



Utah Department of
Health & Human Services
Integrated Healthcare

SUMH Local Authority Area Plan

State Fiscal Year 2027

TABLE OF CONTENTS

OVERVIEW	2
SUICIDE PREVENTION SERVICES	3
Community Suicide Prevention	3
CRISIS SERVICES	6
Behavioral Health Crisis Services	6
MENTAL HEALTH TREATMENT SERVICES	9
Mental Health Mandated Services (UCA17-77-301(5)(b))	9
MENTAL HEALTH OFFICE DIRECTIVES	13
Mental Health Office Directives	13
SUBSTANCE USE DISORDER TREATMENT SERVICES	20
Substance Use - Adults	20
Substance Use - Youth	27
Substance Use - Quality Improvement	29
COMBINED MENTAL HEALTH AND SUBSTANCE USE SECTIONS	31
Mental Health and Substance Use Treatment Services	31
Mental Health and Substance Use - Justice Services	33
RECOVERY SUPPORTS	37
Mental Health and Substance Use Recovery Supports	37
SERVICE SATISFACTION AND OUTCOME DATA	40
Service Satisfaction and Outcome Data	40

OVERVIEW

The purpose of this document is to meet contract compliance with the Local Authorities (LA) “Evergreen Contract” Article 1.2: “Area Plan” means a plan prepared and submitted by the LA in accordance with Utah Code §17-77-201(5)(b) and §17-77-301(5)(a)(ii) for funding and service delivery that includes a provision of services and programming for prevention, crisis, treatment, and recovery support services. Please note that the prevention portion of this requirement is located in a separate document.

This document is designed to capture the above outlined programmatic requirements of the LA in the contract and SUMH Office Directives. Sections in this document are inclusive of the sections in which a descriptive response is needed. Please review the full “Evergreen Contract” and SUMH Office Directives for all contractual requirements. Please do not delete any questions or sections; if a section does not apply to the LA, please note that in the section. Please note when completing this document that any embedded links must be viewable by the reader.

SUICIDE PREVENTION SERVICES

Community Suicide Prevention

The following sections are the **Community Suicide Prevention** requirement from both the LA contract and the SUMH Office Directives.

Suicide Prevention (Contract requirement 4.1)

Does the LA have current strategies for suicide prevention, intervention and postvention that are evidenced-based and align to the Utah Suicide Prevention State Plan?

☒ Yes

☐ No, not at this time.

Describe strategies and evidence based programs being implemented for:

1) Prevention - Please include a public-facing link to the plan in the space below (if available).

- 1-Promotion of 988, Live On, Know Your Script, Mobile Crisis Outreach Team, and Stabilization and Mobile Response
- 2-Increase opportunities for safe storage of firearms and prescription medication for residents by distributing gun locks, gun safe, ammo boxes, medication lock boxes, and DisposeRX packets. Participate in two "drug take back" events by sharing information about prescription drop box locations and promote Know Your Script campaign.
- 3-Increase connectedness by teaching Guiding Good Choices parenting classes and participating in coalition community engagement activities.
- 4-Increase access to evidenced-based health education and social emotional learning programs for youth by partnering with TCSD to provide SEL programs such as Botvin's Lifeskills, Second Step and Hope Squad.
- 5-Maintain a suicide prevention/postvention workgroup
https://docs.google.com/document/d/11_2B8wIMTdIDiLkBCKZjAGlJui5tPWLOMPm-BQ1gruY/edit?usp=sharing.

2) Intervention - Please include a public-facing link to the plan in the space below (if available).

- 1-Increase participants in suicide prevention and mental health training. Evidenced based trainings taught in Tooele County are QPR, Mental Health First Aid, Vital Cog, and CIT training.

3) Postvention - Please include a public-facing link to the plan in the space below (if available).

- Increase access to grief support by sharing postvention protocols, tool kits, and safe messaging

Community Suicide Prevention

protocols with funeral directors, media, workplaces, schools and faith groups. Provided “hope boxes” with local resources to funeral homes, Life’s Worth Living, and MCOT. Sharing bereavement support services for survivors such as University of Utah’s Caring Connections programs.

[Tooele County Suicide Postvention Plan](#)

Suicide Prevention Training (Contract requirement 4.1.a)

Does the LA have at least one staff member with suicide prevention responsibilities trained in the following suicide prevention programs: (1) Suicide Prevention 101 training; (2) Safe and Effective Messaging for Suicide Prevention; (3) Suicide Prevention gatekeeper training, such as Question-Persuade-Refer, Mental Health First Aid, Talk Saves Lives, or Applied Suicide Intervention Skills Training; and (4) counseling on access to lethal means.

☒ Yes

☐ No, not at this time.

If yes, please document the LAs staff name, job title, and email for this contract requirement (if multiple, please note which programs each are trained in)

Natalie Heiner, Prevention Specialist, natalie.heiner@tooeleco.gov, trainings completed: Utah Suicide Prevention Coalition Suicide Prevention 101 training, Safe and Effective Messaging for Suicide Prevention, QPR Gatekeeper Instructor, Mental Health First Aid, Counseling on Access to Lethal Means (CALM), Talk Saves Lives, C-SSRS training, Safety Planning Intervention

Community Suicide Prevention Coordination (Contract requirement 4.1.b)

Does the local authority coordinate with local health departments and local education agencies for suicide prevention, intervention, and postvention within their communities.

☒ Yes

☐ No, not at this time.

Please identify the partners, and describe the role and responsibility of each partner in suicide prevention, intervention, and postvention within their communities. This must include the following partners: LHD, LMHA, LEAs. LAs may include other community partners, organizations, etc as applicable.

- **Local Health Department (Tooele County Health Department):**

Community Suicide Prevention

- Leads public health surveillance and data reporting
- Prevention initiatives
- Supports means safety distribution and education
- **Local Mental Health Authority/Local Substance Abuse Authority (Tooele County Human Services):**
 - Optum - Tooele Co. - Community partnerships fulfill direct services provider network
 - Provides direct behavioral health services, including assessment, crisis response, and treatment
 - Oversees clinical protocols for suicide risk screening, intervention, and follow-up care
 - Valley Behavioral Health - Coordinates mobile crisis outreach and stabilization services via Valley Behavioral Health.
- **Local Education Agencies (LEAs):**
 - Implements school-based prevention programming and student screenings
 - Coordinates postvention efforts following student deaths
 - Trains school staff in suicide prevention and response

Additional Community Partners:

- Tooele County Sheriff's Department, Tooele City Police Department, Grantsville City Police Department-Law enforcement and first responders (crisis response and welfare checks)
- Mt. West Medical Center-Hospitals and emergency departments (acute care and referrals)
- Community-based organizations and nonprofits (outreach and support services)
- Faith-based organizations (support networks and Tooele County Interfaith Council)

Suicide Risk Policy (SUMH Office Directives Governance and Oversight general provisions)

LAs shall have a written policy and procedures for screening and responding to suicide risk. The policy must contain a suicide screen, suicide risk assessment, and a suicide/crisis safety plan, when indicated, that includes indication of lethal means counseling when clinically indicated.

Please describe how staff are trained in the policy for screening and responding to suicide risk or provide a public-facing link to the plan.

Tooele County Health Department developed a suicide response plan that has been accepted for the entire county entity, which touches on the assessing for suicide risk and lethal means

Community Suicide Prevention

counseling [TCHD Suicide Response Plan](#).

To more fully address the Suicide Risk policy provision, Tooele County Human Services will draft and adopt a written policy that will apply to the LA and its subcontractors pursuant to this section of the Office Directives. This will be completed no later than September 2026.

Firearm Safety (SUMH Office Directives)

LAs shall purchase and distribute means safety materials and implementing education. Means safety includes firearm safes, ammunition boxes, medication lockboxes, and other means of disposal.

Please describe the LAs plan for:

Purchasing and distributing means safety devices

As a heavily-armed rural area, Tooele County has a large need for firearm safety education and safety devices. Human Services anticipates producing some digital education materials each SFY regardless of state lethal means safety funding, but would likely be to a much lesser extent than the past few years. E.g. November 2025, \$30,000 of lethal means safety devices were purchased. January 2026 they were distributed to Tooele County. A local marketing firm created suicide prevention PSA's and mailers that were sent to the public. 160 medication lock boxes, 20 gun safes, 100 pistol lock boxes, 7200 dispose RX packets, 625 ASFP gun safety brochures, and 1000 988 stickers were distributed.

Provided safety-device funding, Tooele County would implement a similar campaign to cater to local readiness and needs.

Approach to community education

Tooele County Health Department provides trainings (QPR, Mental Health First Aid, Vital Cog) to the public, youth at schools, and specialty groups such as first responders. TCHD partners with Valley Behavioral Health to fund Crisis Intervention Training for 30 police officers annually. TCHD utilizes PSA's, social media, booths at events, and newspaper articles for community education on suicide prevention. Public education campaigns emphasize safe storage of firearms and medication, promotion of 988 and local mental health resources.

Garrett Lee Smith Grant (GLS)

Does the LA have a GLS Grant?

Community Suicide Prevention

- ☐ Yes
☒ No, not at this time.

If yes, describe how the LA intends to implement GLS as described here or insert document link:

Comprehensive Suicide Prevention Grants

Does the LA have a Comprehensive Grant award?

- ☐ Yes
☒ No, not at this time.

If yes,
Please identify LA primary contact name and email

Describe describe how the LA intends to implement the Comprehensive Grant as described here or insert document link:

Technical Assistance

Is technical assistance requested for Community Suicide Prevention programming or requirements?

- ☐ Yes
☒ No, not at this time.

Please indicate sections requested.

CRISIS SERVICES

Behavioral Health Crisis Services

The following sections are **Behavioral Health Crisis Response** requirements from both the LA contract and the SUMH Office Directives. This section also includes the 24/7 crisis care and services mandated service requirement.

Crisis Line Coordination, MCOT and Receiving Centers Services shall provide services in accordance with UCA 523-18 and 523-21. The LA shall refer to the [SAMHSA National Guidelines for a Behavioral Health Coordinated System of Crisis Care](#) as guidance for development, implementation, and quality improvement efforts.

24 Hour Crisis Care and Services (Mandated Service)

Will the LA provide 24-hour Crisis Care and Services directly, through a contracted provider, or both? (provide public-facing link to or list of contractor(s) below)

	Youth	Adult
Directly	☐	☐
Contracted	☒	☒

Link to or list of contracted providers:

Valley Behavioral Health - [MCOT](#)

Mental Health Crisis Outreach Teams (MCOT) (Contract 7.2.b)

Does the LA operate MCOT services 24 hours a day, seven days per week providing community based crisis intervention, and assessment?

- ☒ Yes
☐ No, not at this time.

Does the LA deploy MCOT from the statewide crisis line when requested without reassessment or re-triage?

- ☒ Yes
☐ No, not at this time.

