



Utah Department of
Health & Human Services
Integrated Healthcare

Office of Substance Use and Mental Health (SUMH)



Final Audit Report of:

**Weber Human Services
Contract #A03084**

Audit Review Date: January 20, 2026

Executive Summary

In accordance with Section 26B-5-102, the Office of Substance Use and Mental Health (SUMH) conducted a review of Weber Human Services (WHS) which is the agency within Weber and Morgan Counties designated to provide services as the state contracted local authority (LA). The on-site review was conducted on January 20, 2026 to evaluate performance during FY25 (July 1, 2024 - June 30, 2025).

The focus of this examination was to evaluate WHS 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 WHS's use of financial resources.

This report outlines the findings of the audit. Once the report is received by the WHS, 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 WHS. If necessary, a corrective action plan (CAP) report will also be issued which will be due back, with input and responses from the WHS, 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 or by phone at 385-310-5118.

Summary of Findings

Governance and Fiscal:
None

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

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Governance & Fiscal Review

The Office of Substance Use and Mental Health (SUMH) conducted its annual monitoring review of Weber Human Services. The operations section of the review was conducted on January 20, 2026. Overall cost per client data was analyzed and compared to the statewide LA average. State licensing audits and reports were reviewed for compliance. 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 which includes County Commissioners.

As part of the site visit, WHS provided supporting documentation from its subcontractors to support their costs and billed amounts, using rates taken from their Medicaid Cost Report which establishes their cost allocation plan as it pertains to overhead/administrative costs and spreads these costs across the Current Procedural Terminology (CPT) billing codes used by WHS that year. This allows SUMH to fairly incorporate these overhead/administrative costs into the payments for services that qualify for funding specified in the 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 Weber Human Services. WHS received a financial audit for the year ending June 30, 2025. The firm Child, Richards CPA's and advisors completed the audit and issued a report dated January 26, 2026. There were no financial issues. There were two state issues in the audit that have been resolved. The opinion for the report was unmodified. The SAPT and MHBG were monitored as major programs.

Governance and Fiscal Findings

There were no findings for Governance and Fiscal items.

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:

- the 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,
- written policy regarding screening for and responding to suicide risk, and
- SUMH Scorecard data.

Substance use disorder treatment services included a review of:

- SUMH Program Manager feedback regarding their monitoring of:
 - use of State Opioid Response (SOR) funds,
 - Government Performance Results Act (GPRA) data for SOR funds,
 - Substance Use Prevention, Treatment and Recovery Services (SUPTRS) Block Grant compliance, including provision of services across the continuum of care,
 - residential treatment for parents and children,
 - Recovery Support services, including recovery residence housing,
 - crisis services,
 - early intervention,
 - services for individuals convicted of Driving Under the Influence (DUI),
- 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:

- SUMH Program Manager feedback regarding their monitoring of adherence to:
 - guidelines for assessment, treatment, supervision, reporting and invoicing for court-ordered evaluations, treatment plans, treatment and supervision for the Guilty with a Mental Health Condition (GMC) population,
 - First Episode Psychosis (FEP) MHBG requirements, including fidelity review,
 - transition-age youth liaison,
 - Supported Employment,

- Mental Health Block Grant 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,
- continuum of care and access to services,
- maternal and early childhood mental health,
- service provision for clients with complex behavioral health conditions,
- Mental Health Early Intervention,
- State Hospital coordination, including participation in Continuity of Care meetings,
- Peer Support services,
- crisis and early intervention, including:
 - collaboration with the statewide mental health crisis line,
 - Stabilization and Mobile Response (SMR)
 - Mobile Crisis Outreach Team (MCOT), including evidence that Medicaid funds are being utilized, when possible,
- receiving center,
- Behavioral Health Home,
- Projects for Assistance in Transition from Homelessness (PATH),
- participation in local homelessness council meetings, and
- Autism Spectrum Disorder (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 - 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 79% of the time. Although this is an improvement from prior years, the requirement was still not adequately met.

Signature Page

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Weber Human Services FY26 Final Audit Report


Final Audit Report

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