



State of Utah

GARY R. HERBERT
Governor

SPENCER J. COX
Lieutenant Governor

Department of Human Services

ANN SILVERBERG WILLIAMSON
Executive Director

Division of Substance Abuse and Mental Health

DOUG THOMAS
Director

December 20, 2019

Craig Buttars
Cache County Executive
199 North Main
Logan, UT 84321

Dear Mr. Buttars:

In accordance with Utah Code Annotated 62A-15-103, the Division of Substance Abuse and Mental Health has completed its annual review of Cache County (District 1 Mental Health Authority) and Bear River Mental Health, its contracted service provider; the final report is enclosed. The scope of the review included fiscal management, children, youth, family and adult mental health services and general operations.

The center has many strengths; however, this report by its nature focuses on the exceptions and areas in need of improvement. The Division has approved all corrective action plans submitted by the Center/County in response to each reported finding, which have been included in the final report. If you have any questions, please contact Chad Carter (801)538-4072

We appreciate the cooperation and assistance of the staff and look forward to a continued professional relationship.

Sincerely,

DocuSigned by:

Doug Thomas

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Doug Thomas
Division Director

Enclosure

cc: Jeff Scott, Box Elder County Commission
Bill Cox, Rich County Commission
Beth Smith, Director, Bear River Mental Health



Site Monitoring Report of

Cache County - District 1 Mental Health Authority and
Bear River Mental Health

Local Authority Contract #160238

Review Date: November 20th, 2019

Table of Contents

Section One: Site Monitoring Report	3
Executive Summary	4
Summary of Findings	5
Governance and Fiscal Oversight	6
Mental Health Mandated Services	8
Child, Youth and Family Mental Health	9
Adult Mental Health	11
Section Two: Report Information	13
Background	14
Signature Page	17
Attachment A	18

Section One: Site Monitoring Report

Executive Summary

In accordance with Utah Code Section 62A-15-103, the Division of Substance Abuse and Mental Health (also referred to in this report as DSAMH or the Division) conducted a review of Cache County (District 1 Mental Health Authority) and its contracted service provider, Bear River Mental Health (also referred to in this report as BRMH or the Center) on November 20th, 2019. The focus of the review was on governance and oversight, fiscal management, pediatric and adult mental health services, and general operations.

The nature of this examination was to evaluate the Center's compliance with: State policies and procedures incorporated through the contracting process; State mandated mental health services; and Preferred Practice Guidelines. During the examination, the review teams evaluated: the reliability and integrity of the Center's data and its compliance with established programmatic and operational objectives. Additionally, the review included an examination, through sampling, of the Center's efficient and appropriate use of financial resources.

Any program or operational inadequacies are identified in this report as non-compliance issues. The chart on the following page provides a quick reference to locate any non-compliance issues identified by the monitoring team. A detailed description of the issues can be found in the body of this report.

Summary of Findings

Programs Reviewed	Level of Non-Compliance Issues	Number of Findings	Page(s)
<i>Governance and Oversight</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None 1	7
<i>Child, Youth & Family Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i>Adult Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review of the Local Authority, Cache County, and its contracted service provider, Bear River Mental Health (BRMH). The Governance and Fiscal Oversight section of the review was conducted on November 20th, 2019 by Chad Carter, Auditor IV.

A site visit and review was conducted at BRMH as the contracted service provider for Cache, Box Elder and Rich Counties. Overall cost per client data was analyzed and compared to the statewide Local Authority average. Personnel and subcontractor files were examined for compliance with state licensing laws and adherence to contractual requirements, as well as the Center's own policy. Executive travel reimbursements were reviewed to ensure they were appropriate and that no personal benefit has been gained. Board minutes were reviewed and discussions were conducted to determine if an appropriate level of involvement and financial oversight was provided.

As part of the site visit, BRMH provided backup to support their costs and billed amounts, using rates taken from their Medicaid Cost Report. This report is a cost study conducted by the Local Authority and then reviewed/approved by the Department of Health (DOH), Medicaid Division. This report establishes the center's cost allocation plan as it pertains to overhead/administrative costs and spreads these costs across the Current Procedural Terminology (CPT) billing codes used by the Center that year. This allows the Division to fairly incorporate these overhead/administrative costs into the payments sent for services that qualify for funding found on the Center's contract allocation letter. Random samples were taken from the backup provided to verify that the listed services qualified for each different service category.