Do the LA MCOT teams give priority to law enforcement, emergency medical services, Fire, 911 dispatch, and the statewide crisis line?

- ☒ Yes

Behavioral Health Crisis Services

☐ No, not at this time.

Do the LA MCOT teams connect individuals to facility-based care as needed through warm handoffs and coordination of transportation?

☒ Yes

☐ No, not at this time.

Please detail the following for the LA:

The interdisciplinary makeup of the LA's MCOT, and the communities accessibility to MCOT during regular business hours, after hours, weekends, and holidays

VBH provides crisis response to Tooele County 7 days per week, 24 hours per day, 365 days per year including all state and federal holidays. Crisis services are accessed through the state crisis line, 988, and Tooele County Dispatch Center. Crisis workers are available to respond in person and virtually to any Tooele County resident or Tooele County business/facility. Additional efforts are underway to increase capacity for in-person crisis response in frontier communities like Wendover and Ibapah into SFY27.

Interdisciplinary make-up & Shifts -

Day-shift: Standard office hours M-F, 8-5p. On-site.

Afterhours - (weekday): M-F (5:01p-7:59a). On-call for deployment.

Afterhours - (weekend/holiday): Sa-M 8:00a-7:59a. On-call for deployment.

VBH MCOT has comprised of a roster of case managers, certified peers, or SUDC and occasionally an LCSW for afterhours shifts. For the majority of calls, the responding MCOT pair would not include a clinician. VBH would assign a licensed clinician to be available via telephone for MCOT pair to call for consultation as deemed necessary.

Historically, VBH has highlighted barriers to recruit licensed clinicians as the primary issue for meeting best practices. The LA has been working with VBH to address these barriers, including latitude to restructure compensation and recruitment efforts to attract talent for day time and afterhours shifts.

Into SFY27, the LA will be monitoring progress on these objectives and providing additional TA to achieve desired outcomes.

How MCOT supports connection to ongoing care through follow-up outreach

MCOT staff make follow-up phone contact with each individual seen in crisis within 24-48 hours of initial encounter, they also assist in identifying additional resources or referrals needed.

Behavioral Health Crisis Services

How the LA engages and educates first responders to MCOT services

How the LA engages and educates first responders to MCOT services
VBH holds a Crisis Intervention Team Coordinator role partnering with Tooele City Police Department and CIT Utah to educate annually on crisis intervention and available resources such as MCOT, VBH also provides education regarding crisis and MCOT to local first responders during an annual First Responder Summit as well as the annual EMS Refresher for the state of Utah.

MCOT Exemption Request (Contract 7.2.b.7)

The MCOT Rule is linked here - [R523-18](#)

Does the LA have an exemption request for any MCOT requirements?

- ☐ Yes
☒ No, not at this time.

If applicable, please document the request for review and approval.

MCOT has operated outside of rule due to lack of fully licensed therapists in the area. A position was recently created and posted seeking a full-time clinical lead for MCOT. Our goal is to recruit a minimum of 3 fully licensed therapists to the team by SFY28.

Receiving Centers (Contract 7.2.c)

Does the LA have a Receiving Center?

- ☐ Yes
☒ No, not at this time.

Service Delivery Framework: Describe operational and clinical implementation of the service, outreach, training, access procedures, assessment tools, eligibility criteria, family engagement, transition planning. Please include any prioritization of first responders.

Tooele County is building community readiness for a receiving center. Our desire is to have a facility locally within the next 3 years.

Outcomes Framework: Describe specific metrics used to track performance (e.g., recidivism, length of stay, discharge barriers), process for analyzing data to drive continuous quality improvement.

--

Behavioral Health Crisis Services

Youth Crisis Programming (Office Directives, Crisis Services)

Does the LA have a Youth MCOT program/team?

- ☒ Yes
☐ No, not at this time.

Does the LA have a formal Memorandum of Understanding (MOU) with local school districts to allow MCOT/Stabilization and Mobile Response (SMR) teams to respond directly to school campuses to prevent student arrests/suspensions?

- ☐ Yes
☒ No, not at this time.

Does the LA have a SMR program/team?

- ☐ Yes
☒ No, not at this time.

How are the following implemented:

Ongoing care coordination and referrals between MCOT and SMR staff to ensure continuity for families

VBH and MCOT have an active Care Coordination Agreement (CCA) with IHC's SMR assigned to Tooele County and regularly refer individuals for behavioral assessments and in home support.

Coordination of Safe-Fam hotline calls and youth needs during times when primary SMR services are unavailable (e.g., late evenings, holidays)

Safe-Fam calls for Tooele County are referred directly to MCOT when outside of standard SMR hours which are approximately 10:00am-8:00pm Monday –Friday.

Technical Assistance

Is technical assistance requested for Behavioral Health Crisis Response programming or requirements?

- ☒ Yes
☐ No, not at this time.

Please indicate sections requested

An area of concern has been transportation of individuals in crisis that is safe, reliable, and fiscally

Behavioral Health Crisis Services

sustainable. Due to limited accessible public transport services and the large geographic size of our county, individuals are unable to access higher levels of care, such as those provided at Crisis Care Centers, which can result in extended emergency department visits when a dedicated psychiatric floor is not available.

MENTAL HEALTH TREATMENT SERVICES

Mental Health Mandated Services (UCA17-77-301(5)(b))

The following sections are mandated mental health services. Each LA must complete with an overview of how each service for adults and youth, as indicated, will be implemented in their catchment area. If you use a contractor for a service, please attach an excel or google sheet with all contracted providers for the service, a template has been provided.

For the Service Delivery Framework, describe operational and clinical implementation of the service, outreach, training, access procedures, assessment tools, eligibility criteria, family engagement, transition planning.

For the Outcomes Framework, describe specific metrics used to track performance (e.g., recidivism, length of stay, discharge barriers), process for analyzing data to drive continuous quality improvement.

Inpatient Care and Services

Describe how the LA provides Inpatient Care and Services to adults and youth:

Service Delivery Framework:

Psychiatric inpatient treatment is a covered service under Tooele County Medicaid. The service is available for adults and youth. It is available at both in and out of network hospitals. In network hospitals for adults are the Huntsman Mental Health Institute, Aspen Grove Behavioral Hospital, St. Marks, Holy Cross Hospital - Jordan Valley, Holy Cross Hospital - Davis and Salt Lake Behavioral Health. In network hospital for children and adolescents is the Huntsman Mental Health Institute. In network hospital for adolescents is Aspen Grove Behavioral Hospital. Any out of network hospital can be approved for emergent inpatient services when in-network beds are full. Over the next three years additional hospitals will be vetted to come in network for both youth and adults and this plan will be updated as that occurs.

Mental Health Mandated Services (UCA17-77-301(5)(b))

Outcomes Framework:

Optum TCo produces monthly inpatient Utilization Management reports. The reports include admissions by provider, bed days by provider, the average length of stay by provider, admission by age group, 30-day readmissions by provider and percentage rate, the total number of enrollees, discharges and the penetration percentage rate of inpatient and all services. This data is reviewed by the director of clinical operations, the medical director and the UM committee to evaluate inpatient provider outcomes and create plans to address any deficiencies in these areas. Additionally, follow up after hospital discharge reports are created giving percentages of 7 and 30 day follow ups. Discharge barriers are evaluated and plans to address the barriers are created to support members' engagement in follow up services and improve community tenure.

Residential Care and Services

Will the LA provide Residential Care and Services directly or through a contracted provider? Please describe the frameworks in place for adults and youth, and include a list of contractor(s) or a public-facing link to the list.

	Youth	Adult
Directly	☐	☐
Contracted Provider	☒	☒

Service Delivery Framework:

Mental health residential treatment is an available service in the Optum Tooele County Medicaid network of providers for both youth and adults. Access to this level of care is determined by medical necessity review from provider referrals. The LOCUS criteria is used for adults and CALOCUS-CASI criteria is used for youth for the medical necessity review. While a member is in residential services, Optum care advocates and care coordinators support the transition discharge planning and family engagement needs while doing concurrent reviews for ongoing treatment. Below is a list of the current in-network mental health residential treatment providers.

Odyssey House (Male and Female)

Utah BH Services – Turning Point (adult male and female)

Mental Health Mandated Services (UCA17-77-301(5)(b))

Valley Behavioral Health (Men's and Women's CORE, STEPS)
Volunteers of America (Men's)
New Beginnings (Male and Female Youth)
Aspire - Wasatch BH (Female Youth)
Youth Care – (Male and Female Youth)

Outcomes Framework:

Optum TCo produces monthly inpatient Utilization Management reports. The reports include admissions by provider, bed days by provider, the average length of stay by provider, admission by age group, 30-day readmissions by provider and percentage rate, the total number of enrollees, discharges and the penetration percentage rate of inpatient and all services. This data is reviewed by the director of clinical operations, the medical director and the UM committee to evaluate inpatient provider outcomes and create plans to address any deficiencies in these areas. Additionally, follow up after hospital discharge reports are created giving percentages of 7 and 30 day follow ups. Discharge barriers are evaluated and plans to address the barriers are created to support members' engagement in follow up services and improve community tenure.

During SFY27, Tooele County Human Services will conduct a market assessment to identify the level of need and feasibility for a local MH residential program.

Outpatient Care and Services

Describe how the LA will provide Outpatient Care and Services for adults and youth:

Service Delivery Framework:

Optum Tooele County has 89 outpatient providers serving adults and youth. 12 of these providers are located within Tooele County specifically. Many Tooele residents choose to seek services in Salt Lake County for anonymity or if they work in Salt Lake County. Members have the option to call Optum Tooele County Medicaid and speak with a care advocate (they are licensed clinicians) who can support giving referrals for the appropriate provider. Members can choose the outpatient provider they want to see and make an appointment that works for them. For the higher levels of care, the provider assesses for the treatment need and submits referrals to Optum for pre-authorization medical necessity review. Clinical submission for pre-authorization review is also part of the process for TMS and psychological testing service requests.

Mental Health Mandated Services (UCA17-77-301(5)(b))

Outpatient services include:

- General outpatient therapy – adults and youth
- Intensive Outpatient Treatment (IOP) - adults and youth
- Day Treatment (PHP) - adults and youth
- Transcranial Magnetic Stimulation (TMS) -adults only
- Psychological Testing – adults and youth
- Clubhouse

Outcomes Framework:

Optum requires the majority of the network's outpatient, mental health treatment providers to use OQ® Measures' tools to monitor treatment progress and improve outcomes using statistically significant measures. When appropriate, providers use other outcome tools for specialized populations

24-hour Crisis Care and Services

See Behavioral Health Crisis Services section above

Psychotropic Medication Management

Does the LA provide psychotropic medication management for adults and youth:

☒ Yes

☐ No, not at this time.

