



## State of Utah

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## Department of Health & Human Services

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Date: June 18, 2025

The Honorable Jenny Wilson  
Mayor, Salt Lake County  
2001 South State St., #N2100  
Salt Lake City, UT 84190

Dear Mayor Wilson:

In accordance with Section Annotated 26B-5-102, the Office of Substance Use and Mental Health has completed its annual review of the contracted Local Authority, Salt Lake County; the final report is enclosed. The scope of the review included fiscal management, children, youth, family and adult mental health services, substance abuse treatment and prevention services, and general operations.

The center has many strengths; however, this report by its nature focuses on the exceptions and areas in need of improvement. SUMH has approved all corrective action plans submitted by the Center/County in response to each reported finding, which have been included in the final report. If there are any questions, please contact Kelly Ovard at 385-310-5118.

SUMH appreciates the cooperation and assistance of the staff and looks forward to a continued professional relationship.

Sincerely,

Brent Kelsey (Jun 19, 2025 16:21 MDT)

Brent Kelsey  
Director

Enclosure

cc: Caroline Moreno, SUD Prevention Bureau Manager, Community Health, SLCo Health Department  
Tim Whalen, Director, Salt Lake County Division of Behavioral Health Services  
Kelly Colopy, Department Director, Salt Lake County Human Services  
Brian Currie, Associate Director Salt Lake County Division of Behavioral Health Services



Utah Department of  
**Health & Human Services**  
Integrated Healthcare

Site Monitoring Report of

Salt Lake County  
Division of Behavioral Health Services and  
Health Department

Local Authority Contract # A03082

Review Date: February 18, 2025

Final Report

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## **Section One: Site Monitoring Report**

## **Executive Summary**

In accordance with Section 26B-5-102, the Office of Substance Use and Mental Health (also referred to in this report as SUMH) conducted a review of Salt Lake County Division of Behavioral Health Services (also referred to in this report as the County and Salt Lake County Health Department for prevention services (SLCHD) on February 18, 2025. The focus of the review was on governance and oversight, fiscal management, pediatric and adult mental health services, substance abuse prevention and treatment services and general operations.

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

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

## Summary of Findings

Programs Reviewed	Level of Non-Compliance Issues	Number of Findings	Page(s)
<b><i>Governance and Oversight</i></b>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<b><i>Mental Health</i></b>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None 1	10-11
<b><i>Substance Use Disorders Prevention</i></b>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<b><i>Substance Use Disorders Treatment</i></b>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	

## **Governance and Fiscal Oversight**

The Office of Substance Use and Mental Health conducted its annual monitoring review of Salt Lake County Division of Behavioral Health Services (SLCo) and Salt Lake County Health Department (SLCHD) for prevention. The Governance and Fiscal Oversight section of the review was conducted on February 18, 2025 by Kelly Ovard, Administrative Services Auditor IV. Overall cost per client data was analyzed. State licensing and subcontractor files were examined for compliance with state licensing laws and adherence to contractual requirements, as well as the Center's own policy. Client fees were reviewed for consistency and adherence to approved fee schedules.

As part of the site visit, SLCo provided backup to support their costs and billed amounts, using rates taken from their Medicaid Cost Report for MH services and an SUD cost report for SUMH funding. This report establishes the center's cost allocation plan as it pertains to overhead/administrative costs and spreads these costs across the Current Procedural Terminology (CPT) billing codes used by the Center that year. This allows SUMH to fairly incorporate these overhead/administrative costs into the payments sent for services that qualify for funding found on the Center's contract allocation letter. Random samples were taken from the backup provided to verify that the listed services qualified for each different service category. Employee travel reimbursements were reviewed to ensure they were appropriate and that no personal benefit has been gained.

Mental health and substance use disorder services are contracted to outside providers. SLCo must ensure that subcontractors comply with all provisions listed in the DHS Contract with the Local Authority. The Governance and Oversight section of the review was extended to include some contracted providers to test for compliance. SUMH conducted site visits to Clinical Consultants and Interim Group Services. The visits included a review of insurance, code of conduct, conflict of interest and licensing.

There is a current and valid contract in place between SUMH and the Local Authority. Salt Lake County met its obligation of matching a required percentage of State funding.