The Local Authority, Cache County received a single audit as required. The CPA firm Jones - Simkins completed the audit for the year ending December 31, 2018. The auditors issued an unqualified opinion in their report dated June 25, 2019. No findings or deficiencies were issued in the audit.

Cache County's contracted service provider, Bear River Mental Health, did not meet the threshold to require a single audit; but did receive an independent financial statement audit, which was also reviewed. The firm Carver, Florek & James, CPA's completed the audit for the year ending June 30, 2019 and also looked at some specific items at the request of the Division. The auditors issued an unmodified opinion in their report dated November 7, 2019. No findings or deficiencies were reported.

Follow-up from Fiscal Year 2019 Audit:

No findings were issued in FY19.

Findings for Fiscal Year 2020 Audit:

FY20 Major Non-compliance Issues:

None

FY20 Significant Non-compliance Issues:

None

FY20 Minor Non-compliance Issues:

None

FY20 Deficiencies:

- 1) *Timely Billings* - BRMH has had a minor issue with submitting billings timely as required by contract. Local Authorities are required to submit each billing within 30 days, BRMH has submitted them at an average of 36 days throughout FY19. The billing process should be reviewed to identify areas of improvement to be brought into compliance.

Center’s Response and Corrective Action Plan:

Action Plan: Billings were submitted late at the beginning of the year as BRMH was waiting for Division approval to move funding between categories. BRMH will submit billings timely going forward.

Timeline for compliance: Immediately

Person responsible for action plan: Rob Johnson

FY20 Recommendations:

- 1) Cache County provided a copy of their procurement and Federal awards policies. The language is slightly outdated and does not reference current Federal requirements (for example, old OMB circulars are referenced that have now been combined under 2 CFR 200). It is recommended that Cache County review these policies to ensure they are in compliance with current Federal standards (2 CFR 200 subpart D 200.317-.326 for procurement and 2 CFR subparts D & E for Federal awards). These sections can simply be referenced instead of listing all requirements in these policies.
- 2) The BRMH emergency plan was reviewed by Robert Snarr, Program Administrator as part of the site visit. A checklist based on SAMHSA recommendations was completed and is included at the end of this report as Attachment A. It is recommended that BRMH review these suggestions and update their emergency plan accordingly. DSAMH is available for technical assistance.

FY20 Division Comments:

None

Mental Health Mandated Services

According to Utah Code 17-43-301, the Local Authority is required to provide the following ten mandated services:

Inpatient Care

Residential Care

Outpatient Care

24-hour Emergency Services

Psychotropic Medication Management

Psychosocial Rehabilitation (including vocational training and skills development)

Case Management

Community Supports (including in-home services, housing, family support services, and respite services)

Consultation and Education Services

Services to persons incarcerated in a county jail or other county correctional facility

The mandate to provide services to those in county correctional facilities is not applicable to the children and youth population.

In subsection (4)(a)(ii) each local authority is required to “annually prepare and submit to the Division a plan approved by the county legislative body for mental health funding and service delivery, either directly by the local mental health authority or by contract.” This annual area plan provides the state Division of Substance Abuse and Mental Health with a measuring tool against which the local authority is measured during the annual monitoring site review.

A major focus of the monitoring efforts of the Division of Substance Abuse and Mental Health is to measure compliance with this legislative mandate to provide these services to adults, youth, and children of Utah.