Psychosocial Rehabilitation (*vocational training, skills development*)

Describe how the LA will provide Psychosocial Rehabilitation for adults and youth:

Service Delivery Framework:

PRS are primarily delivered in higher levels of care such as IOP (adult), DAYT (adult/youth) and RES (adult/youth) treatment programs. As the impact of these services is difficult to measure separate from all the other methods used in the milieu, Optum is able to measure the volume of PRS used in these levels of care when billed as a discreet service.

New Reflections House with Valley Behavioral Health is a club house model program that provides vocational and skills development for their members.

Mental Health Mandated Services (UCA17-77-301(5)(b))

Youth Day-treatment at Bear's Ears Child and Family Therapy was made available in Fall 2025. The program consists of k-12 education, individual therapy, and PRS groups. Clinical services follow a DBT framework. The program is licensed to take youth ages 11-18. This program will continue into SFY27, with the intention of further integration with the Tooele Co. School District.

Outcomes Framework:

Through the treatment record auditing process, PRS group notes are reviewed to ensure required leader to client ratios are met, group topics and delivery methods are in alignment with PRS requirements and the service aligns with the client's treatment goals. The treatment plan is expected to be updated to include methods which reflect the member's current situation and discharge plan. A provider pattern analysis is also conducted to identify the proper use of these codes when billed separately.

Case Management

Describe how the LA will provide Case Management for adults and youth:

Service Delivery Framework:

Case management is an available service in the network of Optum Tooele County Medicaid providers. The need for case management is assessed during the initial assessment or as the need arises over the course of treatment. If indicated it is prescribed in the treatment plan and referrals are made either internally at the agency they are being seen or to another network provider who offers the service to work in collaboration.

Adult case management: Adult case management providers are listed below with a link to the resource guide for additional providers.

Clinical Consultants

Valley Behavioral Health

[tco-resource-guide.pdf](#)

Youth case management: Youth case management providers are listed below with a link to the resource guide for additional providers. Youth case management includes working with parents and care givers to support the family system needs along with the youth individual needs.

Mental Health Mandated Services (UCA17-77-301(5)(b))

Bears Ears Child and Family therapy

Valley Behavioral Health

[tco-resource-guide.pdf](#)

Outcomes Framework:

Outcomes framework include satisfaction surveys and provider chosen measurement tools, including case management needs assessment tools. The provider is audited to ensure a case management outcome measure is used and used to guide ongoing treatment planning.

Services to Incarcerated Individuals

See Combined Mental Health and Substance Use section below

Coordinate with the Dept of Corrections to Provide Services to High-Risk Habitual Offenders (UCA 64-13-21(8)(a).

See Combined Mental Health and Substance Use section below

Community Supports

Will the LA provide Community Supports directly or through a contracted provider?

- ☐ Directly
- ☒ Contracted provider (list contractor(s) below)

Service Delivery Framework: Please include in home services, housing supports, family support services and respite. Please note if there are any additional agency processes to access this level of clinical care.

Optum TCo's network of providers includes those who offer in-home therapeutic services and personal services as prescribed. Respite services are available in the network of providers for any family who meets criteria, even if they do not receive other services by the agency. Family Peer Support Services are available in the network of providers.

Tooele County owns an 8-unit transitional facility that is managed through a collaborative agreement with Switchpoint. Tenants are identified as a step-down transition from the Shelter site.

Mental Health Mandated Services (UCA17-77-301(5)(b))

Outcomes Framework: *Please include in home services, housing supports, family support services and respite.*

At this time, Optum has the ability to measure volume of these services delivered to Optum TCo members. Additional reporting may be developed to identify how many individuals receiving these reports maintain community tenure and for how long. Optum will work with the Tooele Department of Human Services to determine what outcomes measurements would be most valuable for these specialized services.

Consultation and Education Services

Will the LA provide Consultation and Education Services directly or through a contracted provider?

- ☒ Directly
- ☒ Contracted provider (list contractor(s) below)

Service Delivery Framework: *Please include case consultations and collaboration with county agencies, public education and public information.*

Consultation and education services are provided in combination with the Tooele Department of Human Services and Optum Tooele County Medicaid. Optum has a Recovery and Resiliency (R&R) team that consists of peer support specialists (adult services). This team provides education and consultation to consumers, consumer run organizations, their contracted providers, community partners and stakeholders, and centers of learning.

This team continues to conduct numerous trainings in the community, such as:

- Adult Mental Health First Aid (MHFA).
- Certified Peer Support Specialist trainings continue to be offered by Optum each year
 - Peer support supervisors training
 - Forensics Peer support Training.

Optum has a provider training platform for network providers to access training that supports better service delivery.

The Tooele department of Human Services and Optum provide consultation to multiple agencies and providers in the community regarding shared clients and concerns. Staff have frequent opportunities to educate the public through all forms of media, community fairs, and other venues.

Technical Assistance

Mental Health Mandated Services (UCA17-77-301(5)(b))

Is technical assistance requested for Mental Health Mandated Services programming or requirements?

- ☐ Yes
☒ No, not at this time.

Please indicate sections requested

--

MENTAL HEALTH OFFICE DIRECTIVES

Mental Health Office Directives

The following sections stem from the FY27 SUMH Office Directives that require a LA response.

For the Service Delivery Framework, describe operational and clinical implementation of the service, outreach, training, access procedures, assessment tools, eligibility criteria, family engagement, transition planning.

For the Outcomes Framework, describe specific metrics used to track performance (e.g., recidivism, length of stay, discharge barriers), process for analyzing data to drive continuous quality improvement.

Mental Health Office Directives Clinical Care

Assertive Community Treatment (ACT)

Will the LA provide ACT team programming (more than one box can be checked if multiple teams)?

- ☐ Yes, with a DACTS/TMACT score greater than 4.0
☐ Yes, with a DACTS/TMACT score between 3.0 and 4.0.
☒ No, not at this time

Please indicate the number of ACT or ACT-like teams in the catchment area and how many individuals are served. For network models, please note the provider agencies who deliver this service.

Human Services has been approached by several partners/stakeholders about the possibility of pairing ACT with local supportive housing and transient projects. During SFY27, further assessment of need and professional capacity will be conducted to better understand the viability
--

Mental Health Office Directives

of such a program. One key aspect of the assessment will be whether we have enough eligible clients in the community to justify the staffing demands. The question being whether a smaller ACT census of 50-60 clients could still be sustainable.

High-Need Client Care Plan

Does the LA have an agency plan, as defined in the SUMH Office Directives, to address appropriate service provision for individuals with complex behavioral health conditions who require frequent engagement, have multiple systems involvement, and who are clinically indicated to need multiple mental health supports to remain in the community?

- ☒ Yes for adults
- ☒ Yes for youth
- ☐ No, not at this time

Please submit or insert a public-facing link to the agency plan

Optum TCo is not a service provider, therefore we do not have a required care plan for members with complex needs. Rather, we use the Complex Needs Subcommittee to the TCo Utilization Management Committee which is responsible to ensure members receive person-centered treatment and whole health supports.

Per the Optum TCo QAPI Committee Policy and Procedure 2.8.1.1. (not public facing)

The Complex Needs Subcommittee is responsible for identifying Optum Tooele County Medicaid members who utilize the most services and the highest level services repeatedly. Committee members actively interface with the member, providers and community partners as necessary to help the member access needed treatment and supports. This committee identifies data trends, barriers and successes in service delivery which inform Optum Clinical decisions.

Per the 2026 Optum TCo QAPI Manual (Utilization Management Committee Section E, pg.15)

A Complex Needs Subcommittee was added to the UM activities to allow for in depth analysis of services for specific members. This group may review claims, authorizations, authorization review documentation, discharge plans, updates from care coordinators, follow-up information gathered from providers and/or ACO care managers to assess for quality and timely care. The results of these efforts are reported to the Optum Tooele UM Committee quarterly. 2026 Optum Tooele County QAPI Plan

Per the 2026 Optum TCo Work Plan (Submitted to DHHS annually -not public facing)

The Optum Tooele County Complex Needs Subcommittee is co-chaired by Mark Schull, LCSW

Mental Health Office Directives

(Optum TCo Clinical Director) and William Elsass M.D. (Optum TCo Sr. Medical Director). The team meets bi-weekly to review data and clinical information to identify high touch members and create strategies to support them. In addition to using successful completion of member-specific follow-up plans to monitor outcomes of the subcommittee, data gathered by care coordination team is used to identify system barriers to treatment engagement. The subcommittee will raise concerns and offer suggestions to the Optum TCo UM Committee. Recommendations for action will be made to the Optum TCo QAPI Committee on a quarterly basis. The annual Optum TCo QAPI Plan and Work Plan must be updated, reviewed and approved annually by the larger committee as well.

Adults:

- Optum Complex needs UM Committee
- Provider case staffings
- Civil Commitment court Liaison
- Member follow up after hospitalization
- AOT referrals

Youth:

- Optum Complex needs UM committee
- Multi-agency Staffing (MAS)

Provider case staffings

- Member follow up after hospitalization
- Intensive Care Coordination referrals
- JJS Youth Services Model high fidelity wrap program referrals

Data is collected on hospital readmission rates, follow up after hospitalization percentages, inpatient lengths of stay, discharge barrier analysis and civil commitments dropped to evaluate outcomes.

Utah State Hospital (USH) Coordination

Please document the LAs identified USH liaison name and email for compliance with administrative rule UCA R523-2-11.

Mental Health Office Directives

Adult

Jennifer Goodson LCSW, jennifer_goodson@optum.com and Daniel Amosa RN,
daniel_amosa@optum.com

Youth

Sandy Meyer LCSW, sandy.meyer@optum.com

Technical Assistance

Is technical assistance requested for any components of SUMH Office Directives Clinical Care programming or requirements section?

- ☐ Yes
☒ No, not at this time.

Please indicate sections requested

Mental Health Office Directives - Quality and Access Improvement

First Episode Psychosis (FEP) (service code: EBI)

Will the LA provide First Episode Psychosis (FEP) services ?

- ☐ Directly
☐ Contracted provider (list contractor(s))
☒ No, not at this time

If yes, are services provided to fidelity?

- ☐ Yes
☒ No, not at this time

Service Delivery Framework:

Over the next three years, efforts will be made to train and have providers available in the Tooele network for first Episode Psychosis (FEP) specific services.

Mental Health Office Directives

Outcomes Framework:

NA

Clinical High-Risk for Psychosis (CHRP) (Service Code EBI1/EBI2)

Will the LA provide Clinical High-Risk for Psychosis (CHRP) services ?

- ☐ Directly
- ☐ Contracted provider (list contractor(s))
- ☒ No, not at this time

Service Delivery Framework:

NA

Outcomes Framework:

NA

Transition-age youth (TAY, 14-26 years of age)

Please identify the LAs identified TAY liaison for this SUMH office directive including name, email address and job role/title:

Teresa Baker LCMHC, teresa.baker@optum.com, Care Advocate/UM supervisor-Optum Tooele County Medicaid

Infant and Early Childhood Mental Health (IECMH)

Does the LA have a provider(s) trained in IECMH.

