



## State of Utah

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## Department of Health & Human Services

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Date: April 21, 2025  
Mr. Andy Welch, County Manager  
47 South Main St, Rm. 300  
Tooele, UT 84074


Dear Mr. Welch:

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, Tooele County, and its contracted service provider, Optum. 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 Local Authority 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 Local Authority in response to each reported finding, which have been included in the final report. If there are any questions, please contact Kelly Ovard @ 385-310-5118.

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

Sincerely,

  
Brent Kelsey (Apr 21, 2025 11:20 MDT)  
Brent Kelsey  
Office Director

Enclosure

cc: Peter Clegg, Director of Human Services, Tooele County  
Anni Butterfield, Executive Director, Optum  
Gina Attallah, Director of Compliance and Quality Improvement, Optum  
Mark Schull, Program Manager, Optum



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

Annual Site Monitoring Report of  
Tooele County / Optum Behavioral Health

Local Authority Contract #A03085

Review Date: November 19, 2024

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 (SUMH) conducted a review of Tooele County Local Authority and Optum, their provider, on April 9, 2024. 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 Local Authority's 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 LA's data and its compliance with established programmatic and operational objectives. Additionally, the review included an examination, through sampling, of the Local Authority'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 1	7-9
<b><i>Mental Health Programs</i></b>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None 1	13-14
<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 (SUMH) conducted its annual monitoring review of Tooele County. The Governance and Fiscal Oversight section of the review was conducted on November 19, 2024 by Kelly Ovard, Administrative Services Auditor IV. Overall cost per client data was analyzed and compared to the statewide Local Authority average. Licensing and subcontractor files were examined for compliance with state licensing laws and adherence to contractual requirements, as well as the LA's own policy. Client fees were reviewed for consistency and adherence to approved fee schedules. Employee travel reimbursements were reviewed to ensure they were appropriate and that no personal benefit has been gained. Meeting minutes were reviewed and discussions were conducted to determine if an appropriate level of involvement and financial oversight was provided by the governing board and County.

As part of the site visit, Tooele provided backup to support their costs and billed amounts, using rates taken from their Medicaid Cost Report. This report is a cost study conducted by the Local Authority. Normally, this report establishes the LA'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 LA's that year, but Tooele County has elected not to include any indirect/overhead costs. Random samples were taken from the backup provided to verify that the listed services qualified for each different service category.

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

As required by the Local Authority, Tooele County received a single audit for the year ending December 31, 2023 and submitted it to the Federal Audit Clearinghouse on September 30, 2024. The firm Larson and Company, PC completed the audit and issued a report dated September 30, 2024. The auditor issued an unmodified opinion. In accordance with Government Auditing Standards and the OMB Compliance Supplement, the auditors also issued reports on Internal Control Over Financial Reporting and Compliance for Each Major Federal Program. As required by the State Compliance Audit Guide they also issued a report on Compliance and Internal Control Over Compliance. There were two material weaknesses identified and will be noted in this report.

## **Findings for Fiscal Year 2024 Audit:**

### **FY24 Deficiencies:**

- 1) **Annual State funding from SUMH was not spent.** Tooele County failed to spend \$1,266,381 in State Fiscal Year 2024. This is an increase of 21% over the unspent dollars from the previous year.

**SUMH identified significant improvement in the use of State funding in state fiscal year 2024.**

## **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:**

#### **1) Financial Audit (Tooele County 2023 Financial Single Audit)**

##### **a) 2023-001 – Bank Reconciliations – Material Weakness Criteria:**

It was noted during the single audit that the book balance in the bank reconciliation had not been completed and were materially misstated between existing reconciliations and the general ledger trial balance.

[\(Larson & Co, Tooele County 2023 , Larson & Co.,audit page 131\)](#)

##### **b) 2023-002 – Payroll – Material Weakness Criteria:**

Management is responsible for ensuring that adequate controls are in place and are functioning properly. Proper internal controls ensure that accurate reporting is done in the financial records, liabilities are accurately reported and timely paid, retirement records are reported correctly and accurate contributions are submitted to the Utah Retirement Systems.

[\(Larson & Co,Tooele County 2023 audit page 131-132\)](#)



## County's Response and Corrective Action Plan:

### Action Plan:

The following plan was developed by the Tooele County Auditor's Office in response to the aforementioned Financial Audit conducted by *Larson & Co.* The following response and accompanying corrective actions have been successfully addressed.