As required by the Local Authority, Salt Lake County received an internal single audit from Squire and Company for the year ending December 31, 2023 and submitted it to the Federal Audit Clearinghouse. The report is dated June 27, 2024. The auditors' opinion was unmodified stating that the financial statements present fairly, in all material aspects, the financial position of Salt Lake County. The Covid Relief Fund was audited as a major program. In the 2024 County Audit, either the MHBG or the SAPT grants will be audited.

**Follow-up from Fiscal Year 2024 Audit:**

**FY24 Deficiencies:**

- 1) **SOR Funding:** The SOR funding source is designated for clients with an opiate or stimulant diagnosis. One of the two clients reviewed in the audit had neither but did have an alcohol diagnosis, which does not meet requirements.

**This finding has been resolved.**

**Findings for Fiscal Year 2025 Audit:**

**FY25 Major Non-compliance Issues:**

None

**FY25 Significant Non-compliance Issues:**

None

**FY25 Minor Non-compliance Issues:**

None

**FY25 Deficiencies:**

None

**FY25 Recommendations:**

- 1) It is recommended that DBHS has the county look at the **SAPT or MHBG as a major program** at least once every three years per county policy. Information was provided that this will be included in the county FY24 audit.
- 2) It is recommended that DBHS discuss **unspent funds** to optimize the resources provided.

Programs	Service Code	Awarded Amount	Spent Amount	Unspent Amount
<b>MH:</b>	EBI - Evidence Based 1st Psychosis	\$78,750	\$31,089	\$47,661
	PCS - Comprehensive Suicide Prevention	\$95,000	\$89,510	\$5,490
	<b>Total MH</b>	<b>\$173,750</b>	<b>\$120,599</b>	<b>\$53,151</b>
<b>SUD:</b>	LIT - Opioid Litigation Funded Projects	\$200,000	\$104,596	\$95,404
	YTS - Youth Treatment Services	\$425,392	\$384,528	\$40,864
	<b>Total SUD</b>	<b>\$625,392</b>	<b>\$489,124</b>	<b>\$136,268</b>
<b>Prevention</b>	OPG - State Opioid Settlement	\$205,750	\$171,589	\$34,161



	PFR - Prevention Regional Directors	\$140,000	\$111,562	\$28,438
	PFS2 - Partnerships for Success	\$22,500	\$4,254	\$18,246
	PFS1 - Partnerships for Success	\$72,750	\$12,533	\$60,217
	<b>Total Prev</b>	<b>\$441,000</b>	<b>\$299,938</b>	<b>\$141,062</b>
	<b>Total</b>	<b>\$1,240,142</b>	<b>\$909,661</b>	<b>\$330,481</b>
	<b>Grand Total</b>	<b>\$46,289,486</b>	<b>\$45,959,005</b>	<b>\$330,481</b>
<b>Total spent vs unspent %</b>			<b>99.3%</b>	<b>0.71%</b>

**FY25 Comments:**

- 1) Thank you for providing SUMH with your **emergency plan**. Your continued participation in the 800 Mhz radio checks this past year is appreciated. As always, SUMH encourages DBHS participation in the regional HCC (details are attached see Appendix A).

## Mental Health Mandated Services

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

- Inpatient Care
- Residential Care
- Outpatient Care
- 24-hour Emergency Services
- Psychotropic Medication Management
- Psychosocial Rehabilitation (including vocational training and skills development)
- Case Management
- Community Supports (including in-home services, housing, family support services, and respite services)
- Consultation and Education Services
- Services to persons incarcerated in a county jail or other county correctional facility

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

In subsection (6)(a)(ii) each local authority is required to “annually prepare and submit to SUMH a plan approved by the county legislative body for mental health funding and service delivery, either directly by the local mental health authority or by contract.” This annual area plan provides SUMH with a measuring tool against which the local authority is measured during the annual monitoring site review.

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

## **Mental Health Programs**

Cody Northup, Program Administrator, conducted the annual monitoring review for mental health programs in Salt Lake County (SLCo) on February 18th, 2025. The review included the following areas: record reviews, internal agency chart review, discussions with clinical supervisors, management teams, peer support, and case staffings. During the discussions, the site visit team reviewed the FY24 Monitoring Report; statistics, including the mental health scorecard; area plans; adult and youth outcome questionnaires (OQs/YOQs); Office Directives, and the Center's provision of the ten mandated services as required by Section 17-43-301.