- ☐ Yes
- ☒ Contracted provider
- ☐ No, not at this time

As applicable,

Please identify a public-facing link or a list of the provider(s) or team trained (direct or contracted).
For network models, please identify contracted agencies who specialize in this service

Mental Health Office Directives

The Children's Center Utah

Describe the training that the provider(s) have received on developmentally appropriate screening, diagnosis, and evidence-based treatment modalities.

The training received by providers at the Children's Center includes:

- Diagnostic Training - DC:0–5™: Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood
- Child Parent Psychotherapy (CPP)
- Attachment, Regulation, and Competency (ARC)
- Attachment, Biobehavioral Catchup (ABC)
- Child Adult Relationship Enhancement (CARE)
- Facilitating Attuned Interactions (FAN)

The Children's Center provides monthly Training and Teleconsultation Webinars on screening, diagnosis and evidenced-based modalities. These are shared with the Tooele County network on a monthly basis

Behavioral Health Home (Service Code: BHH)

Does the LA provide behavioral health home services ?

- ☐ Directly
- ☐ Contracted provider (list contractor(s))
- ☒ No, not at this time

Service Delivery Framework:

Outcomes Framework:

Intellectual and Developmental Disabilities (IDD)

Please identify the LAs identified IDD liaison for this SUMH office directive. Include name, email and job role/title:

Mental Health Office Directives

Mark Schull LCSW, mark.schull@optum.com, Director of Clinical Operations - Optum

Does the LA have a provider(s) trained in IDD and co-occurring mental health.

- ☐ Yes
- ☒ Contracted provider
- ☐ No, not at this time

As applicable,

Please identify a public-facing link or a list of the provider(s) or team trained (direct or contracted). For network models, please identify contracted agencies who specialize in this service. LAs are encouraged to have a provider listed on the IDD provider list website.

In the Optum Tooele County Medicaid network there are trained providers to work with individuals with IDD and co-occurring mental health. These providers include:

- Aspen Ridge Counseling
- Valley Behavioral Health
- Bears Ears Child and Family Therapy
- Multicultural Counseling Center

The link below can be used to get more information about the providers.

[tco-resource-guide.pdf](#)

Mental Health Early Intervention (Service Code: EIM)

Will the LA implement Mental Health Early Intervention (MHEI) programming for the population outlined in SUMH Office Directives?

- ☐ Directly
- ☒ Contracted/partnership provider (list contractor(s) below)
- ☐ Not at this time

Please indicate what allowable services under the EIM service code will be used for:

- ☐ School based behavioral health services
- ☐ Youth MCOT
- ☐ Family Peer Support Services
- ☒ Other pre-approved early mental health interventions

Service Delivery Framework:

Mental Health Office Directives

Whole Kids Emotional Wellness offers in-person assessments and individual therapy at the Tooele Boys and Girls Club to youth who have been identified as high-risk by the afterschool program. This program is to be continued through the summer months during the “summer program” of the club. Participants are referred by Club leadership based on known familial changes, economic hardship, and abrupt changes in effect.

Expected outcomes:

Increased access to early behavioral health support for children, youth, and families in community-based settings.

Strengthened family systems through early engagement and preventive interventions.

Reduced reliance on crisis-level or higher-cost services by addressing needs earlier.

Future considerations: Tooele County is exploring options to support early intervention programming and MH screenings in partnership with BEE (Behave, Educate, Engage) Kids, a local MH and wellness center. Target demographic would be ages 2-5 without public or commercial insurance, and without a formal MH diagnosis but exhibiting warning signs to warrant early intervention.

Please identify name, email and title of the individual who will submit quarterly and annual outcome reporting:

Mark Schull LCSW, Optum-Director of Clinical Operations, mark.schull@optum.com

Older Adults

Has the LA developed and is it maintaining a strategic plan for service delivery programming for the older adult population outlined in SUMH Office Directives?

☐ Yes

☒ No, not at this time

If applicable, please include a link to a summary document or website to address this question or briefly summarize how the LA intends to provide service delivery to this population.

At least annually the LA partners with the Tooele Co. Aging Services to address an older adult MH outreach need, however a formalized plan has not been developed. During SFY27, Tooele County Human Services will devise a set of strategic goals in concert with its Aging Services agency. Areas of greatest opportunity include outreach efforts regarding social interaction, 988 life-line, and

Mental Health Office Directives

local MH treatment services.

Perinatal Mental Health

Identify the provider(s) trained in perinatal mental health to the requirement outlined in the SUMH Office Directives. For network models, please identify contracted agencies who specialize in this service.

Aspen Ridge Counseling Center
Child and Family Empowerment Services
Reach Counseling
Wasatch Behavioral Health

Is this provider(s) listed on the Utah Maternal Mental Health Network website?

☒ Yes

☐ No, not at this time

Utah Behavioral Health Planning and Advisory Council (UBHPAC)

Please identify the LAs identified UBHPAC representative for this SUMH office directive including name, email address and job role/title:

Shianne Anderson, SUDC, CPSS
Tooele County Sheriff's Office
Exit Program and Education Coordinator.
Email: shianne.anderson@tooeleco.gov
Phone: 435-579-5996

***Please note that UBHPAC meets every other month for 2 hours. The agency should consider a person with lived experience who is a consumer of services or peer as the LA representative.*

Unfunded clients

Describe how the LA intends to deliver the services/programs to **unfunded clients**. This must include:

1) The LAs process to help the client access to insurance

Contract providers using non-Medicaid dollars are required to assist members in applying for

Mental Health Office Directives

Medicaid prior to accessing non-Medicaid dollars. Additionally, they are expected to support the member as they go through the eligibility process and are to check Medicaid eligibility monthly to determine funding status.

2) LAs policies related to unfunded client service provision (ie. sliding scale, time limited services)

The LA uses a sliding fee schedule that is standardized across providers. Primary criterion include federal poverty level (FPL) and family size. No encounter maximums or time-related rules have been implemented. The LA intends to conduct further assessment on the utilization trends of this 'unfunded program' across SFY27 to ensure a balance of utilization and positive outcomes.

3) Service continuum accessible to unfunded clients.

The unfunded program is primarily applied to individuals needing outpatient (adult and youth) services and adult IOP, but has not been expressly limited to these levels of care.

Technical Assistance

Is technical assistance requested for any components of SUMH Office Directives Quality and access improvement programming or requirements section?

☐ Yes

☒ No, not at this time.

Please indicate sections requested.

--

SUBSTANCE USE DISORDER TREATMENT SERVICES

Substance Use - Adults

The following sections are the **Substance Use Adult services** requirement from both the LA contract and the SUMH Office Directives.

Substance Use - Adults

For the Service Delivery Framework, describe operational and clinical implementation of the service, outreach, training, access procedures, assessment tools, eligibility criteria, family engagement, transition planning.

For the Outcomes Framework, describe specific metrics used to track performance (e.g., recidivism, length of stay, discharge barriers), process for analyzing data to drive continuous quality improvement.

Early Intervention

Will the LA provide Early Intervention directly or through a contracted provider?

- ☒ Directly
☐ Contracted provider (Please include a list or a link of contracted provider)

Service Delivery Framework: Please also include services provided to an individual not seeking clinical treatment for substance use, including education, skills development, services to reduce the harms associated with substance misuse and to reduce risk behaviors before they lead to injury, etc.

Prime for Life will continue to be offered by Prevention Services division at Tooele County Health Department. Target demographic being first-time DUI/DWI offenses with low-likelihood of an SUD. Most referrals are sourced from local district and justice courts, or on occasion, a local provider after being clinically assessed. The screening tool implemented is the SASSI-4 in the case the referred individual has not already been assessed by a clinician.

Outcomes Framework:

Success is measured by the number of course graduates, completion rate, and cumulative post-test scores.

Ambulatory Care and Withdrawal Management (Detox) ASAM IV-D, III.7-D, III.2-D, II-D or I-D (Contract 5.2 b)

Will the LA provide Ambulatory Care and Withdrawal Management

- ☐ Directly
☒ Contracted provider (Please include a list or a link of contracted providers)
☐ Referral (non contracted provider, service is unfunded but referrals provided)

What level of Ambulatory Care and Withdrawal Management service are funded by the LA?

- ☐ ASAM IV-D Medically Managed Intensive Inpatient Detoxification

Substance Use - Adults

- ☐ ASAM III.7-D Medically Monitored Inpatient Detoxification
- ☐ ASAM III.2-D Clinically Managed Residential Detoxification
- ☐ ASAM III.D Residential/Inpatient Detoxification
- ☒ ASAM II-D Ambulatory Detoxification with Extended on-site monitoring
- ☒ ASAM I-D Ambulatory Detoxification without Extended on-site monitoring
- ☐ None of these levels are available.

If not available, what are the plans to develop and provide this level of care?

While we have in-network providers for this level of care in the Salt Lake Valley, we currently do not have any of these services in county. Ambulatory Detox has been identified as a need in our receiving center feasibility study and continues to be voiced as a need by local emergency department partners. Tooele County would like to incorporate this level of care as an ancillary function of site and broaden the scope of the facility as a BH stabilization center.

Service Delivery Framework:

Ambulatory Detox (ASAM II-D and I-D) is an available service in the network of providers. The providers include:
-Altium Health
-White Tree Medical

Outcomes Framework:

Outcome framework will be developed by July 1, 2026 to report on the three year plan.

Residential Care and Services (ASAM III.7, III.5, III.3, III.1) (Contract 5.2 b)

Will the LA provide Residential Care and Services directly or through a contracted provider?

- ☐ Directly
- ☒ Contracted provider (Please include a list of providers or a link to contracted providers below)
- ☐ Referral (non contracted provider and service is unfunded but referrals provided)

What level of Residential Care services are funded by the LA?

- ☐ ASAM III.7 Medically Monitored Intensive Inpatient Services
- ☒ ASAM III.5 Clinically Managed High-Intensity Residential Services
- ☒ ASAM III.3 Clinically Managed Population-specific High-Intensity Residential
- ☒ ASAM III.1 Clinically Managed Low-Intensity Residential

Substance Use - Adults

☐ None of these levels of care are available.

If not available, what are the plans to develop and provide this level of care?

NA

Service Delivery Framework: *Please also include the list of providers or a link to contracted providers.*

ASAM 3.5, 3.3 and 3.1 Levels of care are available in the network of providers. The providers include:

- Valley Behavioral Health
- Odyssey House
- House of Hope
- First Step House

Outcomes Framework:

Outcome framework will be developed by July 1, 2026 to report on the three year plan.

Intensive Outpatient (ASAM II.5 or II.1) (Contract 5.2 b)

Will the LA provide Intensive Outpatient and Services directly or through a contracted provider?

- ☐ Directly
- ☒ Contracted provider (Please include a list or a link of contracted provider)

Service Delivery Framework:.