#### Item a. (Bank Reconciliations)

This issue stems in part from the implementation of the Tyler Munis software, which was introduced in June 2023. The transition to the new system has presented a significant learning curve for staff, leading to delays in processing reconciliations as we adapted to the updated workflows, functionalities, and reporting features of the software

We have taken the following corrective actions:

1. **Training and Support:** We have provided additional training sessions for staff to ensure full proficiency in the Tyler Munis system. Ongoing support will continue to be offered to address any challenges that arise during reconciliations.
2. **Process Review and Adjustment:** We have reviewed the reconciliation process to identify bottlenecks and inefficiencies. By aligning our internal procedures with the capabilities of the new system, we aim to streamline the process and reduce delays.
3. **Temporary Assistance:** To address the backlog created during the transition period, we have temporarily reallocated staff resources to assist with reconciliations until the system is fully integrated into our operations.

We are confident that these measures will improve the timeliness and accuracy of reconciliations going forward. Additionally, we will continue to assess the performance of the Tyler Munis system and make necessary adjustments to maintain compliance with our internal controls and financial reporting standards.

#### Item b. (Payroll)

One of the primary challenges we have faced in this area involves the complexity of reconciling payroll with the Utah Retirement Systems (URS), which has contributed to ongoing discrepancies. To address these issues, we have engaged *Squire*, an independent audit firm, to conduct a thorough payroll audit. This audit specifically focuses on identifying and resolving reconciliation issues related to URS, as well as assessing our overall payroll processes.

The separate payroll audit by *Squire* is currently underway, and we anticipate receiving their findings and recommendations in the coming weeks. Once their report is completed, we will promptly implement any recommendations to strengthen our payroll reconciliation processes and ensure compliance with state and internal financial requirements.

In addition to the external audit, we have taken the following internal steps to improve payroll reconciliation:

1. **Strengthening Internal Controls:** We are reviewing and enhancing internal payroll processes to ensure reconciliations are completed more efficiently. This includes implementing stronger checks and balances in the payroll workflow.
2. **Dedicated Payroll Oversight:** A dedicated payroll specialist will be assigned to focus on the reconciliation process, ensuring that any discrepancies are promptly identified and resolved before future payrolls are processed.
3. **Timely Communication with URS:** We are working closely with URS to ensure that all contributions and adjustments are accurately reflected in our system, minimizing delays or errors in the reconciliation process.

We are confident that with the support of the payroll audit by *Squire* and the corrective actions outlined above, we will resolve the recurring payroll reconciliation issues. We will provide updates on the audit findings and our progress in addressing this matter.

**Timeline for compliance:**

Item a. Bank Reconciliations

1. Training and Support: Completed in 2024
2. Process Review and Adjustment: Completed in March 2025
3. Temporary Assistance: Completed in 2024

Item b. Payroll

1. Strengthening Internal Controls: Completed in October 2024
2. Dedicated Payroll Oversight: Completed in October 2024
3. Timely Communication with URS: Completed in October 2024

**Person responsible for action plan:** Peter Clegg, Alison McCoy (County Auditor)

**Tracked at OSUMH by:** Kelly Ovard

**FY25 Recommendations:**

**1) OPTUM Licensed Providers:**

Each of OPTUMs providers had multiple licensing issues in their audits. It would be advisable to Tooele County and OPTUM to determine the best way to track and address these issues as they arise in their State Facility licensing audits.

Tooele FY25 Audit Employee and Facility Licensing										
Facility	Cert/Lic	Type	Expiration Date	Current Subcontractor/Facility	Finding 1	Finding 2	Finding 3	Finding 4	Finding 5	
				Yes/No						
✓ Tooele Co VBH Outpatient	License	Facility	8/31/25	Yes	1	2				
✓ Tooele Co VBH New Reflections	License	Facility	8/31/25	Yes	1	2	3			
✓ Tooele Co Bears Ears Therapy N	License	Facility	7/31/25	Yes	1	2	3	4	5	
✓ Tooele Co Bears Ears Therapy S	License	Facility	7/31/25	Yes	1	2	3	4		
✓ Tooele Valley Counseling	License	Facility	12/31/24	Yes	1	2	3	4		

See report & check notes for details:

[+ Tooele FY25 Audit Employee and Facility Licensing](#)

- 2) **Review Unspent Funding** SUMH recommends that the local authority discuss unspent funds to determine how to use these funds effectively in future fiscal years.

