



Utah Department of  
**Health & Human Services**  
Integrated Healthcare

**Office of Substance Use and Mental Health (SUMH)**



**Final Audit Report of:**

**LA: Wasatch County Family Clinic  
Contract #A03086**

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

## Executive Summary

In accordance with Section 26B-5-102, the Office of Substance Use and Mental Health (SUMH) conducted a review of Wasatch County and its subcontractor Wasatch Family Clinic (WFC) which is the agency within Wasatch County designated to provide services under the direction of the local authority (LA). The on-site review was conducted on September 23, 2025 to evaluate performance during FY24 (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 Wasatch County they will have 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 which 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 contact Kelly Ovard by email at [kovard@utah.gov](mailto:kovard@utah.gov) or by phone at 385-310-5118.

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## Summary of Findings

### **1.1 - 2024-01 Financial Audit Fund Balance**

### **1.2 - 2024-02 Financial Audit Cash Management**

### **2.1 - Data User Gateway System (DUGS) data entry**

### **2.2 - Policy regarding screening for and responding to suicide risk**

### **2.3 - Youth Satisfaction Survey (YSS)**

### **2.4 - Percentage of open substance use treatment admissions**

### **2.5 - Mobile Crisis Outreach Team (MCOT)**

## Governance & Fiscal Review

The Office of Substance Use and Mental Health (SUMH) conducted its annual monitoring review of Wasatch County. The operations section of the review was conducted on February 3, 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 was gained. Meeting minutes were reviewed and discussions were held 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 County provided supporting documentation from its subcontractors to support their costs and billed amounts. This allows SUMH to fairly incorporate these overhead/administrative costs into the payments for services that qualify for funding specified in 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 Wasatch County. Wasatch County received a financial audit for the year ending December 31, 2025. The firm HBME LLC completed the audit and issued a report dated July 27, 2025. There were two findings on state statute in the audit. The STR Opioid Grant and the Mental Health Block Grant were not reviewed as major programs as the dollar amount was under the \$750,000 threshold.

## Governance and Fiscal Findings

### 1.1 2024-01 Financial Audit 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.

### 1.2 2024-02 Financial Audit 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.

## Program Review

The review of SUMH programs (substance use disorder treatment, mental health treatment, and substance use prevention services) included a review of:

- findings from the FY24 Monitoring Report, including follow-up with the LA,
- the Area Plan, and
- overall compliance with data reporting.

The substance use prevention program included a review of:

- Strategic Plan,
- evidence that the LA follows the Strategic Prevention Framework,
- monitoring of coalitions,
- training activities completed by staff and/or coalition members,
- staff certification or recertification every 3 years in Utah Substance Abuse Prevention Specialist Training (SAPST),
- the LAs efforts to influence Eliminating Alcohol Sales to Youth (EASY) checks, and
- Prevention Scorecard data, including:
  - Logic Model Review Report (annual report),
  - percentage of programs that are evidence-based,
  - Data User Gateway System (DUGS) data timely submission rate,
  - verification that at least 30% of Substance Abuse Prevention and Treatment (SAPT) Block Grant funds were used for prevention, and
  - review of substance use trends, including LA's plan to address upward trends.

Substance use disorder treatment services and mental health treatment services combined review of:

- 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
- provision of services in the client's preferred language, and

- adherence to prohibition that SAMSHA grant funds may not be used to purchase, prescribe, or provide marijuana or treatment using marijuana.

Substance use disorder treatment services included a review of:

- SUMH Program Manager feedback regarding their monitoring of:
  - Substance Use Prevention, Treatment and Recovery Services (SUPTRS) Block Grant compliance, including provision of services across the continuum of care,
  - Recovery Support Services, including recovery residence housing,
  - SUD crisis services,
  - SUD early intervention,
  - use of State Opioid Response (SOR) funds,
  - GPRA data (for State Opioid Response funds),
  - services for individuals convicted of driving under the influence,
- 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 regarding DUI education, including: screening, assessment (when indicated) and referral to services.

Mental health treatment services included a review of:

- written policy regarding screening for and responding to suicide risk,
- SUMH Program Manager feedback regarding their monitoring of adherence to:
  - transition-age youth liaison,
  - 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,
  - service provision for clients with complex behavioral health conditions,
  - Mental Health Early Intervention (MEHI),
  - State Hospital coordination, including participation in Continuity of Care meetings,
  - Peer Support services,
  - crisis and early intervention, including:
    - Mobile Crisis Outreach Team (MCOT),
    - evidence that Medicaid funds are being utilized, when possible,

- Stabilization and Mobile Response (SMR),
- collaboration with the statewide mental health crisis line,
- participation in local Homelessness Council meetings, 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.

The SUMH Scorecards (Mental Health Treatment Scorecard for Youth, Mental Health Treatment Scorecard for Adults and Substance Use Treatment Outcomes Scorecard) and Outcome Questionnaire/Youth Outcome Questionnaire (OQ/YOQ) data results will be reviewed at a later date as a desk audit, as FY25 data was not available in time for the first several audits of the audit cycle.

## Program Findings

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

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. 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 still not adequately met.

### **Finding 2.2 - 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. 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.

### **Finding 2.3 - Youth Satisfaction Survey (YSS)**

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." The LA has one FY25 consumer satisfaction survey item for which the outcomes are less than 75% of the established target:

- Youth Satisfaction Survey - YSS (youth client is the respondent)
  - Cultural sensitivity - 62% (state average 89%)

### **Finding 2.4 - Percentage of open substance use treatment admissions**

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.

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

### **Finding 2.5 - Mobile Crisis Outreach Team (MCOT)**

The [FY25 SUMH Office Directives](#) (D. Crisis and Early Intervention) indicate: “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.”

Wasatch Co. 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, Wasatch Co. did not provide MCOT services on weekends (Friday 11:00 p.m. through Sunday 11:00 p.m.) and holidays.

## Signature Page

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