



Utah Department of
Health & Human Services
Integrated Healthcare

Office of Substance Use and Mental Health (SUMH)



**Audit Corrective Action Plan (CAP) Report of:
Wasatch County
Contract #A03086**

**Audit Review Date: February 3, 2026
Final Report**

Executive Summary

In accordance with Section 26B-5-102, the Office of Substance Use and Mental Health (SUMH) conducted a local authority (LA) audit of Wasatch County. The official date of the review was February 3, 2026 for FY25 (July 1, 2024 - June 30, 2025).

The focus of this examination was to evaluate the LA's 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 corrective action plan (CAP) 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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Governance & Fiscal Findings

1.1 Finding 2024-01 Fund Balance

As of December 31, 2024, the County had deficit unrestricted fund balances in the Information System Services Fund. The County did not appear to budget at least 5 percent of 2024 actual revenues in the subsequent year's budget to begin retiring this deficit fund balance.

Condition:

As of December 31, 2024, the County had deficit unrestricted fund balances in the Information System Services Fund. The County did not appear to budget at least 5 percent of 2024 actual revenues in the subsequent year's budget to begin retiring this deficit fund balance.

Criteria:

Utah Code 17-36-17 states that there shall be included as an item of appropriation in the budget of each fund for any fiscal period any existing deficit as of the close of the last completed fiscal period to the extent of at least 5% of the total revenue of the fund in the last completed fiscal period or if the deficit is less than 5% of the total revenue, an amount equal to the deficit.

Cause:

Policies and procedures do not appear to be in place for the County to adequately track, and appropriately budget to retire, any deficit fund balances.

Effect:

By failing to monitor fund balances, and budget to retire any deficit fund balances, the County is not in compliance with state law.

Recommendation:

The Clerk/Auditor's Office should establish policies and procedures to monitor fund balances and ensure they remain positive. In cases where fund balances become negative, the County should budget to retire these deficits in accordance with state law. Views of responsible officials and planned corrective actions: The County plans to combine the

Information System Services fund with the Computer Replacement fund to eliminate the deficit unrestricted fund balance.

Due Date: FY25 audit

Local Authority Action Plan: (See page 11)

1.2 Finding 2024-02 Cash Management

HBME noted that bond trust funds totaling \$21,550,985 were not included on the “Deposit and Investment Report” as of December 31, 2024.

Condition:

HBME noted that bond trust funds totaling \$21,550,985 were not included on the “Deposit and Investment Report” as of December 31, 2024.

Criteria:

Utah State law, Utah Code 51-7-15(2), requires that the public treasurer file a written report containing information about the deposits and investments of that public treasurer during the preceding six months ending December 31 and June 30.

Cause:

Wasatch County has not implemented or followed procedures to ensure all deposits and investments are included in the “Deposit and Investment Report”.

Effect:

By not monitoring this requirement, the County is in violation of state law.

Recommendation:

The Treasurer’s Office or designee should ensure all deposits and investments that are recorded in the County’s financial records are included in the “Deposit and Investment Report”. Views of responsible officials and planned corrective actions: As bond proceeds are held in trust by Zion’s Bank and not in regular County accounts the Treasurer’s Office did not realize that they should be included in the “Deposit and Investment Report”. Going forward, the Treasurer will be sure to review all bond statements and include the amounts on the “Deposit and Investment Report”.

Local Authority Action Plan: (See Page 11)

Program Findings

Finding 2.1 - Data User Gateway System (DUGS) data entry

Criteria:

The [FY25 SUMH Office Directives](#) (H. Service, Satisfaction and Outcome Data, vi. Prevention Data Requirements) indicate that the LA must enter prevention data into the SUMH approved system, Data User Gateway System (DUGS), within 45 calendar days of the delivery of service.

Condition:

During FY25, the LA entered DUGS data within the required 45 day timeframe 34% of the time. Although this is an improvement from the prior year, the requirement was not adequately met in FY25.

Cause:

LA personnel who are responsible to enter the DUGS data did not enter it in the timeframe that is required.

Effect:

Data entry was not completed in accordance with SUMH's requirements.

Recommendations:

- (1) It is recommended that the LA provide the specific reasons why DUGS data was not entered timely in FY25. It is also recommended that the LA indicate the plan to ensure these issues will be remediated in FY26.
- (2) In the past few weeks, SUMH has implemented a new process (State Prevention Activity Recording Query System - SPARQS) for Prevention services data entry, and the DUGS system will no longer be used. It is recommended that the LA ensure all personnel who enter Prevention data are aware of and receive training regarding the new process.

Local Authority Action Plan: (See Page 11)

Timeline for follow-up or completion:

No later than March 31, 2026

Local Authority personnel responsible for the action plan:

Elizabeth Feil, Director, Wasatch County Family Clinic

Tracked at SUMH by:

Becky Johnson

Finding 2.2 - Policy regarding screening for and responding to suicide risk**Criteria:**

The [FY25 SUMH Office Directives](#) (E. Mental Health Services) indicate “iii. LAs shall have a policy for screening for and responding to suicide risk. Records must contain a suicide screener, suicide risk assessment, and a suicide/crisis safety plan, when indicated, that includes indication of lethal means counseling when clinically indicated.”