Child, Youth and Family Mental Health

The Division of Substance Abuse and Mental Health Children, Youth, & Families team conducted its annual monitoring review at Bear River Mental Health on November 20th, 2019. The monitoring team consisted of Mindy Leonard, Program Manager; Leah Colburn, Program Administrator and Tracy Johnson, Wraparound and Family Peer Support Program Administrator via phone. The review included the following areas: record reviews, discussions with clinical supervisors and management, a case staffing, program visits, and allied agency visits. During the visit, the monitoring team reviewed the Fiscal Year 2019 audit; statistics, including the Mental Health Scorecard; Area Plans; Youth Outcome Questionnaires; family involvement; Family Resource Facilitation (Peer Support); High Fidelity Wraparound; Multi-Agency Coordinating Committees; school-based behavioral health; Mental Health Early Intervention Funding; civil commitment; compliance with Division Directives; and the Center's provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 2019 Audit

FY19 Deficiencies:

- 1) *Use of Youth Outcome Questionnaire (YOQ) as an intervention:* BRMH does not utilize the YOQ in the clinical process, as evidenced through the chart review process. DSAMH recognizes and appreciates BRMH efforts in administering the YOQ above the 50% requirement as evidenced through OQ data reports and documentation in the charts. Division Directives require that the data from the OQ be shared with the client and incorporated into the clinical process. Of the ten charts reviewed only three had evidence of the YOQ being used in an intervention. This amounts to only 30% of the charts showing the utilization of the YOQ in the clinical process.

This issue has been resolved. BRMH has improved the frequency the YOQ is administered and how often it is used as an intervention, evidenced through the chart review process, with 60% charts demonstrating use as an intervention.

- 2) *Respite Services:* BRMH provided Respite services at a lower rate than the rural and state averages and has shown a steady decrease in the number of youth receiving these services. The number of youth who received Respite services has decreased from 108 youth (6.8%) in FY16 to only 16 youth (1.1%) in FY18. It is recommended that BRMH continue to examine methods to increase access to this mandated service for children and youth.

This issue has been improved and will be continued in FY20 only as a recommendation; see Recommendation #1.

Findings for Fiscal Year 2020 Audit

FY20 Major Non-compliance Issues:

None

FY20 Significant Non-compliance Issues:

None

FY20 Minor Non-compliance Issues:

None

FY20 Deficiencies:

None

FY20 Recommendations:

- 1) *Respite Services:* BRMH has demonstrated an increase in respite services from 16 in FY18 to 24 in FY19, however they continue to provide respite services at a lower rate than the rural and state rates. DSAMH acknowledges that BRMH provides many other opportunities and services for youth and families through their continuum of care. It is recommended that BRMH continue to explore ways to increase respite service delivery for families and youth when appropriate.

FY20 Division Comments:

- 1) *School-Based Services:* BRMH continues to partner and build relationships with the school districts in their catchment to provide school based behavioral health (SBBH) services . BRMH has supported school districts in their catchment in receiving HB373 monies through in-kind services to allow students to access additional school based services. BRMH continues to work with the local school sites to support an effective referral process to identify students who are needing behavioral health services. School sites report appreciation for their ability to access services for their students through SBBH services.
- 2) *School-Based Telehealth:* Through use of a telehealth grant, BRMH has been able to provide access to school-based behavioral health services to students in the more rural and frontier areas of their catchment. This has allowed for youth and families to have consistent access to services. BRMH reports that they have had a number of schools reach out seeking services through telehealth as confidence in the service builds in school communities.
- 3) *Family Resources Facilitation and Family Peer Support:* BRMH continues to offer both Family Resource Families (FRF) and Family Peer Support (FPS) services. BRMH demonstrated an increase in both FRF services and FPS over the past reporting year. The FRF assigned to the center reports support from both the center and their onsite supervisor in serving youth and families. It is recommended for BRMH to continue to review their process for billing these services in order to capture services provided.

Adult Mental Health

The Adult Mental Health team conducted its annual monitoring review of Bear River Mental Health on November 20th, 2019. The team included Mindy Leonard, Mental Health Program Manager, and Heather Rydalch, Peer Support Program Manager. The review included the following areas: Discussions with clinical supervisors and management teams, record reviews, site visits to administrative offices, and visits to the Box Elder Suicide Coalition Meeting, and Box Elder County Jail. During the discussions, the team reviewed the FY19 audit; statistics, including the Mental Health Scorecard; area plans; Outcome Questionnaires, and the center's provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 2019 Audit

FY19 Deficiencies:

- 1) *Use of Outcome Questionnaire (OQ) as an intervention:* DSAMH recognizes and appreciates BRMH efforts in administering the OQ at the 50% requirement as evidenced through OQ data reports and documentation in the charts. During FY18 chart reviews, there was no evidence in the progress notes indicating that the OQ scores were being used as a clinical tool for intervention. Division Directives require that the data from the OQ be shared with the client and incorporated into the clinical process, as evidenced in the chart.