ASAM 2.5 and 2.1 Levels of care are available in the network of providers. The providers include:

- Valley Behavioral Health
- Clinical Consultants
- Odyssey House

Outcomes Framework:

Outcome framework will be developed by July 1, 2026 to report on the three year plan.

Substance Use - Adults

Outpatient Care and Services (Non-methadone – ASAM I) (Contract 5.2 b)

Will the LA provide Outpatient Care and Services directly or through a contracted provider?

- ☐ Directly
☒ Contracted provider (Please include a list or a link of contracted provider)

Service Delivery Framework:

Clinical outpatient services are offered through the Optum – Tooele Co [provider network](#). Human Services collaborates with several local partners to implement additional 'non-medicaid' outpatient programs. These combined efforts allow for a wider array of SUD services; including, individual therapy, groups, peer-led recovery support forums, case management, peer support, recovery support assistance. All outpatient SUD programs are intentionally structured to reduce barriers to entry and have unfunded options readily available.

Non-medicaid contracted providers/programs (SUD)

- Unfunded safety net: Valley Behavioral Health, Bonneville Family Practice, and Clinical Consultants.
- Recovery Support Assistance: Valley Behavioral Health and Clinical Consultants.
- Recovery Residence: Clinical Consultants – Men's and Women's homes
- Peer-led recovery supports and post-arrest 'aftercare': Rise
- Jail-based clinical groups (LOTUS) and recovery-focused support groups: Valley Behavioral and Rise

Outcomes Framework:

Clinical service outcomes are monitored by Optum – Tooele Co. All other programming is monitored through a report submitted by providers quarterly. The report is designed to capture program attendance, completion rates, recidivism (return to justice system or jail), access concerns, and anecdotal outcomes.

Treatment for Opioid Use Disorder (OTP-Methadone)

- ☒ OTP-Methadone is available .
☐ OTP-Methadone is not available.

Substance Use - Adults

If not available, what are the plans to develop and provide this level of care?

Will the LA provide Treatment for Opioid Use Disorder directly or through a contracted provider?

- ☐ Directly
☒ Contracted provider (Please include a list or a link of contracted provider)

Service Delivery Framework: Please also note if there are any additional agency processes to access this level of clinical care, including if the LA agency serves "Meds only" clients.

Tooele County partners with Bonneville Family Practice - [Tooele Methadone Treatment](#) to offer this service. The program is heavily reliant on the county to maintain sustainability using a combination of state and opioid settlement funding due to low public & commercial reimbursement rates.

Tranquility Place is also an In-network provider, although located in Salt Lake County. In SFY27, the county would like to collaborate with this provider to develop a warm-referral pathway made between inmates engaged in Rise and exit planning in the County Detention Center to increase the likelihood of engaging in OPT following discharge.

Outcomes Framework:

Outcome measures for this program have included (monthly basis); number of unduplicated participants, number of doses delivered, ratio of patients engaging in counseling services, etc. Discharges from the program have not been a reliable measure of the success from the program, most attrition is due to non-compliance rather than successful completion/tapering of MOUD. This Tooele program is expected to continue to grow as there have been high engagement rates.

Tranquility Place:

Tranquility Place has a MOUD/MAT policy in place. It was last reviewed July 2025 in preparation for the annual DHS audit and the three-year Joint Commission re accreditation. The policy is found in the Tranquility Place Policy and Procedures manual available to all staff on line.

There are no additional agency processes to access this level of care other than those found in the Policy and Procedures manual. Tranquility Place currently has no "meds only" clients. Specific metrics for the Outcomes Framework include individual BAM assessments with

Substance Use - Adults

counselor and clients every six months, discharge reviews every two weeks, and UA outcome monitoring monthly to assure all clients receive a drug screen and are chemically safe to remain in MOUD/MAT treatment. Tranquility place is currently working with AI Google Data Analytics, suggested by our Joint Commission auditors, to analyze outcomes for continuous quality improvement.

Bonneville Family Practice:

We have several policies in place regarding MOUD/MAT Services. Last review: June 2025

Access to care relies on the medical provider to determine the most appropriate type of MAT for the individual client. We serve Med only pts, therapy only pts as well as combination of both.

We use the OQ 45, LSI-R and Patient satisfaction surveys to help determine and drive continuous quality improvement

Medications for Opioid Use Disorder (Vivitrol, Naltrexone, Buprenorphine) (Contract 5.2 c)

Will the LA provide Medications for Opioid Use Disorder directly or through a contracted provider?

☐ Directly

☒ Contracted provider (Please include a list or a link of contracted provider)

Does your agency have a Medication for Opioid Use Disorder (MOUD/MAT) policy in place? When was it last reviewed and updated to ensure the use of best practices?

Tooele County Human Services does not have a policy in place for the dispensing of MOUD. It is contractually required that providers receiving OSUMH dollars have active policies/SOPs in place. The county will begin to include the review of these policies in its regular monitoring of providers.

Service Delivery Framework: *Please also note if there are any additional agency processes to access this level of clinical care, including if the LA agency serves "Meds only" clients.*

Valley Behavioral Health, Bonneville Family Practice, Clinical Consultants and Tooele County Detention Center currently offer MOUD.

Outcomes Framework:

Substance Use - Adults

Bonneville Family Practice:

We have several policies in place regarding MOUD/MAT Services. Last review: June 2025

Access to care relies on the medical provider to determine the most appropriate type of MAT for the individual client. We serve Med only pts, therapy only pts as well as combination of both.

We use the OQ 45, LSI-R and Patient satisfaction surveys to help determine and drive continuous quality improvement

Women's Treatment Services (Directives) (Contract 5.2)

Will the LA provide Women's or Parent services directly or through a contracted provider?

☐ Directly

☒ Contracted provider (Please include a list or a link of contracted provider)

Service Delivery Framework:

Women specific SUD treatment is available in the network of providers. The providers include:

-Valley Behavior health offers substance use disorder services specifically for women that includes; residential treatment (EPIC Residential for Women), groups (including peer support facilitated groups) and individual.

-Clinical Consultants: offer substance use disorder services specifically for women that includes; groups (including one for the BIPOC population addressing cultural issues in recovery) and individual.

Outcomes Framework:

To ensure this over the three year plan the Tooele Provider manual will be updated to include all the priority placement requirements providers will be held to. The Tooele provider manual is an extension of the individual provider contract. The provider audit tool will be updated to include adherence to priority placement and could include education or a CAP if out of compliance.

Substance Use - Adults

Pregnant Women and Women with Dependent Children - SAMHSA Priority Population

(Contract 5.2d a & 45 CFR Part 96 Subpart L)

Will the LA provide Pregnant Women and Women with Dependent Children services directly or through a contracted provider?

- ☐ Directly
- ☒ Contracted provider (Please include a list or a link of contracted provider)

Select the Women's Service Requirements that the LA meets or provides:

- ☒ Pregnant women admitted within 48 hours.
- ☒ A comprehensive referral for interim services if treatment admission for pregnant women is not available within 24 hours of the time the request for services is made.
- ☐ Block Grant funds are used to support pregnant women, parenting women, and women working to regain custody.
- ☐ Primary medical care for individuals including referrals for prenatal care.
- ☐ Primary Pediatric care for children of individuals in SUD treatment including immunizations.
- ☐ Therapeutic interventions for children in custody of individuals in SUD treatment that address development needs, issues of sexual and physical abuse and neglect.
- ☒ Sufficient case management and transportation services (clients and children).

Service Delivery Framework:

SUD services for women who are pregnant and have dependent children is available in the network of providers. Providers include:

-House of Hope
-Odyssey House

These providers follow priority placement requirements to admit within 48 hours and make needed referrals when the service is not available within 48 hours. Additional health related services are coordinated with the members ACO plan in collaboration with the behavioral health provider.

Outcomes Framework:

SUD providers are required to use an outcome measure appropriate for SUD treatment. The outcome measure used could include the SURE tool, OQ or another appropriate SUD outcome measure. The use of outcome measures to support treatment is part of the provider audit.

Substance Use - Adults

Parents and Children's Residential Treatment (Service Code: WTX) (Directives)

Will the LA provide Parents and Children's Residential Treatment directly or through a contracted provider?

- ☐ Directly
- ☒ Contracted provider (Please include a list or a link of contracted provider)
- ☐ Not receiving WTX funds

LAs receiving these funds must ensure they meet the requirements of the SUMH Directives for WTX services and data collection, including a three year application and a budget by March 27th. Contact Becky King (rbarnett@utah.gov) for more information.

Children with Parents in Residential Treatment Services (Service Code: CFT) (Directives)

Will the LA provide Children with Parents in Residential Treatment Services directly or through a contracted provider?

- ☐ Directly
- ☒ Contracted provider (Please include a list or a link of contracted provider)
- ☐ Not receiving CFT funds

Check the boxes for all the services for Children with Parents in Residential Treatment that are available.

- ☐ Therapeutic Day Care- which provides developmentally focused care for young children whose parent is in treatment, offering support, early learning, and a safe, nurturing environment.
- ☐ Case Management & Transportation - for behavioral and physical health services.
- ☐ Ongoing Assessment- covers development, health, interactions, and overall functioning.
- ☐ Residential Therapeutic Services- supports children in care with a goal of reunification.

Service Delivery Framework:

There are services for children with parents in substance use disorder residential treatment available in the network for providers. The providers include;

House of Hope: This is a residential substance abuse program for women with children through age 8. While the mother is receiving treatment, the child can also receive treatment around emotional regulation, social skills, case management and other identified areas in the

Substance Use - Adults

treatment plan.

Odyssey House Men with Children: This is a residential substance abuse program for men with children through age 11. While the father is receiving treatment, the child can also receive treatment around healthy attachment, trauma, healthy routines and other identified areas in the treatment plan.

Outcomes Framework:

Outcome framework for the youth receiving treatment with parents in residential treatment would include the YOQ. The YOQ is administered throughout treatment to evaluate response to interventions over time and used as an outcome measure to support treatment planning. Optum audits providers to verify the YOQ is used as an outcome measure and included in treatment planning.

Persons who Inject Drugs - SAMHSA Priority Population (Contract 5.1 a, 5.2 e)

Describe how the LA identifies and ensures that persons who inject drugs are prioritized for admission in accordance with federal requirements (within 14 days from request of admission or 120 days after the request is made if there is no program capacity and interim services are provided until treatment becomes available)?

To ensure this over the three year plan the Tooele Provider manual will be updated to include all the priority placement requirements providers will be held to. The Tooele provider manual is an extension of the individual provider contract. The provider audit tool will be updated to include adherence to priority placement and could include education or a CAP if out of compliance.

Communicable Disease Testing, Education and Resources (TB) - SAMHSA Priority Population (Contract 4.2f)

Check the boxes of services that are provided for individuals who maybe or are infected by mycobacteria tuberculosis (TB)?

☒ Screening and testing.

Who is responsible for providing screening and testing for TB

Tooele County Health Department

☒ Education services.