Condition:

During FY25, the LA did not have a policy in place regarding screening for suicide risk. The LA did provide a policy regarding response to suicide risk, “24-Hour Crisis/Emergency Response Services”, which was approved 02/07/2022 and was updated 02/07/2025. This policy addresses crisis/emergency response services, including partnership with the statewide crisis line, mobile crisis outreach team, receiving centers (juvenile and adult) and inpatient psychiatric treatment.

Cause:

It appears that this may have been an oversight on the part of the LA.

Effect:

The LA did not have an internal policy for screening for and responding to suicide risk, therefore there wasn't a formal policy that could be utilized to train new personnel, as well as for personnel to reference as needed.

Recommendations:

Upon the audit request for this policy, the LA created a policy in December 2025. It is recommended that the LA provide evidence that all personnel have been informed of the policy. It is acknowledged that it appears that the LA has historically provided training for personnel regarding screening for and responding to suicide risk, and that clinical documentation generally supports that this has occurred.

Local Authority Action Plan: (See Page 11)

Timeline for follow-up or completion:**Local Authority personnel responsible for the action plan:**

Elizabeth Feil, Director, Wasatch County Family Clinic

Tracked at SUMH by:

Becky Johnson

Finding 2.3 - Youth Satisfaction Survey (YSS)**Criteria:**

The [FY25 SUMH Office Directives](#) (H. Service, Satisfaction and Outcome Data, iii. Consumer satisfaction data, d., 2., c.) indicate “Providers who receive less than 75% of the established target for the outcome domains may receive a finding in the audit report.”

[FY25 Mental Health Statistics Improvement Program \(MHSIP\) Report](#)**Condition:**

The FY25 Youth Satisfaction Survey (YSS) (youth client is the respondent) item “cultural sensitivity” had a percentage of 62%, which is less than 75% of the established target (state average of 89%).

Cause:

The root cause is not entirely clear, though it is surmised that some of the providers did not demonstrate cultural sensitivity to the youth in a manner that resonated with the youth.

Effect:

38% of the youth who were surveyed did not indicate a positive response regarding “cultural sensitivity”.

Recommendations:

SUMH provided a document to the LA prior to the audit, that indicated this finding with a request for a response, and the LA indicated:

WCFC is implementing a standing Quality Improvement agenda intended to bring the below key outcome and satisfaction elements to the forefront of providers' thoughts for measurable application in treatment that can be documented. The final objective is to increase consumers' felt sense of collaboration, cultural responsiveness, wellness focus, and measurable progress.

Standing Agenda Item (Launching January 6, 2025):

“Client Partnership & Outcomes: 5 Treatment Experience Drivers”: 26. Collaborative Planning, 27. Culture-Specific Dialogue / Cultural Humility, 28. Wellness Conversations, 29. Session Feedback / Session Rating Strategies, 30. Caregiver/Support-System Progress & Outcome Discussion (as applicable/authorized).

It is recommended that the LA provide follow-up to SUMH regarding progress with the standing agenda item, including the personnel response to the training.

Local Authority Action Plan: (See Page 11)

Timeline for follow-up or completion:

No later than March 31, 2026

Local Authority personnel responsible for the action plan:

Elizabeth Feil, Director, Wasatch County Family Clinic

Tracked at SUMH by:

Becky Johnson

Finding 2.4 - Percentage of open substance use treatment admissions

Criteria:

The [FY25 SUMH Office Directives](#) (H. Service, Satisfaction and Outcome Data, ii. Service data) indicate “Data findings may result for substance use disorder providers when non-methadone outpatient or intensive outpatient admissions, opened more than 2 years prior with no services in the fiscal year, account for more than 4% of clients served in the fiscal year, or for any residential or detox admissions open for more than 2 years without service records.

Condition:

The LA’s percentage of FY25 charts that were opened more than two years prior, with no services provided in FY25, was 9%. .

Cause:

The LA did not ensure that no more than 4% of charts, per the requirements indicated above , remained open.

Effect:

Data is inaccurate, as the open charts are included in data reporting, though the client is no longer receiving services though Wasatch County Family Clinic.

Recommendations:

It is recommended that the LA review the list of client identification numbers that was provided to them by the SUMH data team and close the charts. The LA should provide follow-up to the SUMH data team once this has occurred.

Local Authority Action Plan: (See page 11)

Timeline for follow-up or completion:

No later than March 31, 2026

Local Authority personnel responsible for the action plan:

Elizabeth Feil, Director, Wasatch County Family Clinic

Tracked at SUMH by:

Becky Johnson

Finding 2.5 - Mobile Crisis Outreach Team (MCOT)

Criteria:

The [FY25 SUMH Office Directives](#) (D. Crisis and Early Intervention, ii.) indicate: “a. LAs that provide Mental Health Crisis Outreach Teams (MCOT) will provide services as outlined in [Rule R523-18](#). Local mental health authorities must deploy MCOT from the statewide crisis line when requested by the state crisis line without reassessment or re-triage. MCOT teams must deploy to community partners and stakeholders. Deployment priority must be given to law enforcement, EMS, Fire, 911 dispatch and the statewide crisis line. Any requests to be exempted for any requirement outlined in rule must be submitted to the SUMH Director and if approved be attached as an addendum to the area plan.”