This issue has been resolved. Nine of the ten charts reviewed demonstrated the use of the OQ as a clinical tool. This is an improvement over last year.

Findings for Fiscal Year 2020 Audit

FY20 Major Non-compliance Issues:

None

FY20 Significant Non-compliance Issues:

None

FY20 Minor Non-compliance Issues:

None

FY20 Deficiencies:

None

FY20 Recommendations:

- 1) *Integrated Health Care:* Bear River Health Department (BRHD), the Community Health Center and BRMH recently received a grant from DSAMH to provide integrated health care. BRHD and BRMH in Tremonton are co-located in the same building. They have the ability to share clients and provide expertise in mental health, substance use disorder, and physical

health treatment. The clinics in Brigham City are also providing integrated care with buildings in close proximity. BRMH is encouraged to continue to work with BRHD and the Community Health Center, and to collaborate regarding medication management as the new BRMH medication provider gains experience.

- 2) *Tobacco Cessation*: Clients seen at Bear River House indicated that a previous tobacco cessation class had been helpful, and one individual said it had helped him to cut down on smoking. Several individuals reported that they would like to have another cessation class offered, and DSAMH recommends that BRMH considers having these classes scheduled regularly.

FY20 Division Comments:

- 1) *Suicide Prevention Coalition*: The Box Elder suicide prevention coalition is providing many different trainings including Safetalk and Question Persuade Refer (QPR). Their goal is to ensure that the community is educated in suicide prevention and to reduce suicides in their county. The coalition hosts events throughout the year to raise funds to support their classes and awareness.
- 2) *Jail Based Services*: Box Elder County Jail has a very good relationship with BRMH. BRMH provides 24 hour crisis services to the inmates at the jail. A therapist from BRMH is devoting two days a week for individual treatment to inmates at the jail, and arrangements have been made with pharmaceutical companies for the provision of medication prior to discharge. A case manager at the jail assists individuals with obtaining Targeted Adult Medicaid, securing housing, and getting to behavioral health appointments.
- 3) *Peer Support Services*: Individuals in treatment attending a Peer Support group indicated that the Certified Peer Support Specialists (CPSSs) have done an exceptional job, and due to their work, BRMH is interested in hiring an additional CPSS. Several individuals have expressed interest in becoming a Peer Support Specialists also.
- 4) *Supported Employment*: BRMH has an employment specialist trained in Individual Placement and Support (IPS). They have started to work toward fidelity in the evidence-based program, and are seeing success. One client was reluctant to engage, but thrived once she did. She started working in one of the volunteer positions at Bear River House and now has a job at Lee's Marketplace. The client is so excited and always asks if she can get some business cards made to show others of her progress.
- 5) *Feedback from Individuals in Treatment*: Heather Rydalch, Peer Support Program Manager, met with 12 individuals in treatment who were attending a Peer Support group. They indicated that they are very satisfied with the services that they are receiving. Clients reported that they help each other to create goals. The case managers are "really good", and they have noticed improvement ("I was really depressed and now I have purpose"). Individuals measured their recovery by "the amount of positive feedback", "it's good for me to get out", and "I have not had an episode [that lasted] for longer than a week".

Section Two: Report Information

Background

Utah Code Section 62A-15-103 outlines duties of the Division of Substance Abuse and Mental Health. Paragraph (2)(c) states that the Division shall:

