



Utah Department of

Health & Human Services

Integrated Healthcare

SUMH Office Directives

State Fiscal Year 2026

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Governance and Oversight (G&O)

Monitoring definitions

- 1) **Compliance:** SUMH reviewed and verified that the Local Authority (LA) or its designees' performance is sufficient and that it meets the requirements of the contract.
- 2) **Finding:** A conclusion or observation made during a monitoring visit, audit, examination, or re view of a program, or activity, highlighting areas of concern or operational inadequacies.
- 3) **Corrective action plan (CAP):** A plan submitted by the local authority in response to a monitoring finding.
- 4) **Comments:** Any other observations relative to the monitoring process found in the monitoring report.
- 5) **Recommendation:** A process, practice, or procedure found in the monitoring CAP plan, that the local authority proposes to implement to resolve a monitoring finding.

Monitoring Process

- 1) Each local authority will be monitored annually. An audit invitation letter will be sent to the LA in September of each year. The letter will include instructions related to any necessary data submission and other requirements. Audits will be conducted on site. After completion of the final report, SUMH will provide a virtual or in person report to the LA upon invitation.
- 2) Monitoring will focus on governance and oversight, fiscal management, pediatric and adult mental health services, substance abuse prevention, substance use treatment services, and general operations.
- 3) Monitoring will address compliance with this contract, state and federal law, federal grant requirements, and a review through sampling of the use of financial resources.
- 4) A draft audit report will be completed and provided to the LA for review. The LA will have 5 working days to identify and communicate any factual errors or concerns with the report. After the 5 day period, SUMH will finalize the report.

- 5) LA's shall submit a corrective action plan within 14 calendar days, from the LA's receipt of the finalized audit report, which includes a root cause analysis for any monitoring finding. SUMH will provide guidance as necessary. Upon written request, an extension to this 14 day requirement may be requested by the LA for an additional 16 days not to exceed a total of 30 calendar days. If after 30 days there is no CAP response, funding and allocation letters will be held by SUMH until provided. SUMH will follow up with the LA to ensure that recommendations are implemented.
- 6) The following audit items are located in the [SUMH FY26 Monitoring Handbook](#).
 - A) Corrective Action Policy
 - B) Standardized finding format
 - C) Standardized CAP Tool/Root Cause Format
 - D) Standardized Operating Procedure for CAP's
 - E) Quality and Effectiveness Standards for Subcontractor Monitoring
 - F) A Link to the FY26 Standardized Audit Tool

Fiscal monitoring

- 1) The LA shall provide documentation demonstrating the equitable application of indirect/administrative costs to all payers. Preparation of the Medicaid Cost Report meets this requirement. A LA shall not have more than one indirect cost allocation plan; see [Appendix VII to Part 200 - States and Local Government and Indian Tribe Indirect Cost Proposals](#).
- 2) All expenditures must adhere to [Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards](#). The Allocation Letters to the LA outline both the Service Code and Funding Source. Service Code restrictions/requirements can be found in the Finance Formula Handout and the Federal Funding Source restrictions can be found in the hyperlinks included in the Allocation Letters.
- 3) At least three weeks prior to the scheduled audit, all audit documentation shall be uploaded to the audit folders including, a spreadsheet with a tab for each service code that identifies: the unit of service provided, a unique identifier of the client receiving the service, and the cost per unit of service. The "cost of unit of service" must be fully burdened with the indirect/administrative costs identified in the cost allocation plan submitted to SUMH. The auditor will compare the total costs for services provided to billings submitted to SUMH. SUMH will select sample entries from the information provided and will test for adherence to service code and federal funding source requirements.

- 4) The [Service Code Auditing Guidelines](#) identify the mental health and substance use disorder treatment service codes that require documentation of services to be uploaded by spreadsheet for the audit. Services that can not be described by CPT/HCPCS code such as prevention, FRF and MCV (MCOT Vehicle costs) can be audited by providing a summary of invoices billed to Kissflow.
- 5) The LA shall demonstrate the use of a consistent methodology, where all payors are treated equitably, for distributing indirect/administrative costs for all services including those services that can not be described using CPT/HCPCS Codes.
- 6) Federal grants will be audited during the annual financial audit for the LA. The audit shall also review cost allowability, executive compensation and accounting policies and procedures.
- 7) The Single Audit Act of 1984 —Public Law No. 98-502 and its Amendments of 1996 — Public Law No. 104-156, established a standardized and uniform audit process for non-Federal entities that receive and expend Federal funds to administer various Government programs and initiatives. For fiscal year 2026, the requirement (per [Federal Audit Guidelines \(6\)](#)) for a full single audit increases to \$1,000,000 and includes all federal funds including grants and Medicaid funding.
- 8) SUMH will review compliance with the [Employee Audit to American Rescue Plan Act \(ARPA\) requirements](#).

