



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

**Office of Substance Use and Mental Health (SUMH)**



**Final Audit Report of:**

**Tooele County**

**Contract #A03085**

**Audit Review Date: December 2, 2025**

## Executive Summary

In accordance with Section 26B-5-102, the Office of Substance Use and Mental Health (SUMH) conducted a review of Tooele County Behavioral Health (Tooele) which is the agency within Tooele County designated to provide services under the direction of the local authority (LA). The official date of the review was September 23, 2025 for FY24 (July 1, 2024 - June 30, 2025).

The focus of this examination was to evaluate the LA compliance with: contract requirements, SUMH Directives, 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 LA's use of financial resources.

This report outlines the findings of the audit. Once the report is received by the LA, the LA will have one week (5 business days) to review the report and provide feedback to SUMH. At the end of the review period, the report will be finalized and a signed copy will be sent to the LA. If necessary, a corrective action plan (CAP) report will also be issued and the report will be due back with input and responses from the LA within 14 calendar days from receipt of the signed audit report. For additional information about this process, please review the [FY26 Office Directives G&O Monitoring Process #4-5 pages 3-4](#).

If you have questions regarding this audit, please address them to Kelly Ovard by email at [kovard@utah.gov](mailto:kovard@utah.gov) or by phone at 385-310-5118.

## Summary of Findings

- 1.1 Cash management issues in the County Financial Audit
- 2.1 DUGS Data Entry
- 2.2 Consumer Satisfaction Surveys

## Table of Contents

Executive Summary	1
Summary of Findings	2
Table of Contents	2
Governance and Fiscal Review	3
Governance and Fiscal Review Findings	4
Program Review	5
Program Findings	7
Signature Page	9

## Governance & Fiscal Review

The Office of Substance Use and Mental Health (SUMH) conducted its annual monitoring review of Tooele County (Tooele). The operations section of the review was conducted on December 2, 2025. Overall cost per client data was analyzed and compared to the statewide LA average. State 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 from their subcontractors to support their costs and billed amounts, using rates taken from their Medicaid Cost Report. 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 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 LA's contract allocation letter. 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 Tooele. Tooele received a financial audit for the year ending December 31, 2024. The firm Larson and Company, PC completed the audit and issued a report dated August 27, 2025. There was one finding for cash management and will be reviewed below. The STR Opioid Grant and the Mental Health Block Grant were not reviewed as major programs as the dollar amount was under the \$750,000 threshold.

## Findings:

### 1.1 Cash Management items (from the FY24 Financial Audit)

Per State Code 51-4-2(2)(a), "Each officer shall deposit all public funds daily, if practicable, but no later than once every three banking days." The financial auditor selected a sample of receipts and identified a case in which public funds were deposited after seven days (of which five were banking days) rather than three.

## Program Review

The overall review of SUMH programs (substance use disorder treatment, mental health treatment, and substance use prevention services) included a review of:

- findings from the FY24 Audit Report, including follow-up with the Local Authority,
- the Area Plan, and
- overall compliance with data reporting.

The substance use prevention program also included a review of:

- the Strategic Plan,
- evidence that the Strategic Prevention Framework was followed,
- monitoring of coalitions,
- training activities completed by staff and/or coalition members,
- staff certification, or recertification every 3 years, in Utah Substance Abuse Prevention Specialist Training (SAPST),
- efforts that were made to influence Eliminating Alcohol Sales to Youth (EASY) checks,
- Prevention Scorecard data, including:
  - Logic Model Review Report (annual report),
  - percentage of programs that are evidence-based,
  - Data User Gateway System (DUGS) data timely submission rate,
  - verification that at least 30% of Substance Abuse Prevention and Treatment (SAPT) Block Grant funds were used for prevention, and
  - review of substance use trends, including LA's plan to address upward trends.

Substance use disorder treatment services and mental health treatment services also included a review of:

- internal chart monitoring,
- HIPAA compliant telehealth services,
- provision of services across the continuum of care, including verification that the LA has subcontracted providers,
- adherence to the consumer satisfaction surveys (MSHIP, YSS and YSS-F) 10% sample rate requirement,
- consumer satisfaction survey results, including the LA's response regarding plans to improve domains that have a consumer response average that is below the national or state average (depending on the survey),
- suicide prevention

- provision of services in the client's preferred language, and
- adherence to the directive that SAMHSA grant funds may not be used to purchase, prescribe, or provide marijuana or treatment using marijuana.