- Consult and coordinate with local substance abuse authorities and local mental health authorities regarding programs and services,
- Provide consultation and other assistance to public and private agencies and groups working on substance abuse and mental health issues,
- Receive, distribute, and provide direction over public funds for substance abuse and mental health services,
- Monitor and evaluate programs provided by local substance abuse authorities and mental health authorities,
- Examine expenditures of any local, state and federal funds,
- Monitor the expenditure of public funds by local substance abuse authorities and mental health authorities,
- Contract with local substance abuse authorities and mental health authorities to provide a continuum of services in accordance with division policy, contract provisions, and the local plan,
- Assure that these requirements are met and applied uniformly by local substance abuse authorities and mental health authorities across the state,
- Conduct an annual program audit and review of each local substance abuse authority and mental health authority in the state and its contract provider in a review and determination that public funds allocated to by local substance abuse authorities and mental health authorities are consistent with the services rendered and outcomes reported by them or their contract providers,
- Each local substance abuse authority and each mental health authority is exercising sufficient oversight and control over public funds allocated for substance abuse and mental health programs and services, and
- Other items determined by the division to be necessary and appropriate.

Non-Compliance Issues, Action Plans and Timelines

This report is organized into individual sections, in which inadequacies will be identified and discussed. Inadequacies are assigned a level of severity based on the combined judgment of the monitoring team. In order to fully understand the degree of severity, a short discussion of the inadequacy levels follows.

A **major non-compliance issue** is non-compliance in contract requirements which affect the imminent health, safety, or well being of individuals. In cases of non-compliance at this level, a written corrective action plan must be completed by the Local Authority immediately and compliance must be achieved within 24 hours or less.

It should be noted that in extreme cases where, in the professional opinion of the monitoring team, an elevated threat of imminent health, safety, or well being of individuals exists, contract payments may be suspended indefinitely.

A **significant non-compliance issue** is either 1) non-compliance with contract requirements that do not pose an imminent danger to clients but that result in inadequate treatment or care that jeopardizes the well being of individuals; OR 2) non-compliance in required training, paperwork, and/or documentation that are so severe or pervasive as to jeopardize the effectiveness of services and continued contract funding. This type of finding will also require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 10 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 30 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **minor non-compliance issue** results when the reviewers identify a performance inadequacy that is relatively small in scope and does not impact client well being or jeopardize funding. This type of finding will require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 15 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 60 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **deficiency** results when the contractor is not in full compliance, but the deficiency discovered is not severe enough to require a formal action plan. However, the monitoring team may request action to fix the problem by a given date.

A **recommendation** occurs when the contractor is in compliance. The Division is simply making a best practice or technical suggestions. The contractor is encouraged to implement the suggestion but not required.

In rare instances, a non-compliance issue from a previous year may continue unresolved at the time of the monitoring site visit. A recurring non-compliance issue will be prominently displayed in the current monitoring report and will require special attention by the Local Authority to ensure its immediate resolution.

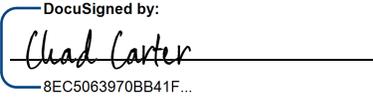
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We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Cache County (District 1 Mental Health Authority – Bear River Mental Health) and for the professional manner in which they participated in this review.

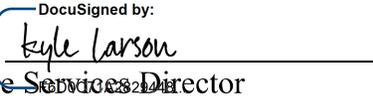
If there are any questions regarding this report please contact Chad Carter at (801)538-4072.

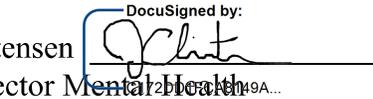
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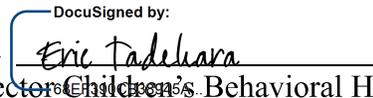
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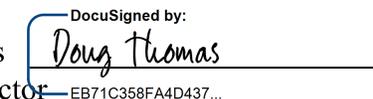
Chad Carter  Date December 23, 2019
 Auditor IV DocuSigned by: 8EC5063970BB41F...

Approved by:

Kyle Larson  Date December 23, 2019
 Administrative Services Director DocuSigned by: 22B0C449A...

Jeremy Christensen  Date December 26, 2019
 Assistant Director Mental Health DocuSigned by: 22B0C449A...

Eric Tadehara  Date December 26, 2019
 Assistant Director Children's Behavioral Health DocuSigned by: 6F31C39A5...

Doug Thomas  Date December 26, 2019
 Division Director DocuSigned by: EB71C358FA4D437...