### **Follow Up from Fiscal Year 2024 Audit:**

*There were no findings for the FY24 audit.*

### **Findings for Fiscal Year 2025 Audit:**

#### **FY25 Major Non-compliance Issues:**

None

#### **FY25 Significant Non-compliance Issues:**

None

#### **FY25 Minor Non-compliance Issues:**

None

#### **FY25 Deficiencies:**

*Combined Mental Health*

- 1) **Outcome Questionnaire/Youth Outcome Questionnaire (OQ/YOQ):** A review of the FY24 mental health scorecards demonstrates a decrease in the administration of the tool for both adults and youth, when compared to the FY23 mental health scorecards. The FY24 mental health adult scorecard shows OQ administration at 60.8% and the FY24 youth scorecard reflects a 51.9% administration rate for the YOQ. Both are below the 75% administration requirement listed in the FY24 Office Directives (Section H.iv.a). SUMH acknowledges the complexity and unique nature of monitoring and training the OQ/YOQ with the provider network and recommends ongoing efforts to meet the FY24 Office Directives requirement.

## County's Response and Corrective Action Plan:

**Action Plan:** Optum has adopted a new training platform, making training available to network providers 24/7, 365 days per year. This will allow rendering providers to be trained timely. No longer will they need to wait for live training to learn how to administer the OQ®/Y- OQ® questionnaires, obtain clinician reports, interpret the reports, share the results with members, incorporate the information into treatment planning and document these components into the member's clinical record. This platform will also allow Optum to include training completion as part of correction plans, subsequent to findings on provider audits.

**Timeline for compliance:** As of this response, June 2025, the platform has been tested by four new providers. Multifactor authentication is currently being added to the platform, after which rendering providers will be given access to the system. The OQ®/Y-OQ® provider training will be added before 12/31/2025.

Person responsible for action plan: Brian Currie (DBHS), Gina Attallah and Jennifer Radcliffe (Optum)

**Tracked at OSUMH by:** Cody Northup

### FY25 Recommendations:

#### *Children, Youth, and Families*

- 1) **Outpatient Services:** SUMH recommends that SLCo and Optum continue to monitor their youth outpatient services as there was a decrease in all services per the FY24 youth scorecard (-8% Medication Management; -11% Psych Rehab; -11% Case Management; -18% Assessment, and -7% Treatment Therapy)..
- 2) **Family Engagement:** SUMH recommends SLCo and Optum explore how to help caregivers and families become and stay involved in youth treatment. Resolutions may include utilizing family peer support specialists, ensuring that clinicians are competent and confident working with families in treatment planning, and promoting the review of YOQ scores with caregivers to incorporate family focus and engagement.

#### *Adult Mental Health*

- 1) **Case Management (CM):** SUMH recommends that SLCo and Optum monitor their ongoing case management data and services provided to their clients. According to the FY24 adult scorecard SLCo and Optum CM services decreased by 25% (FY23:3829; FY24:2887; -942) from the previous fiscal year.
- 2) **Aging Adults:** SUMH recommends that SLCo and Optum continue to explore programming with the older adult population within the catchment area, as this is the fastest growing age demographic in Salt Lake County. Improved access could

include obtaining a list of Medicare providers from Aging & Adult Services to combine clinical services when possible.

## **FY25 Comments:**

### *Combined Mental Health*

- 1) **Clinical Training:** Optum has implemented extensive training with the provider network throughout the year. Roughly 40 trainings with 400 providers were held and focused on the basics of clinical work. Training included completing assessments, treatment and discharge planning, and OQ/YOQ for youth, adults, and substance use providers. Optum is developing a self-directed training platform, which will allow Optum more capacity to work directly with the providers on implementation and various other needs. SUMH appreciates SLCo and Optum's continued dedication to providing professional development and quality services to the community.
- 2) **Increasing Network:** The SLCo/Optum provider network has increased to 150 different providers, with a focus on the catchment area's needs. Providers have been added on the southwest side of the county. SUMH commends SLCo and Optum for creating access to providers and resources across all districts and populations in the catchment area.

