH Recovery Support Services Dashboard shows that WCFC provided less than 10 gas vouchers in FY24. SUMH recommends that WCFC review options to expand access to Recovery Support Services to provide additional support to individuals in recovery.

FY25 Comments:**1) TEDS shows that WCFC is doing well in the following areas:**

- a) The percentage of clients who successfully completed SUD treatment at WCFC was higher (54%) than the state (43%) and rural averages (46%) in FY24. This is a large improvement from FY23 when only 43% of clients completed SUD treatment successfully. WCFC offers a variety of treatment options including individual therapy, group treatment, medication management, case management, behavioral management and skills development for individuals with substance use and mental health disorders. They are also providing services in the jail and refer clients to residential treatment programs as needed. WCFC uses an individualized approach in treatment to ensure that their client's needs are met. WCFC has been able to assist clients complete treatment successfully by offering a variety of treatment options and an individualized approach.

Figure 4. % of clients successfully completing SUD treatment

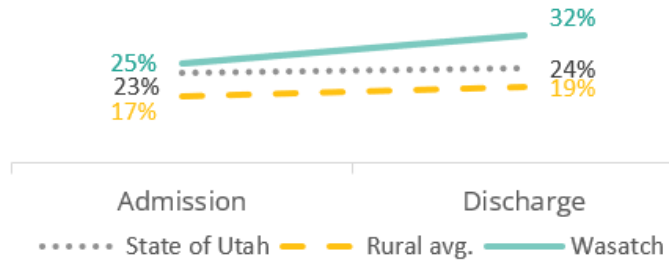
Source: TEDS data, SUD Scorecard



- b) The percent of clients participating in SUD treatment that are SUD clients employed or in school at WCFC was high (Admission - 72%, Discharge - 73%) in FY24. WCFC shared that this success seems to be a factor of the demographic in their area. Most individuals in Wasatch County are middle class, upper-middle class, and upper class, where individuals are usually employed full time with higher paying job positions and have the means to attend school at all levels. According to [City-Data.com](https://city-data.com), the estimated median household income in Wasatch County in 2022 was \$101,594, a significant increase from \$45,394 in 2000.
- c) The percent of clients who attended social recovery support was higher at WCFC (Admission - 25%, Discharge - 32%) than the state (Admission - 23%, Discharge - 24%) and rural (Admission - 17%, Discharge - 19%) averages at both intake and discharge. WCFC updated their assessment to address engagement and social recovery support, which therapists are paying more attention to now. WCFC reports that the definition for social recovery support in the assessment was narrow, so they added a list of 10-12 options for social recovery support, which has helped therapists have a variety of options to select from. They are also focusing on the importance of social recovery support throughout treatment so that clients have a support system in place when they finish treatment. These new developments have contributed to the increase in the number of clients participating in support recovery.

Figure 10. % Using Social Recovery Support

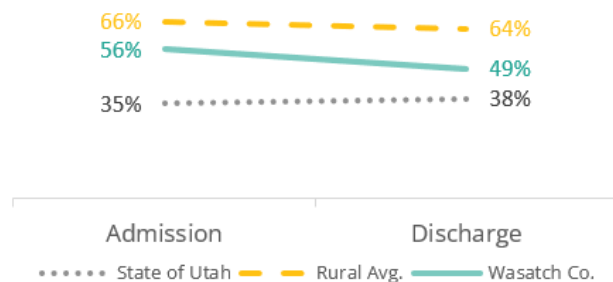
Source: TEDS data, SUD Scorecard



- d) WCFC had lower rates of tobacco/nicotine use among clients (Admission - 56%, Discharge - 49%) than the rural average (Admission - 66%, Discharge - 64%) at both admission and discharge. Tobacco/nicotine use is addressed in the initial assessment. Clients who are interested in quitting can be referred to WayToQuit.Org if support is needed outside of therapy. They also have an in-house prescriber who can provide medically assisted treatment for tobacco/nicotine use disorders. WCFC has an in-house registered nurse who provides a smoking cessation course. All of these factors have contributed to decreased rates of tobacco / nicotine use in FY24.

Figure 11. % Using tobacco

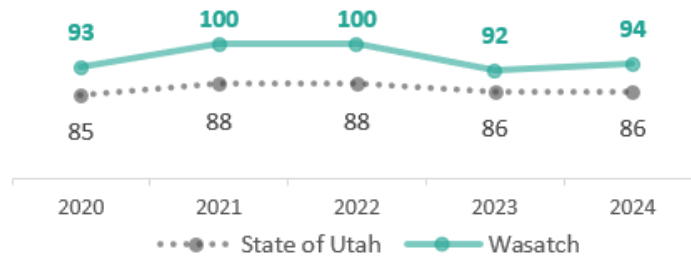
Source: TEDS data, SUD Scorecard



- e) Client satisfaction is high (94%) in the FY24. WCFC shared that they have a very welcoming office, where clients feel welcome and cared for. This brings a lot of value to treatment. WCFC's person WCFCed and caring approach has contributed to higher client satisfaction rates.

