



Utah Department of
Health & Human Services
Integrated Healthcare

Office of Substance Use and Mental Health (SUMH)



Draft Audit Report of:

**Wasatch Behavioral Health:
Contract #A03080**

Audit Review Date: January 6, 2026

Executive Summary

In accordance with Section 26B-5-102, the Office of Substance Use and Mental Health (SUMH) conducted a review of Wasatch Behavioral Health (WBH), which is the agency within Utah County designated to provide services as the local authority (LA). The official date of the review was January 6, 2026 for FY25 (July 1, 2024 - June 30, 2025).

The focus of this examination was to evaluate the LA compliance with: contract requirements, SUMH Directives, 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 use of financial resources.

This report outlines the findings of the audit. Once the report is received by the LA, the LA will have one week (5 business days) to review the report and provide feedback to SUMH. At the end of the review period, the report will be finalized and a signed copy will be sent to the LA. If necessary, a corrective action plan (CAP) report will also be issued and the report will be due back with input and responses from the LA within 14 calendar days from receipt of the signed audit report. For additional information about this process, please review the [FY26 Office Directives G&O Monitoring Process #4-5 pages 3-4](#).

If you have questions regarding this audit, please address them to Kelly Ovard by email at kovard@utah.gov or by phone at 385-310-5118.

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Summary of Findings

Section	Finding Number	Page
Governance	None	
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Governance & Fiscal Review

The Office of Substance Use and Mental Health conducted its annual monitoring review of LA. The operations section of the review was conducted on November 4, 2025. 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, LA 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 SUMH and LA. Wasatch Behavioral Health received an audit for the year ending June 30, 2025. The firm Litz & Company completed the audit and issued a draft report dated December 2, 2025. The final report will be uploaded upon completion. There were no Governance and Fiscal findings in the audit. The opinion for the audit was unmodified.

Governance and Fiscal Findings

There were no Governance and Fiscal findings for the FY26 audit for data from FY25 (July 1, 2024 - June 30, 2025).

Program Review

The review of substance use disorder treatment services and mental health treatment services included a review of:

- findings from the FY25 Audit Report (audit of FY24 performance),
- the Area Plan,
- overall compliance with data reporting,
- SUMH Scorecard data,
- internal chart monitoring,
- HIPAA compliant telehealth services,
- provision of services across the continuum of care, including verification that the LA has subcontracted providers,
- adherence to the consumer satisfaction surveys (MSHIP, YSS and YSS-F) 10% sample rate requirement,
- consumer satisfaction survey results, including the LA's response regarding plans to improve domains that have a consumer response average that is below the national or state average (depending on the survey),
- suicide prevention, including written policy for screening for and responding to suicide risk,
- provision of services in the client's preferred language, and
- adherence to the directive that SAMHSA grant funds may not be used to purchase, prescribe, or provide marijuana or treatment using marijuana.

Substance use disorder treatment services also included a review of:

- SUMH Program Manager feedback regarding their monitoring of:
 - Substance Use Prevention, Treatment and Recovery Services (SUPTRS) Block Grant compliance,
 - State Opioid Response (SOR) funds, including GPRA data reporting,
 - residential treatment for parents and children,
 - Recovery Support services, including recovery residence housing,
 - crisis services,
 - early intervention, and
 - services for individuals convicted of Driving Under the Influence (DUI),
- percentage of charts from prior fiscal years that remain open (which impacts data),
- Drug Court manual and participant agreement,
- drug testing policy and procedures,
- written policy regarding Medication Assisted Treatment (MAT),
- written policy regarding service provision for priority populations,

- use of criminogenic risk screening tools for Drug Court clients,
- use of evidence-based clinical practices, including fidelity, and
- written policy re: DUI education, including: screening, assessment (when indicated) and referral to services.

Mental health treatment services also included a review of:

- SUMH Program Manager feedback regarding their monitoring of adherence to:
 - court-ordered evaluations, treatment plans, treatment and supervision for the Guilty with a Mental Health Condition (GMC) population, including adherence to guidelines for assessment, treatment, supervision, reporting and invoicing,
 - suicide prevention,
 - First Episode Psychosis (FEP) MHBG requirements, including fidelity review,
 - transition-age youth liaison,
 - Supported Employment services,
 - Mental Health Block Grant (MHBG) requirements, including provision of the ten mandated mental health services as required by Section 17-43-301(6)(b),
 - maternal and early childhood mental health services,
 - service provision for clients with complex behavioral health conditions,
 - Mental Health Early Intervention (MHEI),
 - adult and pediatric State Hospital coordination, including participation in Continuity of Care meetings,
 - Peer Support services,
 - crisis and early intervention, including:
 - Mobile Crisis Outreach Team (MCOT), with evidence that Medicaid funds were utilized, when possible,
 - Stabilization and Mobile Response (SMR),
 - collaboration with the statewide mental health crisis line,
 - receiving centers,
 - Integrated Behavioral Health Services Care program,
 - participation in local Homelessness Council meetings,
 - Autism Spectrum Disorders (ASD) mental health preschool program, and
- written policies regarding appropriate service provision for youth or adult clients with complex behavioral health conditions who require frequent engagement, and who are clinically indicated to need multiple mental health supports to remain in the community.

Program Findings

Finding 2.1 - Policy regarding screening for and responding to suicide risk

The [FY25 SUMH Office Directives](#) indicate that LAs must have a policy regarding screening for and responding to suicide risk. In response to the request for this policy, the LA provided the document “Suicide Risk and Response Policy” (December 2025 version). The LA indicated this policy was not in place during FY25.

Finding 2.2 - SUD Episode Outcomes Scorecard

The finding below is less than 75% of the national percentage improved, which is the benchmark per the [FY25 SUMH Office Directives](#).

- Arrested (in the past 30 days) - % improved: 4% (national average 38%, urban Utah average 74%)

Finding 2.3 - Mental Health Scorecards

The [FY25 SUMH Office Directives](#) (H. Service, Satisfaction and Outcome Data, iv. Mental Health Outcomes data) require outcome assessments for 75% of unduplicated clients with more than five years of age for whom mental health service data are submitted that experience serious mental illness (SMI) or serious emotional disturbance (SED).

- Adult Mental Health Scorecard
https://dsamh-training.utah.gov/documents/scorecards/FY2025/2025_Mental_Health_Treatment_Scorecard_for_Adults.ada.pdf
 - Adult Clients with Serious Mental Illness (SMI) - OQ Measures (percentage of clients participating)
 - Percentage of clients participating: 57.6% (SUMH’s requirement is 75%)
- Youth Mental Health Scorecard
https://dsamh-training.utah.gov/documents/scorecards/FY2025/2025_Mental_Health_Treatment_Scorecard_for_Youth.ada.pdf
 - Youth with Serious Emotional Disturbance (SED) - OQ Measures
 - Percentage of clients participating: 55.0% (SUMH’s requirement is 75%)

Signature Page

The Office of Substance Use and Mental Health:

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Wasatch Behavioral Health FY26 Final Audit Report - Google Docs

Final Audit Report

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