### *Children, Youth, and Families*

- 1) **Community Partner Visits:** SUMH met with Odyssey House (school-based programming), Youth Services (Family Peer Support Services), and Volunteers of America (Youth Resource Center). Each of these community partners focus on different aspects of youth and family mental health, providing a vast array of services for this population. Additionally, each agency reported a positive working relationship with SLCo and Optum, noting they are actively working together to provide quality services.

### *Adult Mental Health*

- 1) **Home Court:** The Home Court program is expected to start by February 21st, 2025. The program includes a civil court for clients who have significant mental health concerns, and who require additional support and resources in order to maintain safety and an adequate standard of living. The clients will have access to an official intake and assessment, which includes referrals to community providers. Many of the clients will be placed with local Assertive Community Treatment (ACT) teams for community-based services tailored to the individual's needs. Further, the civil court will coordinate with criminal courts to collaborate on court orders to coordinate sentencing.
- 2) **Mental Health Residential Units:** SLCo and Optum are working together to reduce the amount of time that individuals are spending in residential treatment centers, when they could be properly supported out in the community with wrap-around

services instead. SLCo noted that clients are staying in residential facilities for an average of roughly 7 months. Medical necessity indicates that they may only need 3-4 months of residential care with a strategic discharge plan that includes recovery supports. SLCo and Optum are utilizing the Level of Care Utilization System (LOCUS) and the Child and Adolescent Level of Care Utilization System (CALOCUS) to determine appropriate lengths of stay based on a client's medical need, and then working with local residential providers to ensure clients are not staying in residential facilities longer than necessary. ACT teams and access to local group homes are being used for housing and supports. SUMH commends SLCo and Optum for their work and focus in ensuring the least restrictive support for clients through quality care and access to wrap-around services.

## Substance Use Disorders Prevention

David Watkins, Program Administrator, conducted the annual prevention review of Salt Lake County Health Department (SLCoHD) Prevention on February 26, 2024. The review focused on the requirements found in State and Federal law, the Office Directives, and contracts. In addition, the review evaluated the services described in the annual prevention area plan and the data used to establish prevention priorities.

### **Follow-up from Fiscal Year 2024 Audit**

#### **FY24 Deficiencies:**

- 1) The number of **SYNAR checks decreased from 96.6% to 88.7% from FY22 to FY23 respectively**, which does not meet SUMH requirements. The standard is for each county to have a 90% compliance rate for SYNAR checks.

**These deficiencies have been resolved.**

- 2) **Eliminating Alcohol for Youth Sales (EASY) Compliance Checks:** The number of EASY Compliance Checks decreased from 260 to 243 from FY22 to FY23, respectively, which does not meet SUMH requirements. Each county is required to complete at least one more EASY Compliance Check than the previous year.

**These deficiencies have been resolved.**

The LA was able to increase the number of EASY checks completed from 243 in FY23 to 544 in FY24. The LA also demonstrated at the site visit how it has implemented strategies including hiring a person to build relationships with those responsible for conducting compliance checks. Those efforts are in line with new office directives that focus more on implementing a plan to increase compliance checks and compliance rate, then looking specifically at the number and rate.

### **Findings for Fiscal Year 2025 Audit**

#### **FY25 Major Non-compliance Issues:**

None

#### **FY25 Significant Non-compliance Issues:**

None

#### **FY25 Minor Non-compliance Issues:**

None

**FY25 Deficiencies:**

None

**FY25 Recommendations:**

None

**FY25 Comments:**

- 1) **Compliance checks:** SLCo has hired a full time person to oversee environmental strategies including work to enhance compliance checks. This work includes building relationships with the Environmental Health team, Law Enforcement agencies, and officers that have the ability to conduct Synar and EASY checks respectively. As this position continues to build relationships and provide support for compliance checks, SLCo expects to see Synar compliance rates increase and the number of EASY checks to rise.
- 2) **Community Centered Evidence Based Prevention:** SLCo has a long history of working with communities and establishing community organizations like coalitions. Through the site visit, it is clear that SLCo has a strong commitment to establishing community coalitions that focus on substance use prevention and follow an evidence-based model. To not disrupt communities or create competing efforts, SLCo often works with established coalitions, meets them where they are at, and helps them introduce evidence-based practices as they help move these coalitions toward substance misuse prevention. This focus on establishing evidence-based coalitions has led to an increase in the number of coalitions focusing on substance misuse in the county. This increase also leads to an increased burden on the LA to provide support and coaching to each coalition.