Attachment A

UTAH DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Emergency Plan Monitoring Tool

Name of Agency: Bear River Mental Health

Date: November 25, 2019

<i>Compliance Ratings</i>				
Y = Yes, the Contractor is in compliance with the requirements.				
P = Partial, the Contractor is in partial compliance with requirements; comments provided as suggestion to bring into compliance.				
N = No, the Contractor is not in compliance with the requirements.				
Monitoring Activity	Compliance			Comments
	Y	P	N	
Preface				
Cover page (title, date, and facility covered by the plan)	X			
Signature page (with placeholders to record management and, if applicable, board of directors' approval of the plan and confirmation of its official status)		X		Need signature on plan
Title page (with placeholders to record the dates that reviews/revisions are scheduled/have been made)		X		Placeholder is available; however, no revisions/reviews are noted on the document
Record of changes (indicating when changes have been made and to which components of the plan)			X	Need place to identify changes to the plan, made by whom, and date of change
Record of distribution (individual internal and external recipients identified by organization and title)			X	Need distribution record
Table of contents	X			
Basic Plan				
Statement of purpose and objectives	X			
Summary information	X			
Planning assumptions		X		Plan needs to include disaster planning (i.e., earthquake)
Conditions under which the plan will be activated		X		Plan needs to include disaster plan activation (i.e., earthquake)
Procedures for activating the plan	X			
Methods and schedules for updating the plan, communicating changes to staff, and training staff on the plan			X	Need to identify the methods for updating the plan, communicating changes and how staff are trained.
Functional Annex: The Continuity of Operations (COOP) Plan				
Essential functions and essential staff positions			X	Need to identify specific positions and essential staff in the event of a disaster

Continuity of leadership and orders of succession		X		Need to identify specific names and numbers (i.e., attach an org chart and telephone/cell phone numbers)
Leadership for incident response	X			
Alternative facilities (including the address of and directions/mileage to each)			X	Need to identify alternative facilities to be used, if needed
Planning Step				
Disaster planning team has been selected, to include all areas (i.e., safe/security, clinical services, medication management, counseling/case management, public relations, staff training/orientation, compliance, operations management, engineering, housekeeping, food services, pharmacy services, transportation, purchasing/contracts, medical records, computer hardware/software, human resources, billing, corporate compliance, etc.)			X	Plan need to include disaster events. Need to identify who is on the disaster planning team and representing which area.
The planning team has identified requirements for disaster planning for Residential/Housing services including: <ul style="list-style-type: none"> ● Engineering maintenance ● Housekeeping services ● Food services ● Pharmacy services ● Transportation services ● Medical records 			X	Need to specify how these functions will be provided in the event of a disaster
The team has coordinated with others in the State and community.			X	Need to identify coordination efforts with the State and community

DSAMH is happy to provide technical assistance.

Certificate Of Completion

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Certificate Pages: 5	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Kyle Larson
Time Zone: (UTC-07:00) Mountain Time (US & Canada)	195 N 1950 W
	Salt Lake City, UT 84116
	kblarson@utah.gov
	IP Address: 168.178.209.116

Record Tracking

Status: Original	Holder: Kyle Larson	Location: DocuSign
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Signer Events

Chad Carter
chadcarter@utah.gov
Security Level: Email, Account Authentication (None)

Signature

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Eric Tadehara
erictadehara@utah.gov
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Jeremy Christensen
Jeremy@Utah.gov
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Kyle Larson
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Administrative Services Director
DSAMH
Security Level: Email, Account Authentication (None)

DocuSigned by:

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Doug Thomas
dothomas@utah.gov
Director
Security Level: Email, Account Authentication (None)

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Agent Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Beth Smith
beths@brmh.com
President/CEO
Security Level: Email, Account Authentication (None)

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Bill Cox
rcaging@allwest.net
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Craig Buttars
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Cache County Executive
Security Level: Email, Account Authentication (None)

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Rob Johnson
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Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	12/26/2019 4:13:02 PM
Certified Delivered	Security Checked	12/26/2019 4:13:02 PM
Signing Complete	Security Checked	12/26/2019 4:13:02 PM
Completed	Security Checked	12/26/2019 4:13:02 PM

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