Substance Use - Adults

Who is responsible for providing education for TB

Tooele County Health Department

☒ Counseling services.

Who is responsible for providing counseling in respect to TB

Tooele County Health Department

☒ Referral for medical evaluation and treatment.

Technical Assistance - Adult SUD

Is technical assistance requested for any components of the Adult Substance Use programming or requirements section?

☐ Yes

☒ No, not at this time.

Please name sections requested and provide description of requested TA.

Substance Use - Youth

The following sections are the Substance Use Youth services requirement from both the LA contract and the SUMH Office Directives.

For the Service Delivery Framework, describe operational and clinical implementation of the service, outreach, training, access procedures, assessment tools, eligibility criteria, family engagement, transition planning.

For the Outcomes Framework, describe specific metrics used to track performance (e.g., recidivism, length of stay, discharge barriers), process for analyzing data to drive continuous quality improvement.

Early Intervention

Will the LA provide Early Interventions directly or through a contracted provider?

☒ Directly

☐ Contracted provider (Please include a list or a link of contracted provider)

Substance Use - Youth

Service Delivery Framework:

Prime for Life <18 will continue to be offered by Prevention Services division at Tooele County Health Department as an asynchronous online course. Target demographic being first-time offenses of MIP with low-likelihood of an SUD. Most referrals are sourced from the local education authority. The screening tool implemented is the SASSI-A3 in the case the referred individual has not already been assessed by a clinician. Once course completion is documented, Prevention Services contacts the referring school administrator.

Outcomes Framework:

Success is measured by completion rate, and cumulative post-test scores.

Residential Care and Services (ASAM III.7, III.5, III.3, III.1) (Contract 5.2 b)

Will the LA provide Residential Care and Services - Youth directly or through a contracted provider?

- ☐ Directly
- ☒ Contracted provider (Please include a list or a link of contracted provider)
- ☐ Referral (non contracted provider and service is unfunded, but referrals provided)

What level of Residential Care service are funded by the LA?

- ☐ ASAM III.7 Medically Monitored Intensive Inpatient Services
- ☐ ASAM III.5 Clinically Managed High-Intensity Residential Services
- ☐ ASAM III.3 Clinically Managed Population-specific High-Intensity Residential
- ☒ ASAM III.1 Clinically Managed Low-Intensity Residential
- ☐ None of these levels of care are available.

If not available, what are the plans to develop and provide this level of care?

Service Delivery Framework:

At this time ASAM III.1 is available to youth at a co-occurring residential treatment center, Youth Care.
Efforts will be made over the next three years to increase residential SUD providers in the network.

Substance Use - Youth

Outcomes Framework:

ASAM III.1 level of care was a recent addition to the network of providers. Outcome frameworks will be developed to evaluate the effectiveness of the service and use existing reports like MHSIP for member satisfaction.

Intensive Outpatient (ASAM II.5 or II.1) (Contract 5.2 b)

Will the LA provide Intensive Outpatient Services directly or through a contracted provider?

- ☐ Directly
☒ Contracted provider (Please include a list or a link of contracted provider)

Service Delivery Framework:

ASAM II.5 and II.1 are currently not available for youth in the next work of providers. Over the next three years efforts will be made to have this level of care in place for youth.

Outcomes Framework:

NA

Outpatient Care and Services (ASAM I) (Contract 5.2 b)

Will the LA provide Outpatient Care and Services directly or through a contracted provider?

- ☐ Directly
☒ Contracted provider (Please include a list or a link of contracted provider)

Service Delivery Framework:

ASAM 1.0 level of care is available in the network of providers for youth. The providers include Clinical Consultants and Valley Behavioral Health.

Outcomes Framework:

The current outcome measure is the YOQ and the mental health improvements associated with substance use treatment. Provider audits in the future will include verifying the use of an evidence based provider chosen youth SUD treatment outcome measure and ensure it was

Substance Use - Youth

used in the ongoing treatment planning.

Access and Quality of Youth Treatment Services

What plans does the LA have to coordinate, support and increase access and quality care for youth services?

Tooele County plans to approach Tooele County School District to devise a more robust youth SUD treatment and early-intervention referral pathway in SFY27. An existing barrier has been low collaboration between Human Services, school administrators, and TCSD student services. Changes in leadership may aid in overcoming these challenges. Another barrier has been ever changing and unclear directives on where the school system's role ends and where the LA's begins. Tooele County will engage with the new director of Student Services at TCSD to devise a collaborative strategy that ensures students in Tooele Co. are receiving appropriate levels of care while reducing duplication and enhancing cooperation across systems. Tooele County plans to partner in SFY27 with the local Youth Court to establish a referral pathway or roster for SUD treatment and early intervention services where youth court defendants can be connected with unfunded services as deemed appropriate.

Technical Support - Youth SUD

Is technical assistance requested for any components of the Youth Substance Use programming or requirements section?

- ☐ Yes
☒ No, not at this time.

Please name sections requested and provide description of requested TA

--

Substance Use - Quality Improvement

The following sections are the Quality Improvement requirement from both the LA contract and the

Substance Use - Quality Improvement

SUMH Office Directives.

Drug Testing (Directives)

Will the LA provide Drug Testing directly or through a contracted provider?

☐ Directly

☒ Contracted provider (Please include a list or a link of contracted provider)

Valley Behavioral Health (Drug Court)
Clinical Consultants (Sober Living Program)

When was the last time your Drug Testing policy was updated?

Tooele County Human Services does not have a client Drug Testing policy as these are not taking place onsite. Providers are obligated to operate under active SOP/policies by contract. While subcontractors are expected to have active policies per agreement, there is currently no language requiring them to review and update policy(ies) within a specific frequency.

What is the LA process to ensure that all Drug Testing done directly or via a contract, follows SAMHSA recommended guidelines and the requirements as outlined in the SUMH Directives in the Quality Improvement section for Drug Testing Requirements?

In SFY27, Tooele County will add monitoring criteria to address this quality improvement request in its annual program/agency reviews.

Outreach to Individuals Who are Using Alcohol and Other Drugs- Overdose Prevention and Education (Contract 5.3.4)

What is the process used to ensure staff are educated in the identification of overdoses and how to administer naloxone?

Community-based naloxone training and kits are made readily available through the Health Education and Promotion Division at Tooele County Health Department.

Does the LA maintain naloxone in each facility?

Yes, County facilities are equipped with naloxone.

What is the process in providing naloxone kits, education and training to individuals with Opioid Use disorder and their family and friends regarding overdose prevention?

Substance Use - Quality Improvement

Several providers have requested opioid settlement dollars for the purchase of naloxone kits for distribution to clients identified as high-risk (e.g. active in MOUD treatment). Providers and community partners are referred to the Health Education and Promotion Division to access onsite training and procurement of kits for distribution. We have taken this approach in order to reduce duplication and promote collaboration across public health and BH systems. It is mutually understood that additional naloxone kits may be purchased by Human Services and distributed to the Health Department in the case that the need exceeds the existing supply.

Policy Review (Directives)

What is your process for the development and review of agency policies?

The Human Services department is still relatively new (<5 years), so there aren't many internal policies in place in regard to service delivery as the department is not involved in the implementation of direct services. Service delivery policies are required at the provider-level contractually but are not actively monitored.

As a newer department, we are constantly adding new SOPs and policies in order to standardize expectations, opportunities, and quality assurance across providers.

The department anticipates developing a policy wherein, all provider contracts need to include provisions for the active review of provider service delivery policies/SOPs.

How often are policies reviewed and updated?

Every 2-3 years, if not addressed sooner.

Technical Assistance- Quality Improvement

Is technical assistance requested for any components of the Quality Improvement section?

- ☒ Yes
☐ No, not at this time.

Please name sections requested and provide description of requested TA

RE: Policy Review Policy - Tooele County would request additional information around specific language the Office would like to have included in such a policy. Examples or guidance would be greatly appreciated.

COMBINED MENTAL HEALTH AND SUBSTANCE USE SECTIONS

Mental Health and Substance Use Services

The following section stems from both the LA contract and the FY27 SUMH Office Directives that require a LA response. Each LA must complete with an overview of how components of the directives will be implemented in their catchment area.

For the Service Delivery Framework, describe operational and clinical implementation of the service, outreach, training, access procedures, assessment tools, eligibility criteria, family engagement, transition planning.

For the Outcomes Framework, describe specific metrics used to track performance (e.g., recidivism, length of stay, discharge barriers), process for analyzing data to drive continuous quality improvement.

Integrated Care Programming (Contract 2.4, 5 & Directives)

Will the LA implement Integrated Care Programming directly or through a contracted/partnership provider?

☒ Directly

☒ Contracted provider (Please include a list or a link of contracted provider)

Optum – Tooele County

Service Delivery Framework: Please also include how the LA will cooperate with efforts to promote integrated programming that address individuals' mental health, substance use, and physical health needs. This must include, but is not limited to, the wellness education of all ages for obesity, HIV, TB, Hep-C, diabetes, pregnancy, and dental.

Adult

Optum – Tooele County developed a robust interactive virtual training that is available to all in-network providers on the topic of healthcare integration. The training will be accessible on-demand as was requested by community stakeholders.

Human Services and the Health Dept. collaborate monthly on the topic of integrated health care. The two departments have committed to partnering on the upcoming community health needs assessment & community health improvement plan, cost-sharing on program evaluation efforts, and are in discussions for potential Rural Health Transformation projects.

Human Services and the Health Department will collaborate on a strategy wherein the topics listed above will be offered as training, education, and/or TA opportunities across the BH system.

Another project underway has been our Community Paramedicine program in concert with Mountain West Medical Center and our EMS provider, Mountain West Ambulance to take a more proactive and integrated approach.

Adaptations for YOUTH programming

As this is new territory and partnerships are in development, no adaptations are anticipated.

Outcomes Framework: *Please also outline the screening tools and assessments for physical health and social determinants, and physical health documentation.*

Adult:

Tooele County CHIP - [Mysidewalk](#) dashboard monitors progress on the current Health Improvement Plan that spans across physical, behavioral, and social health indicators.

Categories include 1. Obesity, 2. Substance Use Disorder, 3. Poor Mental Health / Suicide

Adaptations for YOUTH programming

See above RE: Youth programming.

Evidence-Based Practice Tracking

Please review and update the SUMH provided list of clinical evidence-based practices and assessments to include practices and assessments across the lifespan and service continuum.

 FY27 LA EBP Matrix

Telehealth (Contract 2.5)

Does the LA provide Telehealth services?

- ☐ Yes, directly - LA agency staff provide therapeutic services to clients directly
- ☒ Yes, via contracted provider is utilizing telehealth services
- ☐ Not not at this time, but we would be interested
- ☐ No

What Telehealth platform does the LA utilize for telehealth services?

Agencies within the provider network are allowed to provide telehealth services and the specific platform they choose is to their own discretion as long as they meet privacy/HIPAA standards. Examples include: WebEx, Zoom for Healthcare, etc.