Program	Service Code	Awarded Amount	Spent Amount	Unspent Amount
<b>MH</b>	CMF - Covid Mitigation Funds	\$5,952	\$1,908	\$4,044
	EIM - Early Intervention (State)	\$24,259	\$15,654	\$8,605
	EIM - Early Intervention (Federal)	\$47,381	\$44,200	\$3,181
	FRF - Family Resource Facilitator	\$10,468	\$0	\$10,468
	HDO - Health Disparity Officer	\$62,500	\$33,593	\$28,907
	JRI - Justice Reinvestment Initiative	\$54,482	\$52,117	\$2,365
	MCV - MCOT Vehicle Costs	\$1,885	\$0	\$1,885
	MHF - Federal General	\$51,102	\$51,082	\$20
	MHN - Non-Medicaid (Unfunded)	\$23,294	\$23,234	\$60
	MHS - State General	\$970,584	\$941,365	\$29,219
	MOT - Crisis Mobile Outreach Team	\$490,000	\$469,081	\$20,919
	<b>Total MH</b>	<b>\$1,251,907</b>	<b>\$1,163,153</b>	<b>\$109,673</b>
<b>SUD</b>	ADC - Adult Drug Court	\$22,194	\$22,173	\$21
	FTL - Federal General	\$222,331	\$111,262	\$111,069
	JRI - Justice Reinvestment Initiative	\$52,041	\$50,653	\$1,388
	PTR - ATR Corrections	\$17,276	\$1,260	\$16,016
	RSS - Recovery Support Services	\$8,892	\$1,644	\$7,248
	SOR1 - State Targeted Response	\$22,500	\$0	\$22,500
	WTD - Women - Pregnant & w/ Dep Children	\$29,311	\$0	\$29,311
	YTS - Youth Treatment Services	\$17,785	\$0	\$17,785
	<b>Total SUD</b>	<b>\$479,184</b>	<b>\$273,845</b>	<b>\$205,339</b>
<b>Prevention</b>	PFS1 - Partnerships for Success	\$72,750	\$0	\$72,750
	SOP1 - State Opioid Prevention	\$53,250	\$0	\$53,250
	<b>Total Prev</b>	<b>\$126,000</b>	<b>\$0</b>	<b>\$126,000</b>

	<b>Total Unspent</b>	<b>\$1,857,091</b>	<b>\$1,436,998</b>	<b>\$441,012</b>
	<b>Grand Total</b>	<b>\$3,365,876</b>	<b>\$2,924,864</b>	<b>\$441,012</b>
<b>Total Spent/Unspent %</b>			<b>86.9%</b>	<b>13.10%</b>

**FY25 Comments:**

- 1) The percentage of **unspent funds** dropped from 37.18 to 13.10%.
- 2) **Thanks** to Peter, EJ, Anni and her team at OPTUM for their help and timeliness in preparing for the audit.
- 3) **Emergency Plans:** SUMH encourages participation in the Regional Healthcare Coalition meetings. SUMH also recommends that the plan updates include **the signature page and a record of changes**. Please see **Appendix A** for details.

## **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 the SUMH is to measure compliance with this legislative mandate to provide these services to adults, youth, and children of Utah.

## Mental Health Programs

Cody Northup, Program Administrator, and Heather Rydalch, Peer Support Program Manager, conducted the annual monitoring review for mental health programs at Tooele County/Optum on November 19th, 2024. 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

#### **FY24 Deficiencies:**

##### *Combined Mental Health*

- 1) Scorecard Data:** During the Salt Lake County on-site review in March, 2024, the mental health audit team was notified that Optum had mistakenly submitted Tooele County data into the Substance Abuse and Mental Health Information System (SAMHIS) under a SLCo provider ID. This submission would inflate Salt Lake County's numbers and under-report numbers for Tooele County.