SUMH would like to acknowledge efforts to complete community readiness assessments (CRA). Particularly impressive was how SLCo used the opportunity to conduct the CRAs as a way to increase capacity among cities/communities for future prevention work including possible development/enhancement of SUD prevention coalitions.

- 3) **Reporting:** SLCo partners with many communities and agencies to deliver evidence-based prevention throughout the county. This can lead to difficulties in ensuring that all entities collect and report the appropriate data in a timely manner. SLCo has created a system utilizing Quickbase, which allows for all entities to report necessary information to the county. The county then regularly inputs all that information into the required state reporting systems.



## **Substance Use Disorder Treatment**

Becky King, Program Administrator, and Becky Johnson, Auditor III, conducted the annual review of Salt Lake County Behavioral Health Services (SLCO) on February 18, 2025. The visit focused on Substance Abuse Prevention and Treatment (SAPT) block grant compliance, compliance with SUMH Directives and Contracts, SLCO's monitoring of contracted programs and their providers compliance with contract and clinical requirements. Block grant compliance was evaluated through a review of provider contracts, discussions with staff members and a review of SLCO's audit reports. Compliance with SUMH Directives was evaluated by reviewing SLCO's audit instruments and procedures, reviewing provider contracts, comparing program outcome measures against SUMH standards and visits with SLCO's agencies' staff members. Monitoring of clinical practices was evaluated by reviewing SLCO's audit reports, audit instruments, procedures and discussions with staff responsible for the audits of contracted providers.

### **Follow-up from Fiscal Year 2024 Audit**

***There were no findings in the FY24 audit.***

### **Findings for Fiscal Year 2025 Audit:**

#### **FY25 Major Non-compliance Issues:**

None

#### **FY25 Significant Non-compliance Issues:**

None

#### **FY25 Minor Non-compliance Issues:**

None

#### **FY25 Deficiencies:**

None

#### **FY25 Recommendations:**

- 1) **The Treatment Episode Data Set Shows (TEDS) shows:**
  - a) 5% of clients in the numbers served are from old open admissions (admissions with no reported events in the past year). It is recommended that SLCO work with their contract providers to close old open admissions (old charts).

**Table 2. Salt Lake SUD Served**

Source: TEDS data (each client is counted only once)

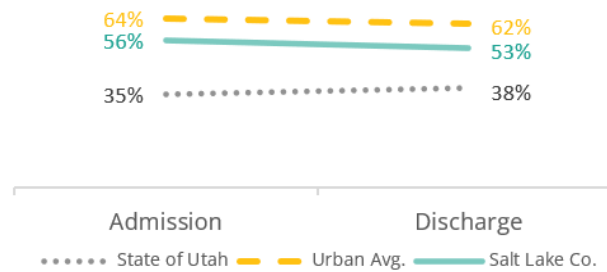
	FY22	FY23	FY24
Total	6003	5817	6415
Drug Court	285	351	345
MAT (Med. Assisted Tx)	1508	1350	1392
Methadone	823	817	784
Naltrexone	100	75	53
Buprenorphine	652	527	555
Any opioid use	2636	2517	2937
% opioid users receiving MAT	45%	44%	47%
Women	1989	1803	2046
Youth	256	271	290
Justice Referred	2324	2505	2225
Old Open Admissions	4%	4%	5%
Priority Groups			
Pregnant IV Users	43	33	24
Female IV Users	617	839	477
Male IV Users	1210	2093	1077

- b) SLCO had high rates of tobacco/nicotine use (Admission - 56%, Discharge - 53%) among SUD clients at both admission and discharge. SLCO had a small decrease (53%) in the percentage of SUD clients using tobacco/nicotine at discharge in FY24. SLCO reports that their contract providers are doing a good job of addressing tobacco/nicotine use, however, clients may not always disclose use admission. This may affect the discharge data and may show that tobacco/nicotine rates increased when initial use was not entered in the Substance Abuse and Mental Health Information System (SAMHIS).

It is recommended that SLCO ensure collected data is accurate and remedy any data issues if necessary. It is also recommended that SLCO continue to provide training on methods of engagement so that providers can help clients feel comfortable in disclosing information regarding tobacco/nicotine use at admission and throughout treatment to ensure that clients are receiving the treatment and support needed to reduce use.