[R523-18-4](#) Mobile Crisis Outreach Team Certification and Standards of Care, Minimum Guidelines and Standards of Care, indicates:

“(1) Each MCOT shall have at least one member of the team that provides services at the site of the crisis.

(4) Each MCOT shall respond to a crisis call as promptly as reasonably possible when law enforcement is requesting assistance and is staying on the scene.

(6) Each MCOT shall operate 24 hours a day, and seven days per week in providing community-based crisis intervention, screening, assessment, and referrals to appropriate resources.

(16) Each MCOT shall ensure that at least two certified crisis workers are available for mobile crisis outreach services.”

Condition:

The LA did not seek, or receive, an MCOT exemption from SUMH. Wasatch Co.’s FY24-26

Area Plan indicates “WCFC-WBH has an MCOT that serves both Summit and Wasatch Counties. The current hours of operation are Monday - Friday, 8 AM to 11 PM. We are in the process of recruiting and hiring for a night shift, 11 PM to 8 AM.” The Plan additionally indicates “WCFC-WBH anticipates building a 24 hour MCOT program. Strategies are being explored to expand services in our rural area. Creative scheduling for full time staff has been discussed, as well as hiring for traditional shift work. Finally, the possibility of recruiting providers as contractors to work on call has been considered. We hope to identify a conclusive strategy and begin expanded recruitment by the end of August 2023.”

During FY25, the LA did not provide MCOT services on weekends (Friday 11:00 p.m. through Sunday 11:00 p.m.) and holidays.

Cause:

The LA did not have enough personnel to provide coverage on weekends and holidays.

Effect:

Residents of Wasatch Co., as well as first responders, did not have access to Mobile Crisis Outreach Team (MCOT) services, which are designed to provide support and triage during a crisis. In the absence of MCOT services, individuals may be more likely to be referred to an Emergency Department and inpatient psychiatric treatment.

Recommendations:

It is recommended that the LA identify and implement a plan to provide MCOT services on weekends and holidays.

Local Authority Action Plan: (See page 11)

Timeline for follow-up or completion:

No later than March 31, 2026

Local Authority personnel responsible for the action plan:

Elizabeth Feil, Director, Wasatch County Family Clinic

Tracked at SUMH by:

Becky Johnson

Wasatch County Responses

Finding 1.1 - Finding 2024-01 Fund Balance - County

The County plans to combine the Information System Services fund with the Computer Replacement fund to eliminate the deficit unrestricted fund balance.

Finding 1.2 - Finding 2024-02 Cash Management - County

As bond proceeds are held in trust by Zion's Bank and not in regular County accounts the Treasurer's Office did not realize that they should be included in the "Deposit and Investment Report". Going forward, the Treasurer will be sure to review all bond statements and include the amounts on the "Deposit and Investment Report."

Finding 2.1 - Data User Gateway System (DUGS) data entry

Wasatch County is excited about the new data entry system that has replaced DUGS. The Wasatch County Program Manager will develop a spreadsheet to be reviewed monthly in order to monitor prevention activities from the preceding month, determine whether an event requires data entry into the state's new tracking form, and verify that qualifying event data was entered on the appropriate date.

Finding 2.2 - Policy regarding screening for and responding to suicide risk

WBH developed and approved a policy for Screening and Responding to Suicide Risk in December 2025 that formalized our existing procedures. Following the recommendations of the Office, all WBH staff were informed of this policy via email on March 19th, 2026.

"Finding 2.3 - Youth Satisfaction Survey (YSS)"

Client satisfaction is a standing weekly staff meeting agenda item. We will continue to regularly review multiple areas related to client satisfaction and improved outcomes in an effort to keep these priorities at the forefront.

Finding 2.4 - Percentage of open substance use treatment admissions

The Wasatch County Program Manager is currently working with the Wasatch Behavioral Health IT Department Program Manager to identify a method for filtering open admissions that need to be discharged. A final solution has not yet been established, as work is still underway to first determine how to identify these cases and then how to structure a consistent process for regular chart review and timely discharge of those cases. A process will be developed.

Finding 2.5 - Mobile Crisis Outreach Team (MCOT)

Recruiting and retaining staff in rural Utah with a high cost of living has been challenging. The Division Director over Wasatch County is currently in the planning stages of meeting

with the Division Director and Program Manager over the Utah County MCOT to explore a creative two-deep on-call coverage solution through the Utah County team for holidays and weekends in the Wasatch County / Summit County region. While this solution is not final. It is our action toward identifying an innovative and sustainable solution to our difficulty with coverage.

Signature Page

We appreciate the cooperation afforded SUMH monitoring teams by the management, staff and other affiliated personnel of Tooele County 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

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Wasatch County FY26 Final Audit CAP Report - Google Docs

Final Audit Report


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