



Utah Department of
Health & Human Services
Integrated Healthcare

Office of Substance Use and Mental Health (SUMH)



Audit Corrective Action Plan (CAP) Final Addendum Report of:
Bear River Health Department
Contract #A03089

Addendum Audit Review Date: April 6, 2026

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Corrective Action Plan Addendum Summary

This is the Corrective Action Plan (CAP) report for the Bear River Health Department audit report addendum. The addendum was necessary because FY25 SUMH Scorecard data and substance use provider chart data were not available at the time of the initial audit (which included a site visit) as the Local Authorities (LAs) are provided time to submit final data and year-end data corrections after the end of the State Fiscal Year. In addition, finalization of SUD data requires an additional 30 days after the data correction period. At the time of the initial audit the LA was informed that a desk audit would be conducted following finalization of the data indicated above, and this was indicated in the initial audit report.

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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Program Findings

Finding 2.1 - Substance Use Disorder Provider Charts, Percentage of Open 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: Regarding FY25 data, 21% of clients had admissions that began before 7/1/2023, which exceeds SUMH’s requirement. The LA did not provide any events for FY25, therefore the SUMH data team didn’t have any way to confirm which clients were still open in FY25 and which should have been closed.

Cause: It appears that the LA did not close the required percentage of charts that were opened more than two years prior to FY25, when no services were provided in FY25. The LA has indicated that a contributor may be staff turnover that occurred during this timeframe.

Effect: FY25 data outcomes are not valid or reliable.

Recommendations: The LA should review the charts that were open in FY25 and close charts to be in compliance with SUMH’s requirement, as stated in the FY25 Office Directives. The LA may submit SUD events to SUMH to obtain a more accurate percentage of charts that were opened more than two years prior to FY25, with no services provided FY25.

Local Authority Action Plan:

As the report indicated, there were a percentage of client records that were thought to have been closed under 2 prior electronic health records and under the direction of a prior administrative assistant. When we were made aware this year that the files remained open, steps were taken to research and correct any inconsistencies that may have caused the closures to fail or not be recorded. Corrections to the old open files were made and completed as of the time of this writing. There was a problem in correlating case record numbers that complicated the issue and has been resolved. The outstanding files are closed now and a practice remains in place to review open files weekly to close inactive

files in a more timely fashion. It should be noted that many of the files were from over a decade ago and we believed them to have been closed previously.

Timeline for follow-up or completion: On April 22, 2026, the SUMH data team indicated the finding has been resolved.

Local Authority personnel responsible for the action plan: Jared Bohman, Lead of Behavioral Health Services

Tracked at SUMH by: Becky Johnson

Signature Page

The Office of Substance Use and Mental Health:

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BRHD FY26 Audit CAP Report - Final Addendum





Final Audit Report

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