**Figure 11. % Using tobacco**

Source: TEDS data, SUD Scorecard

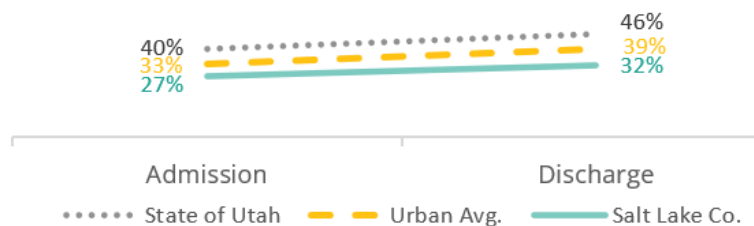


- c) The percentage of SUD clients employed or in school was low (Admission - 27%, Discharge - 32%) at admission and discharge.

It is recommended that SLCO ensure collected data is accurate and remedy any data issues as necessary. It is also recommended that SLCO provide resources to providers for assisting clients in finding employment and school options.

**Figure 8. % Employed or in School**

Source: TEDS data, SUD Scorecard

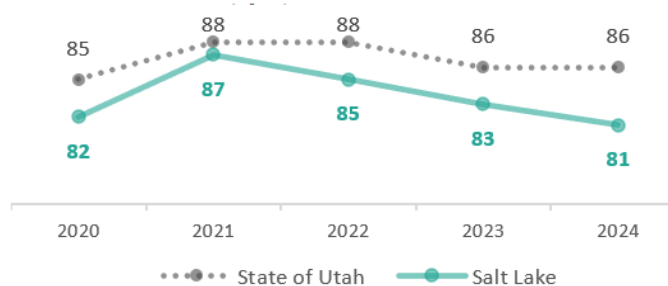


- d) Client satisfaction in FY24 with SUD Treatment is lower (81%) than the state average (86%) as reported through the MHSIP satisfaction survey. Some clients have reported that they don't feel like they are in a partnership with their clinician when setting up the treatment plan, which may be impacting the data.

It is recommended that SLCO ensure collected data is accurate and remedy any data issues as necessary. It is also recommended that SLCO provide training to providers on methods of including clients in the treatment planning process so that clients are actively engaged in this process.

**Figure 12. Adult satisfaction with SUD treatment (%)**

Source: MHSIP Consumer Satisfaction Survey



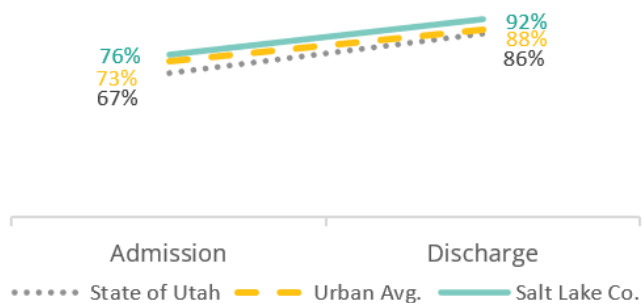
### FY25 Comments:

1) **TEDS Shows that Salt Lake County is doing well in the following areas:**

- a) Client rates of abstinence from alcohol and drugs in FY24 is high (92%). SLCO contracts with a network of providers that offer a comprehensive range of mental health and substance use services. These services cover a full continuum of care, from outpatient to inpatient services, and include all levels of the American Society of Addictions Medicine (ASAM) levels of care, which provides the necessary support for clients to remain abstinent from alcohol and drugs.