If applicable, list services are available through telehealth. Please include mental health and substance use treatment services in this response.

Individual therapy, MCOT (remote or frontier communities), and Youth/child respite. Tooele County is in conversations to add youth IOP services that would be offered in town but will be also made available via telehealth to our frontier communities.

Translation Services

Does the LA have a provider(s) that utilize languages in addition to English, including ASL, in services.

- ☒ Yes
☐ No, not at this time

Does the LA have a policy and process for utilizing **translation services** to meet the communication needs of clients who receive services and those who seek services with the LA?

- ☒ Yes
☐ No, not at this time

Smoking Cessation (Directives)

Does the LA implement Smoking Cessation best practices as outlined in the SUMH Office Directives?

- ☒ Yes
☐ No, not at this time

Will the LA provide tobacco-free classes directly, a contracted provider or in collaboration with a health organization?

- ☐ Directly
☒ Health Organization (Health Department or other clinic)
☐ Contracted provider (Please include a list or a link of contracted provider)

Tooele County Health Department offers Smoking Cessation resources, while courses and tele-counseling are available through the state's tobacco partner [Way to Quit](#). To ensure smoking cessation best practices are followed in the network, the Optum provider audit tool includes questions if the substance use screening includes nicotine and if the assessment shows current use of nicotine, documentation of discussion of opportunities for cessation of nicotine use is included. This is assessed during both MH and SUD services.

Does the LA maintain a nicotine free environment?

- ☒ Yes
☐ No, not at this time

If deemed applicable, please add additional information about the LAs smoking cessation or nicotine free environment.

Tooele County maintains a nicotine-free campus policy applicable to all properties.

Community Assessment

Describe how the LA assesses service continuum access for the community they serve. This must include: population demographics (both in services and in LA catchment), location of provided services, and a plan for improving access to care for Medicaid members, unfunded, underfunded individuals not currently receiving services.

Tooele County Human Services and Tooele County Health Department will begin the initial stages of a combined Community Health Assessment (CHA) to be conducted throughout 2027, after which a Community Health Improvement Plan will be developed in 2028 to inform new priorities. Assessment of existing conditions in the community is critical to service improvement and understanding access barriers (e.g. language, social determinants of health, etc). Tooele County is committed to understanding its challenges prior to making major changes to services or programming. This process is important as the first step in systems-change models and will be highly informative to Tooele County's strategic planning.

Optum annually conducts geo mapping and gathers service delivery data for all of Tooele county to identify under served areas to plan for and improve access to services.

Collaboration and partnerships

Describe the collaboration efforts the LA will be doing over the next 1-3 years in order to increase client engagement and outcomes and community partnerships (i.e, Hospital, FQHCs, Receiving Centers, Health Department, Clinics, State, City and County agencies, community partners, committees, other, etc).

Tooele County Human Services finds itself in an advantageous position to partner across public and private sectors to improve BH services.

Collaborative efforts already underway:

- Community Paramedicine in concert with Mountain West Medical Center,
- Community Health Assessment with Tooele County Health Department,
- Mass Care (Multi-agency Resource Center & Victim Assistance Center) simulations with Emergency Management
- Jail-based SUD programming and peer-led exit planning with Detention Center

Plans for the next 1-3 years:

- Address feasibility, need, and political concerns surrounding the Receiving Center (readiness).

- Increase Supportive Housing sustainability with Swithpoint and the Housing Authority.
- Partner with Natsu BH (FQHC) on referral pathway for SUD residential services.
- Partner with Sacred Circle (FQHC) on development of integrated healthcare services in Wendover/Ibapah area.

Mental Health and Substance Use - Justice Services

The following sections are the Mental Health and Substance Use Justice Services requirement from the Code and SUMH Office Directives. Each LA must complete with an overview of how each service will be implemented in their catchment.

For the Service Delivery Framework, describe operational and clinical implementation of the service, outreach, training, access procedures, assessment tools, eligibility criteria, family engagement, transition planning.

For the Outcomes Framework, describe specific metrics used to track performance (e.g., recidivism, length of stay, discharge barriers), process for analyzing data to drive continuous quality improvement.

Justice Involved Individuals (including JRI funds) (Mandated Services, Directives)

For Justice Involved Individuals, please describe:

Service Delivery Framework: Please also include what criminogenic screening tools are utilized and do you include criminogenic risk goals in the client treatment plans?

Starting in SFY27, Tooele County will implement a more strategic approach to applying these JRI funds that will include closer collaboration between Tooele County Detention Center, Criminal Justice Coordinating Council, and courts (justice, district, and youth courts). This will likely still include individual treatment services for participating in Drug Court at Valley Behavioral Health, but will be expanded to include court referrals, abbreviated (8hr) prime for life in the jail, Rise + Aftercare, and RSS (primarily MH). By SFY2029, Tooele County would like to have a robust strategy developed in conjunction with the CJCC where JRI MH dollars could be applied towards restorative justice efforts for habitual reoffenders with an underlying mental illness.

Outcomes Framework:

Program evaluation will be variable based on the strategy. Generally, measures will consist of: number of attendees/beneficiaries, course completion rates, clinical outcomes, and recidivism (decrease in return to justice involvement).

Will JRI funding be used to provide services to individuals that are or were incarcerated directly or through a contracted provider?

- ☐ Directly
- ☒ Contracted provider (Please include a list or a link of contracted provider)
- ☒ Organized by Jail Facility

Department of Corrections (UDC) (Directives, Mandated Service)

Will the LA provide services to individuals referred or approved by the Department of Corrections directly or through a contracted provider?

- ☐ Directly
- ☒ Contracted provider (Please include a list or a link of contracted provider)

Valley Behavioral Health

UDC funding can be utilized for Mental Health, Substance Use and/or Recovery Support Services (RSS). Please describe the services the LA intends on providing with the use of these funds. If RSS services will be provided, please indicate this will be covered in the RSS section.

Valley Behavioral Health has been authorized and directed to provide individual treatment (MH & SUD) and offer RSS as deemed necessary to UDC referred individuals. Typically, the primary use of these funds has been applied toward recovery supports (RSS), like work-related expenses, identification and record retrieval, brief rent assistance, etc.

Drug Courts (ADC) (Directives)

Will the LA provide services to individuals involved in a Drug Court directly or through a contracted provider?

- ☐ Directly
- ☒ Contracted provider (Please include a list or a link of contracted provider)

Valley Behavioral Health

Select the drug court(s) that the LA provides services to:

- ☐ Family Dependency Court
- ☐ Youth Specialty Court
- ☒ Adult Specialty Court
- ☐ DUI Court
- ☐ Mental Health Court
- ☐ Vet Court
- ☐ Other Courts? Please specify what other courts

Service Delivery Framework: *Please also include validated criminogenic screening tools used to screen drug court participants, federally approved Medication Assisted Therapy (MAT) allowed, and any restrictions to MAT. Include plans to remove/reduce barriers.*

Considered an IOP program - Treatment consists of group therapy and individual therapy.

RANT is the first assessment tool used with all clients referred to drug court. This screening provides the information needed to determine if they are high risk/high needs, and also helps guide whether they are a good fit for the program and determine next steps for treatment (including MAT).

MAT: Vivitrol and Sublocade injections are approved treatments while participating in drug court and can be prescribed and provided by VBH providers. Methadone can also be prescribed and provided by an outside provider, with prior authorization by the drug court team.

The drug court team works directly with VBH providers to make sure that drug court clients are scheduled with medical providers as early in treatment as possible, especially with releases from TCDC. New drug court clients are provided schedules by CM with first week appointments, including individual and group therapy, CM, peer support, SSW, and medical provider appointments. In addition, the team coordinates the first visit with AP&P and any other appointments (e.g. Clinical Consultants for sober living).

All decisions about clients entering into drug court are screened by the entire drug court team. There are a variety of groups offered, including gender specific groups, family groups, and other groups with specific themes such as relapse prevention and coping skills. The Drug Court staff includes the therapists and court services Tracker at Valley Behavioral Health, Adult Probation and Parole (AP&P) officers, District Attorneys, Public Defender, Jail staff and Third District Court Judge.

Future Mental Health Court: As a result of partnerships among the Criminal Justice Coordinating Council, the topic of developing a MH court has been discussed as a growing need. Our local 3rd District Court and AP&P partners have both expressed a strong commitment to actively participating in program implementation if funding was discovered that could staff the treatment programming. The LA is exploring options for procuring funding to build capacity for a new speciality court of this kind.

Outcomes Framework:

The VBH drug court treatment team meets twice weekly with community partners. Monday staffings include the entire drug court team: judge, counsel, AP&P, and VBH. Friday staffings include AP&P and VBH.

VBH reviews treatment progress for all drug court clients weekly, prior to each staffing meeting. This includes review of UA results, compliance, attitude, attendance, phasing, etc.

In addition, VBH team reviews each client's treatment progress with medical providers at least monthly to review client's compliance with treatment, UA results and compliance, and cross check prescriptions with CSD.

The program consists of 5 phases with 1 being the most intensive, and 5 having the most autonomy leading toward graduation. Advancement is achieved by means of treatment attendance, group participation, UA compliance, and coursework completion.

When was the last time the specialty court manuals and policies were updated?

The program manual was last updated in 2026.

Coordinate with the Dept of Corrections to Provide Treatment Services to High-Risk Habitual Offenders

(UCA 64-13-21(8)(a)).

Will the LA coordinate with the Dept of Corrections (DOC) directly or through a contracted provider for Treatment Services to High-Risk Habitual Offenders?

- ☐ Directly
- ☐ Contracted provider (list contractor(s) below)

Service Delivery Framework:

The Tooele County Department of Human Services in partnership with Optum Tooele County contracts with Valley Behavioral Health who provide services in the jail. Services include three group sessions per week, in addition to a therapist scheduled for 4 hours a week to address mental health and substance use issues as requested by inmates. VBH responds to crisis situations as they arise in the jail. VBH meets with the jail commander regularly to get feedback on additional services and supports needed in the jail. VBH works collaboratively with Optum Tooele County, the Third District Court, Justice Courts and Adult Probation and Parole and private probation to meet with referred individuals while incarcerated for screening to determine risk level with the use of the Risk and Needs Triage (RANT) and or the LS/RNR to assist in successful and safe transition back to the community. High risk Individuals will continue to receive treatment, Medicaid assistance, Medical Assisted Treatment (MAT) ongoing case management i.e., assist in employment search, time management, transportation, treatment and recovery support following their release.

Tooele county will participate in the Justice reentry program in collaboration with SUMH and the DOC. Referrals will be received from the DOC for those inmates that choose to participate in the program. The service needs will be coordinated with local providers and to include those with high risk.

Outcomes Framework:

The justice involved staff of VBH continually monitors the outcomes, for all clients, the following areas of tracking for the justice system: Attendance, Drug and Alcohol testing, Graduation, how long in the program, any technical violations, and new arrests. VBH also tracks the outcome of the clients after they leave the program and are beginning to look and monitor whether members of disadvantaged groups complete the programs at equivalent rates to other participants.

