



Utah Department of
Health & Human Services
Integrated Healthcare

Office of Substance Use and Mental Health (SUMH)



Audit Corrective Action Plan (CAP) Addendum Report of:
Tooele County
Contract #A03085

Addendum Audit Review Date: April 6, 2026

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Corrective Action Plan Addendum Summary

This is the Corrective Action Plan (CAP) report for the Tooele County Behavioral Health audit report addendum. The addendum was necessary because FY25 SUMH Scorecard data and substance use provider chart data were not available at the time of the initial audit (which included a site visit) as the Local Authorities (LAs) are provided time to submit final data and year-end data corrections after the end of the State Fiscal Year. In addition, finalization of SUD data requires an additional 30 days after the data correction period. At the time of the initial audit the LA was informed that a desk audit would be conducted following finalization of the data indicated above, and this was indicated in the initial audit report.

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

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Program Findings

Finding 2.1 - SUD Episode Outcomes

Criteria: The [FY25 SUMH Office Directives](#) (H. Service, Satisfaction and Outcome Data, d., 1.) indicate “Results that do not meet federal or internal benchmarks may show as red on the scorecards and may result in audit findings.”

Condition: The item below is less than 75% of the national percentage improved, and is indicated in red on the [FY25 Substance Use Disorder \(SUD\) Outcomes Measures Scorecard](#):

- Arrested (in the past 30 days) - % improved
 - 0.0% (rural average 74%)

Cause: The cause is unclear and the LA should provide an explanation in their response.

Effect: The data indicates that clients who were served by the LA have a lower percentage of improvement with being arrested than the rural average.

Recommendations: It is recommended that the LA review this data point and establish a plan to decrease the percentage of clients being arrested.

Local Authority Action Plan:

Cause: Valley Behavioral Health submits the TEDS data independent from Optum. We have lacked the ability to track the TEDS entries for this provider and the required SUD data submissions for all other SUD providers. Optum’s report for this data remains under construction. However, completion of this report is anticipated by May 29, 2026.

Action Plan: When the Network and QAPI Teams are able to access this timely and accurate data, adjustments may be made to higher level SUD authorization requests to include a SUD entry in the Optum provider facing portal. The data from this new report will also allow the Network and QAPI Teams to identify providers needing education to correctly report the TEDS information for each member. Within 60 days of accessing the data, Optum will formalize a process to educate and monitor provider submissions. This will allow us to establish a reliable count of individuals who were arrested within 30 days of discharge. Those numbers are needed to determine if an intervention is needed and with which providers.

Timeline for follow-up or completion: The LA must provide an update no later than June 15, 2026. The date for full resolution will be discussed at that time.

Local Authority personnel responsible for the action plan: Peter Clegg, Human Services Director

Tracked at SUMH by: Becky Johnson

Finding 2.2 - Mental Health Scorecards

Criteria: The [FY25 SUMH Office Directives](#) (H. Service, Satisfaction and Outcome Data, iv. Mental Health Outcomes data) require 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).

Condition: The [FY25 Adult Mental Health Scorecard](#) indicates 16.6% of SMI clients participated in the OQ. The [FY25 Youth Mental Health Scorecard](#) indicates 15.5% of SED clients participated in the OQ.

Cause: The LA did not adequately track this metric throughout the fiscal year, to ensure the required percentage was met.

Effect: The LA did not collect enough data to accurately evaluate outcomes for the SMI population.

Recommendations: It is recommended that the LA review FY26 OQ participation rates to ensure the required percentage will be met for the SMI and SED populations.

Local Authority Action Plan:

Action Plan: Due to errors in the SAMHIS data for Tooele County, Optum has been unable to identify individuals with a SAMHIS encounter and with no OQ®/Y-OQ® administration. Previously, Optum has sent letters and data to providers with instructions to correct the “Client Identification Number” within the OQ® Analyst. We would like to move to monthly monitoring, however this is not possible until the match data is complete. Our Reporting Team is working toward report completion by mid-May, however the timeline will be impacted by the accuracy of the SAMHIS data. Optum assumes all of the individuals in mental health treatment could potentially meet SED or SMI criteria, therefore we will educate and monitor any providers who are out of compliance. The plan for monthly monitoring will be completed and initiated within 60 days of access to the match data. In addition, the Optum beginning and advanced OQ® trainings have been updated in partnership with OQ® Measures. Edits are underway and both trainings will be made available to clinicians on the provider education platform no later than June 30, 2026. Finally, Optum met with DHHS leadership to discuss barriers to improving the match rate

and outcomes due to issues beyond the control of Tooele County and Optum. We look forward to ongoing collaboration so the OSUMH scorecard data may be a more reliable reflection of the use of OQ® Measures tools.

Timeline for follow-up or completion: The LA must provide an update no later than June 15, 2026. The date for full resolution will be discussed at that time.

Local Authority personnel responsible for the action plan: Peter Clegg, Human Services Director

Tracked at SUMH by: Becky Johnson

Finding 2.3 - Substance Use Provider Charts, Open Admissions

Criteria: The [FY25 SUMH Office Directives](#) (H. Service, Satisfaction and Outcome Data, ii. Service data) indicate “Data findings may result for substance use disorder providers when non-methadone outpatient or intensive outpatient admissions, opened more than 2 years prior with no services in the fiscal year, account for more than 4% of clients served in the fiscal year, or for any residential or detox admissions open for more than 2 years without service records.

Condition: The LA's percentage of FY25 charts that were opened more than two years prior, with no services in the fiscal year, is 50%.

Cause: The LA did not close charts when clients were no longer receiving services.

Effect: Outcome measurements are inaccurate.

Recommendations: The LA should review charts per the standard indicated in the FY25 SUMH Office Directives and close charts as required.

Local Authority Action Plan:

Action Plan: Optum is currently building a report to identify which individuals are missing TEDS admission and discharge data. Specifically, it will determine which individuals have received no services in the last 90 days and do not have a provider SUD entry in Optum's provider facing portal, preventing the Reporting Team from submitting a TEDS discharge. Anticipated completion of the report is May 29, 2026. Subsequently, Optum Reporting, Network and QAPI Teams will collaborate on distributing the data to providers who are out of compliance. The report will be used at least monthly to monitor provider progress and to identify any new individuals requiring SUD/TEDS discharge submissions. This process will be finalized and implemented within 60 days of report delivery.

Timeline for follow-up or completion: The LA must provide an update no later than June 15, 2026. The date for full resolution will be discussed at that time.

Local Authority personnel responsible for the action plan: Peter Clegg, Human Services Director

Tracked at SUMH by: Becky Johnson

Signature Page

The Office of Substance Use and Mental Health:

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Tooele FY26 Audit CAP Report - Final Addendum

Final Audit Report

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