



Site Monitoring Report of

Utah County's Department of Drug and Alcohol Prevention and  
Treatment

Local Authority Contract #160080

Review Date: January 9<sup>th</sup>, 2018

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## **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 Utah County's Department of Drug and Alcohol Prevention and Treatment (also referred to in this report as UCaDDAPT or the County) on January 9<sup>th</sup>, 2018. The focus of the review was on governance and oversight, fiscal management, substance abuse prevention and treatment 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 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 1 None	7 - 8
<i>Substance Abuse Prevention</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i>Substance Abuse Treatment</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 4 2	10 - 14 14 - 15

## **Governance and Fiscal Oversight**

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review at Utah County's Department of Drug and Alcohol Prevention and Treatment (UCaDDAPT). The Governance and Fiscal Oversight section of the review was conducted on January 10<sup>th</sup>, 2018 by Chad Carter, Auditor IV. 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. Client fees were reviewed for consistency and adherence to approved fee schedules. 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 by the governing board.

As part of the site visit, the most recent version of the Medicaid Cost Report was reviewed. 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. During the site visit review, a sample of billings submitted by the Center were pulled and verified that the costs charged were consistent with the Medicaid Cost Report and also met the requirements established for the funding source.

There is a current and valid contract in place between the Division and the Local Authority. UCaDDAPT met its obligation of matching a required percentage of State funding.

The CPA firm Gilbert & Stewart completed an independent financial statement audit of Utah County for the year ending December 31<sup>st</sup>, 2016 and issued a report dated June 26<sup>th</sup>, 2017. The auditors' opinion was unqualified stating that the financial statements present fairly, in all material aspects, the financial position of Utah County. In accordance with Government Auditing Standards and the OMB Compliance Supplement, the auditors also issued reports on internal control over financial reporting and compliance for each major Federal program. The SAPT Block Grant was not selected for specific testing in the audit for this year. However, the auditors tested internal controls and compliance over other major Federal awards and did not report any deficiencies or instances of noncompliance in the audit.

### **Follow-up from Fiscal Year 2017 Audit:**

#### **FY17 Minor Non-compliance Issues:**

- 1) UCaDDAPT's FY17 cost per client is outside of Division Directive standards at 99.6% more than the statewide average.

**This issue has not been resolved and will be continued in FY18; see Minor Non-compliance Issue #1.**

**Findings for Fiscal Year 2018 Audit:**

**FY18 Major Non-compliance Issues:**

None

**FY18 Significant Non-compliance Issues:**

None

**FY18 Minor Non-compliance Issues:**

- 1) UCaDDAPT's FY17 cost per client is outside of Division Directive standards. DSAMH Division Directives state, "The Local Authority shall meet an overall client cost within fifty (50) percent of the statewide Local Authority overall average cost per client and with-in twenty-five (25) percent of their previous year actual cost per client." UCaDDAPT's FY17 cost per client is 103.5% more than the statewide average. According to a review of year-end data and discussions with UCaDDAPT, it appears that Residential service costs contribute most to their overall cost per client. When compared to the State average, the two Centers with the highest cost per client are also the only Centers that run their own Residential treatment centers. Is there a benefit to running this program in-house vs. contracting the service out? Has a cost/ benefit analysis ever been done regarding this issue?

**Center's Response and Corrective Action Plan:**

It has always been our perspective that high utilization high cost programs are better run in-house than through a contractor. In fact, the reason we have our own in-house general adult population residential treatment program is because of a bad experience with a local residential treatment provider. This was a dispute based on programming, cost, and length of stay. The highest cost residential program we contract for – House of Hope – is a relatively small program run for a specialty population. We have encountered significant obstacles to treating clients there who need medication assisted treatment along with high staff turnover. Being unable to influence this policy, and this being the only program of its kind in Utah County, we have no choice. We send clients needing residential treatment that for one reason or another we cannot treat (conflict of interest, etc.) to First Step House and Odyssey House as needed. We send youth needing residential treatment to Odyssey House. In 2013 we went through a business case exercise to determine whether or not we should build a new north county residential treatment program and operate it on our own, or purchase the service on the market. We spoke to three existing Utah County residential programs. Each one quoted us a per month cost 60% higher than our own cost, and all wanted a length of stay for treatment 2-3 times our own. If we contracted this service out, our costs would be higher and we would have less control over programming, LOS, and MAT.