Guilty with a Mental Health Condition (GMC)

Will the LA provide court-ordered evaluations, treatment plans, treatment and supervision for the GMC population?

☒ Yes

☐ No, not at this time

Technical Assistance - Justice Services

Is technical assistance requested for any components of the Justice Services sections?

☒ Yes

☐ No, not at this time.

Please name sections requested and provide description of requested TA

The LA seeks support in exploring options for funding the launch and then subsequent maintenance of a MH court.

RECOVERY SUPPORTS

Mental Health and Substance Use Recovery Supports

The following section stems from both the LA contract and the FY27 SUMH Office Directives that require a LA response. Each LA must complete with an overview of how components of the directives will be implemented in their catchment.

For the Service Delivery Framework, describe operational and clinical implementation of the service, outreach, training, access procedures, assessment tools, eligibility criteria, family engagement, transition planning.

Mental Health and Substance Use Recovery Supports

For the Outcomes Framework, describe specific metrics used to track performance (e.g., recidivism, length of stay, discharge barriers), process for analyzing data to drive continuous quality improvement.

Recovery Support (non-clinical services) (Contract 8.2 & Directives)

Will the LA provide Recovery Support Services directly or through a contracted provider?

- ☐ Directly
- ☒ Contracted provider (Please include a list or a link of contracted provider)

Valley Behavioral Health, Clinical Consultants

What funding will you be using to support and provide Recovery Support Services? Check box(s)

- ☐ BJA (BJA)
- ☐ Drug Court (ADC)
- ☒ State General (SGF)
- ☒ JRI (JRI)
- ☒ Mental Health (MHBG)
- ☐ Opioid Grant (SOR)
- ☒ Substance Use Block Grant (SUBG)
- ☒ Department of Corrections (UDC)
- ☐ Other- please specify below

Service Delivery Framework: Please include responses that address adult and youth services. Please also include what the process is for identifying and approving Recovery Support Services to ensure that services are needed and appropriate to eliminate fraud, waste and abuse of funds and that the funding is being used for allowable services based on the funding source?

Service agreements with providers reference the section of the office directives that offer guidance on appropriate uses of RSS funding. Reimbursement for supports deemed high-risk for fraud, waste, and abuse (e.g. misc. supplies, clothing, rent deposits, gas card) must be accompanied by appropriate documentation. Demonstration of need is to be documented in the client chart.

A growing need for MH specific RSS has been observed, and Tooele County will make arrangements with providers to ensure appropriate funding is made available.

Mental Health and Substance Use Recovery Supports

Outcomes Framework:

Number of people served, average benefit (in dollars) per individual.

Peer Support Services (PSS)

Will the LA provide Peer Support Services directly or through a contracted provider?

- ☐ Directly
☒ Contracted provider (list contractor(s) below)

Tooele County Detention Center
Valley Behavioral Health
Rise Foundation

Does the LA currently employ or contract the following for services:

- ☒ Certified Peer Support Specialists (CPSS)
☐ Family Peer Support Specialists (FPSS)
☒ Certified Peer Support Specialists (CPSS) in SUD services.

Service Delivery Framework:

CPSS is made most readily available in conjunction with justice-involved programming like Drug Court, Rise, exit planning, and after-care peer support groups. There hasn't been as much demand for FPSS or MH CPSS but Tooele County is open to adding more of these supports as the need grows. The need for CPSS services are assessed and prescribed as part of treatment planning. CPSS is then provided within the respective agency or is referred between partnering agencies in the community.

Outcomes Framework:

Number of individuals served, number of inmates exiting with realistic recovery strategies.

Please confirm that the LA is in compliance with the following office directive: "The LA's PSS team, or a representative peer support specialist, shall meet with LA leadership semi-annually to discuss the peer support program and peer involvement in the agency"

- ☐ Yes
☒ No, not at this time

Mental Health and Substance Use Recovery Supports

Homeless Services Supports

Please identify the LAs identified Local Homeless Council (LHC) or Continuum of Care (COC) representative for this SUMH office directive:

Name	Peter Clegg
Email	Peter.clegg@tooeleco.gov
Job role/title	Director of Human Services

Sober Living Program-Homeless services (SLF) (Directives)

Will the LA provide Sober Living Services

☐ Directly

☒ Contracted provider (Please include a list or a link of contracted providers)

Clinical Consultants

Service Delivery Framework:

Tooele County does not receive SLF funding, but does have a service agreement with Clinical Consultants for the Men's and Women's Sober Living (Recovery Residence) homes. This program has been and will continue to be a valuable resource in the community for those returning after more rigorous treatment services.

Outcomes Framework:

Number of individuals served, all data is captured in the RSS upload in SAMHIS.

Supported Employment Services including Individual Placement Support (IPS)

Will the LA provide Supported Employment Services directly or through a contracted provider?

☐ Directly

☒ No, not at this time

☐ Contracted provider (provide link or list contractor(s) below)

--

Mental Health and Substance Use Recovery Supports

Service Delivery Framework: *Please also include how the LA implements collaboration with the Utah State Office of Rehabilitation/Vocational Rehabilitation Services. Also include adaptations for youth.*

Outcomes Framework:

Technical Assistance - Recovery Support

Is technical assistance requested for any components of the Recovery Support section?

- ☐ Yes
☒ No, not at this time.

Please name sections requested and provide description of requested TA

SERVICE SATISFACTION AND OUTCOME DATA

Service Satisfaction and Outcome Data

The following section stems from the LA contract and the FY27 SUMH Office Directives that require a LA response. Each LA must complete with an overview of how components of the directives will be implemented in their catchment.

Consumer Satisfaction

Describe the LA's process for administering the Mental Health Statistical Improvement Program (MHSIP) and Youth Satisfaction Survey (YSS).

An assessment of member satisfaction is conducted at least annually in support of the Tooele County behavioral health goals (DHHS FY26 Division Directives). Satisfaction surveys are conducted at a regular frequency with at least one (1) member satisfaction survey conducted annually using surveys such as the Mental Health Statistics Improvement Program (MHSIP), Youth

Service Satisfaction and Outcome Data

Services Survey (YSS) and Youth Services Survey-Family (YSS-F). This assessment is based on a survey of a sample of members who received services from the Optum Tooele County Provider Network within the previous fiscal year. Results are analyzed at least annually in the QAPI Committee. As opportunities to improve satisfaction are identified and prioritized, interventions are implemented and analyzed for their effectiveness and the need for further action.

For SFY27, as part of the Tooele County QAPI Plan and ongoing non-clinical PIP, Optum plans to continue supplying MHSIP survey responses to providers who have at least five completed MHSIP surveys within one of the available tool categories (Adult, YSS, or YSS-F) by the end of the survey period (this meets an anonymity threshold requirement for sharing of the survey results). Optum also has an available on-demand training via our virtual portal, Thought Industries, which provides instruction on how providers can utilize the MHSIP reports to improve quality of care.

Additionally, the Network Services Department conducts the annual Provider Satisfaction Survey, and the results are reviewed by the QAPI Committee. The committee analyzes the survey results and works with Network Services staff to identify opportunities to improve process and to increase member and provider satisfaction.

Mental Health Outcome Questionnaire

Does the LA have a training process for clinical teams on utilization of the Outcome Questionnaire/Youth Outcome Questionnaire (OQ).

☒ Yes

☐ No, not at this time

If applicable, briefly describe information on training, implementation, oversight, data analysis, and associated quality improvement.

Optum – Tooele County has an OQ/YOQ training on the on-demand training portal for in-network providers.

As new providers join the Optum Network, they are individually outreached by the OQ® Analyst System Specialist for Optum Providers. She supplies providers with an email containing links, references, and specific details related to the OQ® Analyst System. Included in the initial outreach are the following: The explanation of what the OQ® Analyst System performs, the state of Utah requirement for use of the OQ® measures, a link to the OQ® Analyst System URL, a link to an available YouTube training video, instructions on the location of the Quick Start User Guide

Service Satisfaction and Outcome Data

included on the homepage of the OQ® Analyst, and the provider's initial log-in name and Clinic ID.

Following the initial outreach, the OQ® Analyst System Specialist for Optum Providers then supplies the provider with three additional sets of instructions via email: OQ® – Helpful Information (which includes login information/instruction, training video link(s), information center location and use, how to access the user manual, and access levels for providers within the practice), OQ® – How to Create a New Client Profile and Identification Number (IDN), and OQ® - Follow-up (which includes the provider's initial temporary password, which must be updated following initial use). The OQ® Analyst System Specialist for Optum Providers is also available to assist providers with any of their questions throughout this initial orientation process.

Optum has also implemented available on-demand provider trainings via our virtual portal, Thought Industries. In 2026, Optum obtained approval from OQ® Measures to update our OQ® Measures trainings and to make them available on the provider training platform. There are also plans to add additional clinically focused Beginner and Advanced OQ® trainings prior to the end of CY26, instructing providers on how they can incorporate the administration and results of the OQ® into treatment delivery.

The Optum QAPI Team has access to provider specific reporting built into the OQ® Analyst System. These reports are utilized to ensure provider compliance. Optum also has a real-time Tableau report under development, which should further streamline the reporting and monitoring requirements by the QAPI Team.

Additionally, the Optum QAPI Tooele County Provider Treatment Record Audit Tool includes several questions related to the OQ® and its use. As part of the provider audit process, the QAPI Team ensures that the OQ® is being administered at the required intervals, that treatment plans incorporate OQ® data, and that there is evidence that the scores are shared with the member. If deficiencies are found, those items can be included on the provider corrective action plan (CAP) for remediation as part of quality improvement.

Recovery Support Screenings and Tools

What Recovery Support screening or tools are you utilizing? (i.e., SURE, SUD OQ, etc).

No Recovery Support screening tools have been implemented. In SFY27, Tooele County will include the SURE tool as a requirement for contractors providing RSS and similar SUD recovery programs. Improvements in cumulative scores will be monitored as part of ongoing program evaluation.

Service Satisfaction and Outcome Data

If you are not utilizing any Recovery Support screenings or tools can you please provide details on the barriers?

Tooele County was unaware that SURE was open to the public and didn't need to be administered by a clinician or individual with a special certification.

Technical assistance

Is technical assistance requested for any components of SUMH Office Directives Service Satisfaction and Outcome Data section? This may include data submission requirements.

- ☒ Yes
☐ No, not at this time.

Please indicate sections requested

Tooele County Human Services would benefit from some TA on how we may facilitate the MHSIP administration process across various 'non-medicaid' programs contracted throughout the community. E.g. Clubhouse, RSS, Sober living, Rise, youth day-treatment, etc. Our understanding is that the MHSIP is administered primarily to those participating in individual therapy, we would like to broaden this pool and gather more robust data.