Subcontractor monitoring review

- 1) The subcontractor monitoring tool developed by the LA shall be submitted with the Area Plan and approved by SUMH. Subcontractor audits should be designed to evaluate the quality of services being provided, identify areas for improvement or training of subcontractors to help improve outcomes, ensure compliance with statute and office directives and provide accountability for state and federal funding.
- 2) Annually, federal statute requires SUMH to designate the risk level for each subrecipient. SUMH will select subcontractor/subrecipient documents for review based on the SUMH risk analysis of the LA. Audits will monitor 2-3 organizations for low-risk LA's and 3-6 organizations for moderate/high risk organizations contracted with the LA.

- 3) SUMH will review the LA adherence to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Specifically, SUMH will review the determination as to whether subcontractors are subrecipients or vendors in accordance with [.2CFR 200.332 \(c\)-\(e\)](#)
- 4) The LA shall maintain a list of current subcontractors and make this available to SUMH upon request.
- 5) The LA shall develop a risk based monitoring plan to be used to monitor subcontractors providing mental health and substance use treatment services on behalf of the LA. The LA shall develop and use at the initiation of the contract, a standardized risk assessment tool to evaluate the risk level of a subcontractor and inform the monitoring plan. The risk management plan should be reviewed annually, provided to SUMH and updated as needed.

Disaster preparedness and recovery plan

- 1) Each LA shall identify the critical functions of its business operations and develop an emergency management and business continuity plan that will allow the LA to continue to operate during short -term or long -term emergencies, periods of declared pandemic, or other disruptions of normal business.
- 2) The plan must address at least the following areas: evacuation procedures; temporary or alternate living plans; plans for isolation or quarantine; maintenance, inspection, and replenishment of vital supplies (including food, water, clothing, first aid supplies, medical necessities, client medications, infection control supplies, and hazardous material protections); communications with LA staff, governmental agencies, and clients' families; transportation; recovery and maintenance of client records.
- 3) The plan must contain policies and procedures that: 1) ensure maintenance of required staffing ratios; 2) address both leave for and the recall of LA employees unable to work for extended periods due to illness during periods of declared pandemic; and 3) ensure the timely discharge of the LA financial obligations, including payroll.
- 4) The LA shall provide at least annual training for its staff on its plan.
- 5) The LA shall provide SUMH with a copy of its plan and evidence of staff training prior to the audit. The LA shall evaluate its plan at least annually.

- 6) The LA shall identify a staff member as a liaison to aid in preparedness, response, and coordination.
- 7) LA shall participate in quarterly radio checks. Failure to participate in at least 75% of radio checks shall result in a finding.

General provisions

- 1) **Cannabis.** LAs, sub-recipients, and contracted providers must comply with the following: SAMHSA grant funds may not be used to purchase, prescribe, or provide marijuana or treatment using marijuana. See 45 C.F.R. 75.300(a) (requiring HHS to ensure that Federal funding is expended in full in accordance with U.S. statutory and public policy requirements); 21 U.S.C. 812(c)(10); and 841 (prohibiting the possession, manufacture, sale, purchase, or distribution of marijuana).
- 2) **Insurance.** Substance Use Block Grant (SUBG) and Mental Health Block Grant (MHBG) funds may be used to provide cost-sharing assistance for behavioral health insurance deductibles, coinsurance, and copayments to assist eligible clients receiving service at an eligible provider. Block grants may also be used to help individuals meet their cost-sharing responsibilities under a health insurance or benefits program, including high risk pools. [Guidance for use of the Substance Abuse and Mental Health Services Administration Block Grant Funds for Cost-Sharing Assistance for Private Health Insurance](#).
- 3) **Suicide risk.** LAs shall have a written policy for screening and responding to suicide risk. Records must contain a suicide screen, suicide risk assessment, and a suicide/crisis safety plan, when indicated, that includes indication of lethal means counseling when clinically indicated.
- 4) **Mechanisms for Direct Citizen Input.** Subsections 17-43-201(5)(g) and 17-43-301(6)(a)(vii) Utah Code requires LAs to establish mechanisms allowing for direct citizen input.
- 5) **Policies and Procedures.**
 - A) Each LA shall develop, implement, and maintain written policies and procedures that encompass all requirements, including:
 - i) governance and oversight,
 - ii) substance use disorder prevention services,
 - iii) suicide prevention services,

- iv) crisis services,
- v) mental health treatment services,
- vi) substance use disorder treatment services,
- vii) recovery support services,
- viii) data reporting, and
- ix) grant and contract reporting.

B) Each LA shall establish and adhere to a written policy governing the systematic review and updating of all policies. This policy review process must, at a minimum:

- i) renew and approve policies at a minimum of every five years, and
- ii) require an expedited review and update, outside of the standard schedule, whenever changes to applicable federal or state laws, regulations or requirements occur.