***This finding will be reduced to a Recommendation for the FY25 review, as Tooele County/Optum and SUMH have been working together to address previous data concerns. See FY25 Recommendations, Combined Mental Health #1.***

### 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:**

##### *Adult Mental Health*

- 1) Outcome Questionnaire (OQ):** The FY24 adult mental health scorecard reports only 71.8% of Tooele County clients with serious mental illness (SMI) participated in the OQ. Per the FY24 Office Directives (H.iv.a), *SUMH requires*

*outcome assessments for 75% of unduplicated clients with more than five years of age for whom mental health service data are submitted that experience serious mental illness (SMI) or serious emotional disturbance (SED). Tooele County was below the required percentage despite training efforts. Optum conducted three OQ trainings in the Fall, and continued to include aspects of the OQ in their ongoing treatment plan trainings presented throughout the year. SUMH recognizes Tooele County/Optum's focus on training the provider network on the use of the OQ.*

### **County's Response and Corrective Action Plan:**

**Action Plan:** Add Optum's OQ®/Y-OQ® provider trainings to the new Optum training platform for providers to access 24-7, 365 days per year. This will create the opportunity for new rendering providers to be trained timely. It will also allow training completion to be included in corrective action plans for findings in Optum audits of providers.

**Timeline for compliance:** The new training platform will be implemented in May 2025. The OQ®/Y-OQ® provider trainings will be added before 12/31/2025.

**Person responsible for action plan:** Peter Clegg (Tooele County), Gina Attallah and Jennifer Radcliffe (Optum)

**Tracked at SUMH by:** Cody Northup

### **FY25 Recommendations:**

#### *Combined Mental Health*

- 1) **Scorecard Data:** SUMH recommends Tooele County/Optum continue working with SUMH on data submissions. Tooele County/Optum has worked with the SUMH data team throughout the year to ensure that data is correct and up to date. At the time of the on-site review, both Optum and the SUMH data team reported that many of the concerns have been addressed, the FY24 mental health scorecard is updated and accurate, and the agencies are continuing to work together.

### **FY25 Comments:**

#### *Combined Mental Health*

- 1) **Expanding Network Providers:** SUMH acknowledges Tooele County/Optum's priority of increasing access to clients in their catchment area. During the on-site review, it was reported that there are 80 providers in the surrounding area (including Salt Lake County) that can provide services to local residents in need. Optum's drive to grow the provider network helps to ensure that clients have access to as many resources and support services as possible.

- 2) **Treatment Planning Training:** One of the highlights of the on-site review was a discussion about the treatment planning training that Optum has implemented. Over the course of the year, Optum provided 12 training sessions (3 per quarter) and achieved a 97% attendance rate from the provider network. These trainings are separated into youth and adult treatment planning, are interactive which allows for real time feedback on goals and objectives for the clinicians, and also incorporates the importance of the OQ/YOQ in treatment planning.

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

- 1) **Family Peer Support Specialists (FPSS):** The SUMH mental health monitoring team had an opportunity to meet with multiple community partners during the on-site review. Two of these partners (Valley Behavioral Health & Clinical Consultants) now have FPSS on staff to ensure this service can continue to be provided to local families. Tooele County/Optum expressed excitement about this opportunity and SUMH appreciates the dedication to meeting clients needs.

#### *Adult Mental Health*

- 1) **Certified Peer Support Specialists (CPSS):** Tooele County/Optum continues to maintain a significant amount of CPSS services. A review of the FY24 adult mental health scorecard shows 164 clients received the services over the course of the year and during the review it was noted that there are currently 3-4 CPSS working with clients. The reviewers were able to meet with another potential CPSS to discuss the possibility of adding peer services at another community partner that currently only offers therapeutic services. SUMH thanks Tooele County/Optum for ensuring this service is available for clients in the community.



## Substance Use Disorders Prevention

David Watkins, Program Administrator, conducted the annual prevention review of the Tooele County Human Services/Prevention Unit, TCHD/Prevention Unit, on Nov. 19, 2024. The review focused on the requirements found in State and Federal law, 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.

### Findings for 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) Readiness assessments:** To understand the readiness a community has to address a particular issue, prevention professionals will utilize a readiness assessment tool. Communities should be regularly assessed using a readiness tool for all prioritized problem behaviors the prevention system is addressing. The SUMH Office Directives state that LAs should “increase the number of coalitions conducting community readiness assessments related to opioids.”

SUMH recommends completing opioid readiness assessments in the upcoming year to meet this requirement. It is also recommended that the LA consider completing readiness assessments for other prioritized substances.

- 2) Data Reporting:** Universal and selective prevention strategies are reported into the DUGS data system. The SUMH Office Directives states that the “LA must enter prevention data into the SUMH approved system within 45 calendar days of the delivery of service.” The LA met this requirement 76% of the time throughout the year. SUMH recommends the LA work in the upcoming year to increase compliance over 80%?