On another note, we have taken the step of issuing a directive to all department staff who chart on client care that they must improve their completion and timeliness of documentation or be

subject to progressive discipline, up to and including termination. They have been given strict timeframes to comply, clear instructions on how to fix various staffing errors, etc. We expect this to increase the number of complete discharges accepted by SAMHIS that should increase the number of cases to be divided into our costs of care.

Finally, we are planning to expand outpatient treatment for adults by contracting with one additional treatment provider before the beginning of the 2019 SFY. This should also increase outpatient capacity further increasing the number of cases that can be divided into our costs.

**FY18 Deficiencies:**

None

**FY18 Recommendations:**

None

**FY18 Division Comments:**

None

## **Substance Abuse Prevention**

Susannah Burt, Prevention Administrator, conducted the annual prevention review Utah County Department of Drug and Alcohol Prevention and Treatment on January 10<sup>th</sup>, 2017. The reviews focused on the requirements found in State and Federal law, Division Directives and contracts. In addition, the reviews evaluated the services described in the annual prevention area plan and evaluated the data used to establish prevention priorities.

### **Follow-up from Fiscal Year 2017 Audit**

#### **FY17 Minor Non-compliance Issues:**

- 1) In FY16 UCaDDAPT underspent their Prevention Block Grant Funds by \$117,055.

This issue has been resolved. Reasons the prevention allocation was underspent were because UCaDDAPT was unable fill the Prevention Coordinator position from August of 2015 until May of 2016. Additionally, some school districts did not bill for prevention services provided and delivered, and the Provo CTC contract was also not billed timely.

### **Findings for Fiscal Year 2018 Audit**

#### **FY18 Major Non-compliance Issues:**

None

#### **FY18 Significant Non-compliance Issues:**

None

#### **FY18 Minor Non-compliance Issues:**

None

#### **FY18 Deficiencies:**

None

#### **FY18 Recommendations:**

- 1) It is recommended that UCaDDAPT work and support Saratoga Springs CTC in doing an assessment.
- 2) It is recommended that UCaDDAPT integrate Communities That Care (CTC) and Strategic Prevention Framework (SPF) coalition models in all coalitions within the county.
- 3) It is recommended that UCaDDAPT work with Provo CTC and Saratoga Springs/Eagle Mountain CTC to develop their own community level strategic plan.

#### **FY18 Division Comments:**

- 1) UCaDDAPT has implemented or assisted in implementing Why Try and Prevention Dimensions programs in all school districts in Utah County.
- 2) UCaDDAPT reports that they currently engage with four coalitions within the county: Eagle Mountain/Saratoga Springs, Payson, Provo, and SMART Coalition. Three of these utilize the CTC model.
- 3) All program staff in Utah County are properly trained to teach their programs with fidelity.
- 4) UCaDDAPT has provided technical assistance (TA), including CTC coaching, to all coalitions.
- 5) UCaDDAPT continues to work on building infrastructure that is sustainable in the County. This includes building capacity by providing training on Guiding Good Choices, Strategic Prevention Framework, Substance Abuse Prevention Specialist Training, CTC, and completing readiness surveys.
- 6) UCaDDAPT has received the Prescription Drug Overdose grant from the Utah Health Department and The Drug Free Communities Grant from the Office of National Drug Control Policy.
- 7) UCaDDAPT has received the following mini grants from the Division of Substance Abuse and Mental Health: the Strategic Prevention Framework for Prescription Drugs mini grant, and two Opioid Prevention Grants (STR) for Payson and SMART coalitions.
- 8) UCaDDAPT is collaborating with the Health Department in e-cigarette prevention and participating in Outrage.
- 9) UCaDDAPT will continue to look at new ways to gather indicated data while maintaining confidential information.