Figure 12. Adult satisfaction with SUD treatment (%)

Source: MHSIP Consumer Satisfaction Survey



- 2) Innovative Intensive Outpatient Treatment Program (IOP):** WCFC recently opened an IOP Program in the Wasatch County Jail, which took several months to develop. They contracted with the Wasatch County Sheriff's Office on this project, where WCFC and the Wasatch County Sheriff's Office are both providing services for this program. This is the first IOP Program developed in a jail that involves a partnership with a Local Authority Provider and the Sheriff's Office in the State of Utah. This program offers group treatment 3 days a week, which provides multiple skills and strategies to help individuals learn skills to be successful in life. They also offer individual therapy and a Seeking Safety Group one day a week. Seeking Safety is an evidence-based, present-focused counseling model to help people attain safety from trauma and/or addiction. WCFC and the Sheriff's Office have seen positive results with this program so far.
- 3) Services for a Diverse Population:** WCFC recently implemented a translation service referred to as Pocket Talk. This translation service provides real-time, two-way translation for conversations and visuals. It supports 84 languages, voice-to-voice and voice-to-text translations, which is easy to use. Pocket Talk is HIPPA compliant, which provides a secure environment for individuals receiving translation services. WCFC has made a concerted effort to ensure that they are serving a diverse population in Wasatch County and meeting the needs of their community.

Section Two: Report Information

Background

Section 26B-5-102 outlines duties of SUMH Paragraph (2)(c) states that the 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 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 adequate to measure the resolution.

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

A **deficiency** results when the contractor is not in full compliance, but the deficiency discovered is not severe enough to be categorized as a non-compliance issue. A written corrective action plan is required without a formal timeline. However, the monitoring team may request action to fix the problem by a given date.

A **recommendation** occurs when the contractor is in compliance. 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.

Signature Page

SUMH appreciates the cooperation afforded the SUMH monitoring teams by the management, staff and other affiliated personnel of Wasatch County Family Clinic and for the professional manner in which they participated in this review.

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

The Office of Substance Use and Mental Health

Prepared by:

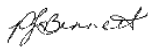
Kelly Ovard 
Administrative Services Auditor IV

Date 05/27/2025


Approved by:

Kyle Larson 
Administrative Services Director

Date 05/27/2025

Pam Bennett 
Assistant Director

Date 05/27/2025

Eric Tadahara 
Eric Tadahara (May 27, 2025 12:05 MDT)

Date 05/27/2025

Brent Kelsey 
Brent Kelsey (Jun 3, 2025 14:51 MDT)

Date 06/03/2025

Attachment A

OFFICE OF SUBSTANCE USE AND MENTAL HEALTH

Emergency Plan Monitoring Tool FY25

UTAH OFFICE OF SUBSTANCE USE AND MENTAL HEALTH

Emergency Plan Monitoring Tool FY25

Name of Local Authority: Wasatch County Family Clinic

Date: February 11, 2025

Reviewed by: Jennifer Hebdon-Seljestad, LCSW
Geri Jardine

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	
Preface				
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	The plan is still in draft form. It was reported at last year's monitoring that this plan would be completed and implemented no later than July 2024.
Record of changes (indicating dates that reviews/revisions are scheduled/have been made and to which components of the plan)				N/A - new plan
Method of distribution to appropriate parties (i.e. employees, members of the board, etc.)	X			
Table of contents	X			
Basic Plan				
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			
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.				
List of essential functions and essential staff positions	X			
Identify continuity of leadership and orders of succession	X			

Identify leadership for incident response	X			
List alternative facilities (including the address of and directions/mileage to each)	X			
Communication procedures with staff, clients' families, state and community stakeholders and administration	X			
Describe participation in and coordination with county and regional disaster preparedness efforts, which could include participation in Regional Healthcare Coordination Councils (HCC) . Participated in a minimum of three of the four yearly DHHS radio checks			X	Radio tests were held on March 7, June 6, and September 5, 2024. The December test was not conducted due to reprogramming of the radios. Wasatch Co only participated in the March 7, 2024 test; therefore, not meeting the minimum 75% per SUMH Directives. Participation in the Regional Healthcare Coordination Council is greatly recommended if not currently attending.
Procedures that ensure the timely discharge of financial obligations, including payroll.	X			
Procedure for protection of healthcare information systems and networks	X			
Planning Step				
Disaster planning team has been selected, to include all areas (i.e., safe/security, clinical services, medication management, counseling/case management, public relations, staff training/orientation, compliance, operations management, engineering, housekeeping, food services, pharmacy services, transportation, purchasing/contracts, medical records, computer hardware/software, human resources, billing, corporate compliance, etc.)	X			
The planning team has identified requirements for disaster planning for Residential/Housing services including: <ul style="list-style-type: none"> • Engineering maintenance • Housekeeping services • Food services • Pharmacy services • Transportation services • Medical records (recovery and maintenance) • Evacuation procedures • Isolation/Quarantine procedures • Maintenance of required staffing ratios • Address both leave for and the recall of employees unable to work for extended periods due to illness during periods of declared pandemic 			X	A new draft plan was submitted for 2025 where this element was not addressed. SUMH recognizes that Wasatch County may not be the provider of these services, please consider an addendum that details with whomever provides this service, and how Wasatch County monitors for the disaster planning and continuity of operations with your subcontractors for residential services.

SUMH is happy to provide technical assistance.











SUMH Wasatch County FY25 Final Report - Google Docs

Final Audit Report

2025-06-03

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