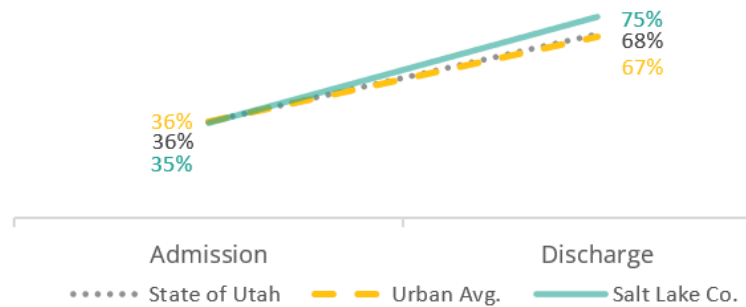
**Figure 5. % Abstinent from Alcohol**

Source: TEDS data, SUD Scorecard



**Figure 6. % Abstinent from Drugs**

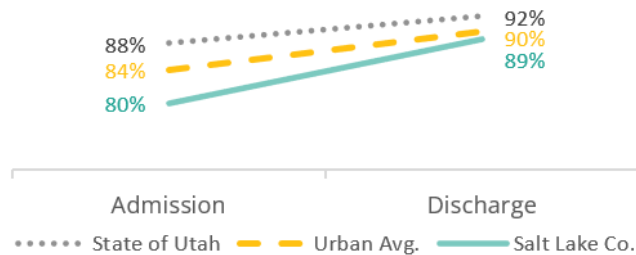
Source: TEDS data, SUD Scorecard



- b) Stable housing was 80% at admission and increased to 89% at discharge. SLCO is dedicated to providing housing options for their clients, which they continue to work on each year. They use the following means to support housing efforts for their clients: (1) comprehensive support services such as case management for housing residents; (2) collaborative partnerships with organizations like Volunteers of America, Valley Behavioral Health, and Housing Connect; (3) flexible housing options to meet the diverse needs of individuals; (4) a focus on prioritizing housing for vulnerable populations; and (5) using evidence-based practices to ensure effective treatment and support leading to better outcomes for individuals and families.

**Figure 7. % in Stable Housing**

Source: TEDS data, SUD Scorecard



- 2) **Opioid Treatment Provider (OTP) in the Jail:** SLCO is taking several innovative steps to set up an Opioid Treatment Program in the Salt Lake County Jail, which includes the following: (1) implementing a Medication Assisted Treatment Program (MAT) using FDA-approved medications like methadone, buprenorphine, and naltrexone to help individuals manage opioid dependence and reduce withdrawal symptoms; (2) focusing on comprehensive care coordination to ensure that individuals receive continuous support and treatment, both during incarceration and after release; (3) incorporating peer support services, where individuals with lived experience of substance use disorder provide guidance and support to those undergoing treatment; (4) offering an educational program to increase awareness

about opioid use disorders, treatment options, and the importance of continuing care after release; and (5) collaborating closely with community providers to ensure a seamless transition from jail-based treatment to community-based care, helping individuals maintain their recovery journey.

- 3) **Receiving Center:** SLCO has been working on expanding efforts for the Receiving Center at Huntsman Mental Health Institute (HMHI) in Salt Lake County, where they will be adding 24 inpatient adult beds and licensing it as a hospital. The open house for the Receiving Center was on March 28th. The Receiving Center offers a range of services to support individuals experiencing a mental health crisis, which include the following: (1) crisis evaluation that is focused on understanding individual needs during a mental health crisis; (2) psychiatric assessment of a person's mental health condition by a skilled team of mental health professionals; (3) medication management to stabilize symptoms; (4) solution focused, short term therapy focused aimed at resolving the immediate crisis; (5) peer support from individuals with lived experience from mental health and substance use challenges; and (6) crisis observation, which is short term-observation for up to 23 hours if needed. The Receiving Center operates 24/7 and aims to provide in the least restrictive manner possible, leading to better patient outcomes and reduced costs compared to emergency room visits.

## **Section Two: Report Information**

## Background

Section **26B-5-102** outlines duties of SUMH. Paragraph **(2)(c)** states that SUMH shall:

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



## Non-Compliance Issues, Action Plans and Timelines

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

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

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

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

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

review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **deficiency** results when the contractor is not in full compliance, but the deficiency discovered is not severe enough to be categorized as a non-compliance issue. A written corrective action plan is required without a formal timeline. However, the monitoring team may request action to fix the problem by a given date.

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

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

## Signature Page

SUMH appreciates the cooperation afforded SUMH monitoring teams by the management, staff and other affiliated personnel of Salt Lake County and for the professional manner in which they participated in this review.

If there are any questions regarding this report please contact Kelly Ovard at 385-310-5118.