## **Substance Abuse Treatment**

Shanel Long, Program Administrator, conducted the review of Utah County Department of Drug and Alcohol Prevention and Treatment on January 9<sup>th</sup>, 2017. The site visit focused on compliance with Division Directives, clinical practices, consumer satisfaction, and performance on outcome measures. Block Grant and Division Directives compliance were evaluated through a review of program policies and guidelines; and discussions with staff members. Consumer satisfaction was evaluated through interviews with clients in services, tours of the physical facilities, and by reviewing Consumer Satisfaction Survey results. Outcome measures were evaluated by reviewing DSAMH Scorecards. Clinical practices were evaluated by reviewing client charts.

### **Follow-up from Fiscal Year 2017 Audit**

#### **FY17 Minor Non-compliance issues:**

- 1) UCaDDAPT served 66 adolescents in FY17 or 3% of those in need. This is an increase from FY16 of 44 served. However, the number of adolescents served is below State and National averages. Utah Code 17-43-201 requires the local authorities to “annually prepare and submit to the division a plan approved by the county legislative body for funding and service delivery that includes: (i) provisions for services...for adults, youth, and children.

**This issue has not been resolved and has been a continual finding since FY15 and will be continued in FY18; see Minor Non-compliance Issue #1.**

### **Findings for Fiscal Year 2018 Audit:**

#### **FY18 Major Non-compliance issues:**

None

#### **FY18 Significant Non-compliance issues:**

None

#### **FY18 Minor Non-compliance issues:**

- 1) UCaDDAPT continues to under-serve the adolescent population in Utah County. DSAMH data indicates that there are 1,796 adolescents in Utah County in need of treatment services. UCaDDAPT served 66 adolescents or three percent of those in need. Utah Code 17-43-201 requires the local authorities to “annually prepare and submit to the division a plan approved by the county legislative body for funding and service delivery that includes: (i) provisions for services...for adults, youth, and children.

#### **Center’s Response and Corrective Action Plan:**

6/2016 – 7/2017 we received 174 referrals for youth treatment. Of these 1 was recommended
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and referral facilitated to residential treatment, 83 were recommended to outpatient treatment and 90 were not recommended treatment 68 PRI, 22 no tx. We are aware that of the 90 that did not meet criterion for treatment they likely have under reported use and consequences. We continually have collaborated with our community partners (WMH, DJJ, DCFS, School Districts etc) to ensure that we have all the required information at the time of referral. As a result, we have improved our process for referrals from DJJ and developed a specific referral form.

The Grandview Program Manager has presented our program and referral process to our community partners numerous times throughout the year. In November 2017 we began offering SUD services for DJJ in the Alta and DLS program. The numbers in these programs are low, however we are currently negotiating with DJJ to increase SUD services for youth in their care. We anticipate this to increase the numbers of youth receiving services, however it is not likely to increase to meet the need identified in UT county.

We are limited on ways in which we can ‘market’ our program to community. We have discussed presenting to school resource officers, school counselors, our own prevention staff, and the youth receiving center operated by Wasatch Mental Health. We continue to have a presence at Juvenile Court, with the Juvenile Probation Officers, and with the Systems of Care team.

We requested technical assistance from DSAMSH in increasing the number of referrals we receive in 2017, and we make the same request again this year. It would be useful to know where referrals to the other LSAA's come from, and how to pursue other sources of referrals without violating our Medicaid agreement and other funding source requirements.

2) The FY17 Utah Substance Abuse Treatment Outcomes Score Card shows:

- a) The percent of clients completing treatment successfully decreased from 46.4% in FY16 to 33.7% in FY17 respectively. This is less than the required 60% completion rate and the third consecutive year that it has decreased.

