



Utah Department of
Health & Human Services
Integrated Healthcare

Office of Substance Use and Mental Health (SUMH)



Audit Addendum Report of:

**San Juan Community Counseling
Contract #A03089**

Addendum Audit Review Date: April 6, 2026

Addendum Summary

This is an addendum to the Final Audit Report of San Juan Community Counseling (SJCC). This addendum is 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.

SUMH uses Scorecards to measure and evaluate mental health and substance use disorder treatment outcomes. The Scorecards include:

- Substance Use Disorder (SUD) Outcomes Measures Scorecard for All Clients
 - Count of clients served, total and distinct categories
 - SUD episode outcomes, for distinct measures
- Mental Health Scorecard for Adults
 - Count of clients served, total and distinct categories
 - Utilization of mandated services (including client count and time in service)
 - Outcome Questionnaire (OQ) measures
- Mental Health Scorecard for Children and Youth
 - Count of clients served, total and distinct categories
 - Utilization of mandated services, including client count and time in service
 - Youth Outcome Questionnaire (YOQ) measures

The FY25 Scorecards may be located on the SUMH website:

<https://sumh.utah.gov/data-reports/scorecards/>

Regarding substance use disorder provider charts, charts that are audited include non-methadone and intensive outpatient admissions. The audit includes a review of the percentage of charts that have been open for more than two years with no services provided in the fiscal year that's being audited, as open charts impact data reporting.

Once the addendum is received by the LA, the LA will have five 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 there are findings, 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](#).

Summary of Findings

Scorecard Data

2.1 SUD Episode Outcomes

2.2 Youth Mental Health Scorecard

Substance Use Disorder Provider Charts

2.3 Percentage of Open Admissions

Scorecard Data

Finding 2.1 - SUD Episode Outcomes

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
 - 26% average (rural average 74%)

Finding 2.2 - Youth Mental Health Scorecard

Regarding the SUMH Scorecard, the [FY25 SUMH Office Directives](#) (H. Service, Satisfaction and Outcome Data, ii. Service Data) indicate “Results that do not meet federal or internal benchmarks may show as red on the scorecards and may result in audit findings.” The findings below are indicated in red on the Scorecard.

- Utilization of Mandated Services (percentage of clients receiving services)
 - Outpatient services
 - Psychosocial rehabilitation
 - 0.0% (rural average 8.0%)
 - Peer Support
 - 0.0% (rural average 0.7%)

- Time in Service for Mandated Services (days or hours)
 - Outpatient services
 - Psychosocial rehabilitation
 - 0.0 median (rural median 6.0)
 - 0.0 average (rural average 9.9)
 - Peer Support
 - 0.0 median (rural median 2.0)
 - 0.0 average (rural average 3.5)

Substance Use Disorder Provider Charts

Finding 2.3 - Percentage of Open 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 in the fiscal year, is 18%.

Signature Page

The Office of Substance Use and Mental Health:

Prepared by:

Kelly Ovard *Kelly J. Ovard*
Auditor IV

Date 04/16/2026

Becky Johnson *Becky Johnson*
Becky Johnson (Apr 16, 2026 14:03:47 MDT)
Auditor III

Date 04/16/2026

Approved by:

Kyle Larson *Kyle Larson*
Administrative Services Director

Date 04/16/2026

Dave Wilde *David Wilde*
David Wilde (Apr 17, 2026 08:01:47 MDT)
Assistant Director Policy

Date 04/17/2026

Pam Bennett *P. Bennett*
Assistant Director MH

Date 04/16/2026

Eric Tadehara *ET*
Eric Tadehara (Apr 16, 2026 22:43:12 MDT)
Director

Date 04/16/2026











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Final Audit Report

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