#### **FY25 Comments:**

- 1) **Community Driven Prevention:** The LA is focused on building community centered evidence-based prevention through the development and support of local community coalitions. Despite running into difficulties in some communities, the LA continues to work to develop relationships that strengthen current efforts and will lead to new efforts moving forward.

## Substance Use Disorders Treatment

Becky King, Program Administrator, conducted the review of Tooele County - Optum Substance Use Disorders (SUD) Treatment Program on November 19, 2024. The Site Visit focused on Substance Abuse Treatment (SAPT) Block Grant Compliance; Drug Court; clinical practice, compliance with contract requirements. Drug Court was evaluated through staff discussion, clinical records, and Drug Court data. Clinical practices and documentation were evaluated by reviewing Tooele County's internal chart review and discussing current practices. Adherence to SAPT Block Grant requirements and contract requirements were evaluated by a review of policies and procedures in interviews with Tooele County staff. Treatment schedules, policies, and other documentation were reviewed. The Utah Substance Abuse Treatment Outcomes Measures Scorecard results were reviewed with Tooele County staff. Client satisfaction was measured by reviewing records and consumer satisfaction survey data. Finally, opiate use data and the year-end reports were reviewed and discussed.

### **Findings for Fiscal Year 2024 Audit:**

#### **FY24 Minor Non-compliance Issues:**

- 1) **Old Open Admissions (charts that need to be closed)** in FY23 was 38%, which is above the allowable amount of 4%. This does not meet Office Directives.

***This issue has not been resolved, which will be addressed in Recommendation #1 below***

- 2) **The Treatment Episode Data Set (TEDS) Shows:**

- a) **Treatment Completion for BIPOC (Black, Indigenous and People of Color):** Clients who were BIPOC were less likely to successfully complete treatment than clients who were white, not Hispanic. Clients who were BIPOC were more likely to drop out of treatment.

***This issue has been resolved.*** In FY24, BIPOC clients in Tooele saw an increase for those who successfully completed treatment.

- b) **Employment:** Fewer clients in Tooele County were employed or in school at discharge than at admission (48%) in FY23. While this number is slightly higher than the state average (46%), it is lower than the rural average (61%). This is also lower than Tooele County's rate in FY22.

***This issue has been resolved.*** The percentage of SUD clients employed or in school improved from FY24 (48%) to FY25 (52%).

## **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) **Old Open Admissions (charts that need to be closed):** In FY24, old open admission charts were at 35%. Tooele County - Valley Behavioral Health (VBH) shared that they will look into this issue and focus on closing old charts.

It is recommended that Tooele County review this issue and identify why there are old admissions that are still open and make efforts to close these charts.

### **FY25 Comments:**

- 1) **TEDS Shows that Tooele County is doing well in the following areas:**
  - a) Tooele County - VBH assessed all Drug Court clients and 95% of justice referred clients in FY24, which is excellent.

**Table 4. Tooele Criminogenic Risk**

Source: TEDS data

	FY22	FY23	FY24
Justice Referred Adults (non-detox)			
Low risk	27	55	70
Moderate/high risk	63	70	89
Not collected	0	0	8
% not collected	0%	0%	5%
Adult Drug Court			
Low risk	3	12	12
Moderate/high risk	15	22	24
Not collected	0	1	0
% not collected	0%	3%	0%

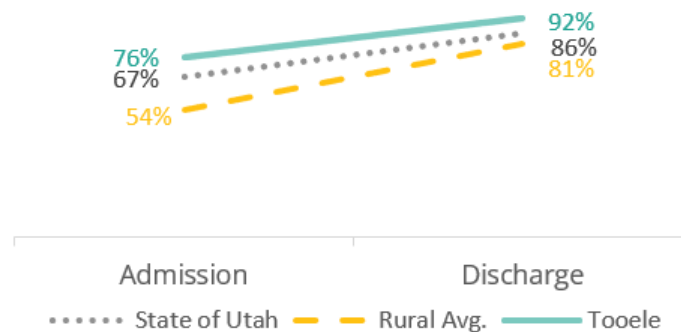
- b) The percentage of clients who successfully completed SUD treatment in Tooele County (50%) is slightly higher than the state (43%) and rural averages (46%) and has been increasing since 2022. Tooele County reported that the Intensive Outpatient Treatment Program (IOP) at Tooele - VBH is very successful. Tooele VBH works closely with clients to

help them succeed in treatment and provides a follow-up service after 6 months to check in.