*Local Substance Abuse Authorities will meet or exceed their FY2016 Successful Treatment Episode Completion rates in FY2017 and will work towards achieving a goal of 60%. Local Substance Abuse Authorities whose FY2016 completion rate was over 60% are required to meet or exceed a 60% completion rate in FY2017. Successful Treatment Episode Completion is defined as a successful completion of an episode of treatment without a readmission within 30 days. An episode of treatment is defined in the Treatment Episode Data Set.*

- b) The percent of clients that increased alcohol abstinence – Percent increase in those reporting alcohol abstinence from admission to discharge decreased from 22.8 percent in FY16 to 5.8% in FY17. This is a 17 percent difference.

*Local Substance Abuse Authorities will show that they increased the percentage of clients who are abstinent from alcohol from admission to discharge at a rate that is greater than*

*or equal to 75% of the national average. Abstinence from alcohol is defined as no alcohol use for 30 days.*

**Center’s Response and Corrective Action Plan:**

- A. In reviewing FY 2017 discharge data, our records indicate a completion rate of 50 % when the other discharge categories are removed from the calculation. While this is still below the target of 60%, it is an increase from last year to this year. We continue to analyze our data and have identified transfers between levels of care (LOC) to an area of improvement for us. We are currently evaluating restructuring some case management roles to increase treatment engagement and retention between LOC’s.
- B. This number is inaccurate and more likely a reflection of a training need for new therapists. We had **29 of 62 full time** staff positions turn over in 2017, some of these more than once. This turnover is primarily due to employees unable or unwilling to adjust to increased standards of practice including documentation. As mentioned elsewhere in this response, our County HR department was in considerable disarray in 2017, and normal delays in recruiting, hiring, and onboarding became much worse as a result. Even today we have nine positions vacant that need to be filled.

3) The FY17 Utah Substance Abuse Treatment Client Satisfaction Surveys shows:

- a) Youth Satisfaction Survey received a score of 50 for Good Service Access.
- b) Family Satisfaction Survey received a score of 54 for Participation in Treatment Planning and 46 for Positive Service Outcomes.

These survey responses represent less than the 75% established target for the outcome domains.

**Center’s Response and Corrective Action Plan:**

This is a continuing issue for us. We have one youth treatment location in south Orem, but it is centrally located between the two highest population cities in the County. Most growth has occurred in the north part of the county, and the majority of adult treatment referrals as a percent of population come from the south part of the county. The only way to solve this problem is to establish treatment sites in north and south county. Until treatment numbers increase to justify establishing this new infrastructure, we expect this to be an ongoing complaint from parents of youth clients.

4) Client goals and objectives did not include target or completion dates. There was also no indication when goals and objectives had been completed. Objectives should be measureable, time limited and achievable. Goals and target dates should be updated on a regular basis and charts should identify when goals and objectives have been completed. Goals and Objectives should also include areas of concern identified in the assessment.

Goals and Objectives were often not therapeutic. Progress notes lack indicating progress the individual has made or lack of progress and therapeutic interventions.

**Center’s Response and Corrective Action Plan:**

UCaDDAPT has increased training and quality assurance methods to address clinical documentation over the last several years. In FY 2017-18, we have implemented a monthly chart review for each case manager and therapist, quarterly peer review for each therapist and will be offering a half day mandatory training for all staff on treatment plan development. Additionally, we have increased training and accountability for our management team directly related to clinical documentation. As noted in this report (Division Comments Comment #4, page14) and our UBHC Peer Review, we have made substantial progress in this area and anticipate this to continue.

**FY18 Deficiencies:**

- 1) Access to services: UC DaPPT has waiting lists for many of their services however facilities were not held at capacity and physical spaces remained unfilled. Timely access to services is a key component to the treatment of SUD clients. Open treatment slots are also not cost effective as those are treatment slots that lead to billable treatment services. It is suggested that UC DaPPT conduct a utilization review on programs with wait lists and open treatment slots and determine in order to alleviate the access to services issues.

**Center’s Response and Corrective Action Plan:**

In 2017, we increased our capacity and access to treatment by restructuring our programs to offer services five days and at least four nights for outpatient services. We are currently conducting a utilization review. While this is still in process, we have identified that of the approximately 1700 individuals receiving screenings for treatment, those who were recommended treatment (approx. 950) did receive services. We have a large number of transfers and have identified a need to evaluate this process for improvement in the area of engagement and retention.