The Office of Substance Use and Mental Health

Prepared by:

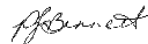
Kelly Ovard   
Administrative Services Auditor IV

Date 06/18/2025


Approved by:

Kyle Larson   
Administrative Services Director

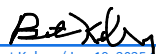
Date 06/18/2025

Pam Bennett   
Assistant Director

Date 06/18/2025

Eric Tadehara   
Eric Tadehara (Jun 18, 2025 10:51 MDT)  
Assistant Director

Date 06/18/2025

Brent Kelsey   
Brent Kelsey (Jun 19, 2025 16:21 MDT)  
Director

Date 06/19/2025

# Attachment A

## UTAH OFFICE OF SUBSTANCE USE AND MENTAL HEALTH

### Emergency Plan Monitoring Tool FY25

**Name of Local Authority:** Salt Lake County

**Date:** February 18, 2025

**Reviewed by:** Jennifer Hebdon-Seljestad, LCSW  
Geri Jardine

<b>Compliance Ratings</b>				
Y = Yes, the Contractor is in compliance with the requirements.				
P = Partial, the Contractor is in partial compliance with requirements; comments provided as a suggestion to bring into compliance.				
N = No, the Contractor is not in compliance with the requirements.				
Monitoring Activity	Compliance			Comments
	Y	P	N	
<b>Preface</b>				
Cover page (title, date, and facility covered by the plan)	X			
Confirmation of the plan's official status (i.e., signature page, date approved)	X			
Record of changes (indicating dates that reviews/revisions are scheduled/have been made and to which components of the plan)	X			
Method of distribution to appropriate parties (i.e. employees, members of the board, etc.)	X			
Table of contents	X			
<b>Basic Plan</b>				
Statement of purpose and objectives	X			
Summary information	X			
Planning assumptions	X			
Conditions under which the plan will be activated	X			
Procedures for activating the plan	X			
Methods and schedules for updating the plan, communicating changes to staff, and training staff on the plan	X			
<b>Functional Annex: The Continuity of Operations (COOP) Plan to continue to operate during short-term or long-term emergencies, periods of declared pandemic, or other disruptions of normal business.</b>				
List of essential functions and essential staff positions	X			
Identify continuity of leadership and orders of succession	X			
Identify leadership for incident response	X			

List alternative facilities (including the address of and directions/mileage to each)	X			
Communication procedures with staff, clients' families, state and community stakeholders and administration	X			
Describe participation in and coordination with county and regional disaster preparedness efforts, which could include participation in Regional Healthcare Coordination Councils (HCC) . Participated in a minimum of three of the four yearly DHHS radio checks	X			Salt Lake Co and Optum have participated in all the radio checks this past year. The plan identifies the continuity team members as responsible for participation in the area healthcare coalition and this is strongly encouraged if they are not currently participating.
Procedures that ensure the timely discharge of financial obligations, including payroll.	X			
Procedure for protection of healthcare information systems and networks	X			
<b>Planning Step</b>				
Disaster planning team has been selected, to include all areas (i.e., safe/security, clinical services, medication management, counseling/case management, public relations, staff training/orientation, compliance, operations management, engineering, housekeeping, food services, pharmacy services, transportation, purchasing/contracts, medical records, computer hardware/software, human resources, billing, corporate compliance, etc.)		X		A new plan was submitted for 2024 where this element was not addressed. SUMH recognizes that DBHS is not the provider of these services, please consider an addendum that details with whomever provides this service, and how DBHS monitors for the disaster planning and continuity of operations with your subcontractors.
The planning team has identified requirements for disaster planning for Residential/Housing services including: <ul style="list-style-type: none"> <li>● Engineering maintenance</li> <li>● Housekeeping services</li> <li>● Food services</li> <li>● Pharmacy services</li> <li>● Transportation services</li> <li>● Medical records (recovery and maintenance)</li> <li>● Evacuation procedures</li> <li>● Isolation/Quarantine procedures</li> <li>● Maintenance of required staffing ratios</li> <li>● Address both leave for and the recall of employees unable to work for extended periods due to illness during periods of declared pandemic</li> </ul>		X		A new plan was submitted for 2024 where this element was not addressed. SUMH recognizes that DBHS is not the provider of these services, please consider an addendum that details with whomever provides this service, and how DBHS monitors for the disaster planning and continuity of operations with your subcontractors.

SUMH is happy to provide technical assistance.











# Salt Lake County FY25 Final Report - Google Docs

Final Audit Report

2025-06-19

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