- c) Abstinence from alcohol and drugs increased from admission to discharge in Tooele County. They developed various programs to help individuals with drug and alcohol issues, which are tailored to meet their needs.

**Figure 5. % Abstinent from Alcohol**

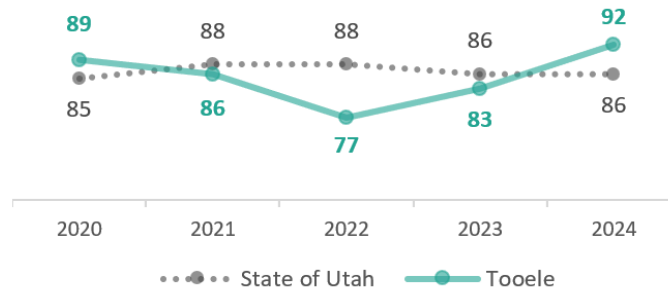
Source: TEDS data, SUD Scorecard



- d) Stable housing was high (99%) at both admission and discharge in Tooele County. They have helped their clients find affordable housing as needed and follow up with them to ensure that the housing arrangement meets their needs.
- e) The percentage of clients who attended social recovery support at admission (34%) and discharge (38%) in Tooele was higher than the state (admission - 23%, discharge - 24%) and rural averages (admission - 17%, discharge -19%). Tooele County works closely with clients to ensure that they are connected to social recovery supports throughout treatment and upon discharge so that they have a support system in place when they finish treatment.
- f) Consumer satisfaction for Tooele County has increased since 2022 (77% to 92%). Tooele County ensures that their clients' needs are met and provides them with ongoing support. Clients have also shared that they enjoy working with providers in Tooele County, where they feel valued and supported.

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

Source: MHSIP Consumer Satisfaction Survey



- 2) **Integrated Physical and Behavioral Care:** Tooele County is contracted with Bonneville Family Practice, which provides integrated physical and behavioral health care in the community. They also provide urgent care services. Bonneville Family Practice recently opened an Opioid Treatment Provider Clinic (OTP), which provides Medications for Opioid Use Disorders (MOUD) including methadone and suboxone. They have established partnerships with other organizations and are well received by the community.
- 3) **Sober Living Programs:** Tooele County has contracted with two sober programs operated by Clinical Consultants. These homes are located in a residential neighborhood and well regarded by neighbors. Residents in the Sober Living Program are asked to be involved in substance use and/or mental health treatment and recovery support services. Staff that manage the Sober Living Homes have a supportive approach, which is helpful to residents. The residents have also shared positive feedback regarding their experiences in these programs.

## **Section Two: Report Information**

## Background

Section 62A-15-103 outlines duties of SUMH. Paragraph (2)(c) states that the 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 the services rendered and outcomes reported by them or their contract providers,
- Each local substance abuse authority and each mental health authority is exercising sufficient oversight and control over public funds allocated for substance abuse and mental health programs and services, and
- Other items determined by the 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 best practice or technical suggestions. The contractor is encouraged to implement the suggestion but not required.

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

## Signature Page

SUMH appreciates the cooperation afforded the SUMH monitoring teams by the management, staff and other affiliated personnel of Tooele County – Optum Behavioral Health 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 04/21/2025

Approved by:

Kyle Larson   
Administrative Services Director


Date 04/22/2025

Pam Bennett   
Assistant Director

Date 04/21/2025

Eric Tadehara   
Eric Tadehara (May 1, 2025 09:29 MDT)

Date 05/01/2025

Brent Kelsey   
Brent Kelsey (Apr 21, 2025 11:20 MDT)

Date 04/21/2025

## Attachment A

### UTAH OFFICE OF SUBSTANCE USE AND MENTAL HEALTH Emergency Plan Monitoring Tool FY25

**Name of Local Authority:** Tooele County

**Date:** November 19, 2024

**Reviewed by:** Nichole Cunha, LCSW & Geri Jardine

Compliance Ratings				
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	Updates were made and deleted this page from the previous version or was not supplied with this year's submission.
Record of changes (indicating dates that reviews/revisions are scheduled/have been made and to which components of the plan)			X	Updates were made and deleted this page from the previous version or was not supplied with this year's submission.
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	X			Tooele County participated in three of the four radio checks this past year meeting the minimum requirement. Participation in the Regional Healthcare Coordination Council is also encouraged.

a minimum of three of the four yearly DHHS radio checks				
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			
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			