One major obstacle to minimizing or eliminating wait list has to do with staffing. At present we have nine open positions. Competing for staff is an acute problem not just for us, but across the state. Unless we can compete with the private sector for workforce based on salaries and benefits, and unless there is an adequate pool of clinical program graduates for us to hire from, this will be a continuing problem (until there is a recession and increased unemployment). The private sector will always be able to increase pay more quickly than the public sector can, and as we do so, we ultimately decrease the number of staff positions we can afford. This will become a never ending escalating arms race that will ultimately drive up the costs of care and decrease access.

- 2) Assessments are not being updated on a regular basis or completed for every client. This has improved however there are inconsistent practices on when an updated assessment should be conducted. Assessment should be ongoing and completed for all clients. (*Chart #'s 314660, 314760, 268654, 314638, 314803*).

## Center's Response and Corrective Action Plan:

As stated in response number 4 on page 12, we have made significant improvement in training and quality assurance methods to address clinical documentation over the last several years. Our data manager will be attending a training at the end of March 2018 to modify our EHR to include triggers for clinical staff regarding both assessment and treatment plan reviews. This in combination with increased training and accountability will address this area.

### **FY18 Recommendations:**

- 1) DORA screening: UCaDDAPT should continue to work on information sharing and collaborate efforts with the Department of Corrections (DOC) and other justice involved community partners in order to collaborate services and in obtaining screening results. Many client charts were lacking screening results from DOC that could be instrumental in treatment planning.
- 2) UCaDDAPT should continue to train staff on what "successful completion" of treatment is and how it is established. Create a Department wide procedure so that each successful completion is equivalent and is based on the same standards. Successful completion is based on an individualized basis however there should be defined requirements that are met in order to consider the 70% successful rate completed.
- 3) DSAMH recommends additional training for staff on language that furthers public understanding of addictive disorders as a medical issue to reduce stigma and stereotyping. Use of terms like "clean" and "dirty" were often found in clinical charts. One excellent resource that could be distributed to staff can be found at: [https://www.naabt.org/documents/NAABT\\_Language.pdf](https://www.naabt.org/documents/NAABT_Language.pdf). Another excellent resource can be found online at: <https://www.whitehouse.gov/ondcp/changing-the-language-draft>. DSAMH is also available to provide technical assistance if desired.
- 4) DSAMH recommends that UCaDDAPT includes continuing recovery plan recommendations in their charts, including where the client is going next, community referrals, aftercare plans, or other goals or plans for services.

### **FY18 Division Comments:**

- 1) Over the past year, UCaDDAPT has increased the number of individuals served in their DORA program, Drug Court Programs and Youth Treatment Services. Increasing individuals served continues to be an area of focus.
- 2) *Community Relations:* UCaDDAPT continues to do outreach to increase participation in adolescent treatment. Staff has been attending several community partnership meetings within the community, including to local school districts to provide information on available services and to continue building relations and become a leading referral source for the community.

- 3) *Medication Assisted Therapy (MAT) Services:* UCaDDAPT continues to provide MAT services throughout their treatment system. Their current Doctor has been a great asset to the Department and is instrumental in their MAT programs and other physical care operations.
- 4) *Audits and other Peer Reviews:* This year DSAMH asked for copies of other audits that had been performed in the past two years. The UBHC Peer Review documents for FY15 and FY16 were reviewed which indicated a strong effort had been made in the past year to improve clinical chart notes, goals and objectives and to improve therapeutic language and techniques used. The progress was noted and UCaDDAPT's efforts to improve their clinical charts are evidenced in their electronic health record.

## **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 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 suggestion. 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.

## Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Utah County's Department of Drug and Alcohol Prevention and Treatment and for the professional manner in which they participated in this review.

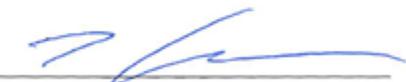
If there are any questions regarding this report please contact Chad Carter at (801)538-4072.

The Division of Substance Abuse and Mental Health

Prepared by:

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Auditor IV

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