Substance use disorder treatment services also included a review of:

- SUMH Program Manager feedback regarding their monitoring of:
  - Substance Use Prevention, Treatment and Recovery Services (SUPTRS) Block Grant compliance, including provision of services across the continuum of care,
  - recovery support services, including recovery residence housing,
  - crisis services,
  - early intervention,
  - GPRA data (for State Opioid Response funds),
  - use of State Opioid Response (SOR) funds, and
  - services for individuals convicted of driving under the influence,
- Drug Court manual and participant agreement,
- drug testing policy and procedures,
- written policy regarding Medication Assisted Treatment (MAT),
- written policy regarding service provision for priority populations,
- use of criminogenic risk screening tools for Drug Court clients,
- use of evidence-based clinical practices, including fidelity, and
- written policy re: DUI education, including: screening, assessment (when indicated) and referral to services.

Mental health treatment services also included a review of:

- written policy regarding screening for and responding to suicide risk,
- SUMH Program Manager feedback regarding their monitoring of adherence to:
  - collaboration with the statewide mental health crisis line,
  - crisis and early intervention, including:
    - Mobile Crisis Outreach Team (MCOT),
    - evidence that Medicaid funds were utilized, when possible,
  - maternal and early childhood mental health,
  - State Hospital coordination, including participation in Continuity of Care meetings,
  - Peer Support services,
  - Mental Health Block Grant (MHBG) requirements, including provision of the ten mandated mental health services as required by Section 17-43-301(6)(b),
  - Mental Health Early Intervention (MHEI),

- participation in local Homelessness Council meetings,
- service provision for clients with complex behavioral health conditions,
- maternal and early childhood mental health,
- transition-age youth liaison,
- supported employment, and
- written policies regarding appropriate service provision for youth or adult clients with complex behavioral health conditions who require frequent engagement, and who are clinically indicated to need multiple mental health supports to remain in the community.

The SUMH Scorecards (Mental Health Treatment Scorecard for Youth, Mental Health Treatment Scorecard for Adults and Substance Use Treatment Outcomes Scorecard) and Outcome Questionnaire/Youth Outcome Questionnaire (OQ/YOQ) data results will be reviewed at a later date as a desk audit, as FY25 data was not available in time for the first several audits of the audit cycle.

## Findings:

### Finding 2.1 - DUGS Data Entry

#### Finding:

The [FY25 SUMH Office Directives](#) (H. Service, Satisfaction and Outcome Data, vi. Prevention Data Requirements) require that Prevention data must be entered into the Data User Gateway System (DUGS) within 45 calendar days of the delivery of service. During FY25, the LA completed data entry within 45 days at a rate of 59%, which is a decrease from 76% in FY24.

#### Recommendation:

As Tooele has indicated one particular Coalition Coordinator has rarely turned data in on time, it is recommended that:

- (1) the Tooele Prevention Coordinator discuss with this individual the importance of timely data reporting and provide additional training if needed,
- (2) the Tooele Prevention Coordinator monitor timely data reporting for all Coalitions Coordinators on at least a monthly basis, and more frequently for Coordinators who need additional monitoring and support, and
- (3) the Tooele Prevention Coordinator provide an update regarding FY26 progress with DUGS data entry to David Watkins ([dwatkins@utah.gov](mailto:dwatkins@utah.gov)) and Becky Johnson ([beckyljohnson@utah.gov](mailto:beckyljohnson@utah.gov)) no later than January 31, 2026.

## Finding 2.2 - Consumer Satisfaction Surveys

### Finding:

The [FY25 SUMH Office Directives](#) (H. Service, Satisfaction and Outcome Data, iii. Consumer satisfaction data) indicate “Each provider is required to submit consumer satisfaction survey results for a minimum of 10% of unduplicated adults and children for whom substance use or mental health service data are submitted, regardless of the modality of treatment or length of stay in treatment.” For the adult client substance use disorder treatment MHSIP survey, 9% of clients were sampled.

### Recommendation:

It is recommended that Tooele County personnel work with Optum Tooele to develop a plan to ensure that the sample rate for all survey categories (MHSIP for mental health treatment, MHSIP for substance use disorder treatment, YSS and YSS-F) will be met during the collection cycle that will begin in January 2026.

## Signature Page

The Office of Substance Use and Mental Health:

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