Other timelines

- 1) All Area Plan documents are due by May 15th each year.
- 2) All monitoring reports will be posted to the OSUMH website by the end of the fiscal year by June 30th.
- 3) All Year End Report documents are due by August 31st each year.

Prevention Services

Substance use disorder prevention

- 1) **Regional directors (Service code: PFR).** An LA that employs a Region Director (RD) funded by SUMH shall agree to an equal utilization of time of the RD to provide:
 - A) Technical assistance and training specific to the funded area;
 - B) Technical assistance and training to other LAs within the assigned region;
 - C) Statewide responsibilities and duties assigned by the prevention program administrator.
- 2) **Budget template.** Each LA will work with SUMH staff to provide input for a new annual budget template for the area plan that will allow for greater understanding, cohesion, and use of prevention allocations.
 - A) The new annual budget template will be developed over the FY26 period.
 - B) Each LA is encouraged to involve agency directors and finance officers in providing input for the new annual budget template.

- 3) **Personnel certification.** All prevention personnel must certify in the Utah Substance Abuse Prevention Specialist Training (SAPST) and recertify at least every 3 years. Universal Prevention Curriculum (U PC) Foundations or Community course may be selected as an alternative training course. Contracted staff must be supervised by someone meeting the above criteria.
- 4) **Logic model.** LAs shall complete a SUMH approved logic model that identifies all SUMH funding sources for all substance use disorder prevention programs and strategies.
 - A) An annual logic model review must be submitted by September 15th of each year.
 - B) The review will summarize the performance of prevention programs, policies, and strategies based on the short and long term outcomes identified in the approved logic models. The logic model review will also include:
 - i) Information about serving disparate populations;
 - ii) Number of coalitions identifying disparate populations in annual plans;
 - iii) Number of coalition coordinators trained in identifying disparate populations.
- 5) **Strategic Prevention Framework.** Use the Strategic Prevention Framework to plan effective prevention as outlined in [A Guide to SAMHSA's Strategic Prevention Framework.](#)
- 6) **Evidence -based prevention.** LAs should have at least 90% of their policies, programs, and strategies be evidence -based, as defined by the SUMH [Evidence Based Workgroup](#) (EBW). The remaining 10% of prevention policies, programs and strategies are to be research informed with a plan to be submitted to the EBW within one year.
- 7) **Synar and EASY compliance checks.** Each LA must track the Synar compliance rate and the number of EASY compliance checks completed annually and must develop a strategic plan for tobacco and alcohol compliance checks. Synar compliance rates will remain above 90% and LAs will work to increase the number of EASY compliance checks. LAs will be monitored on progress toward their strategic plan.
- 8) **Communities That Care (CTC) grant (Service code: CTC).** LAs in receipt of CTC grant funds must:
 - A) Hire a CTC Coordinator and implement the CTC process.
 - B) The CTC coordinator will work closely with the LA prevention coordinator to ensure CTC is implemented with fidelity.

- C) The CTC funding must be matched by funding and in-kind contributions by county, city, or community partners.
 - D) Funds are primarily to be used for the CTC Coordinator position but the LA may use a portion of these funds, with permission from the DHHS/SUMH program manager, to fund additional prevention activities as described in the CTC model as found at www.communitiesthatcare.net.
 - E) Ensure CTC training and technical assistance to the CTC coordinator within 60 days of coordinator hire date and proceeding as outlined in the CTC planning model.
 - F) Monitor the CTC Coordinator's performance to ensure program fidelity.
 - G) Use the SUMH approved CTC report template to provide annual progress reports by December 31 of each year to the DHHS/SUMH that include progress reports on the phases of CTC implementation.
 - H) The CTC Coordinator must be certified in the Substance Abuse Prevention Specialist Training and CTC coordinator training within one year of the coordinator's start date. The LA must email a copy of the completion certificates to the DHHS/SUMH program manager within one month of the completion date.
- 9) Coalitions utilizing the Center of CTC licenses and website must adhere to license coaching requirements.
- 10) **Opioid settlement prevention services (Service code: OPG).** LAs in receipt of opioid settlement funding must provide the following outcomes:
- A) Short Term Outcomes: (1 -3 years)
 - i) Encourage match funds from counties to increase primary prevention services targeting risk factors
 - ii) Increase the number of prevention coalitions in Utah, (particularly in rural communities)
 - iii) Increase the number of prevention coalitions using the CTC Model
 - iv) Increase the average stage of CTC model for coalitions across Utah
 - v) Increase the number of coalitions targeting risk & protective factors specific to drug use
 - vi) Identify the number of evidence -based programs/strategies/activities that coalitions are implementing at the local level to target drug use
 - vii) Increase the number of evidence -based programs/strategies/activities that coalitions are implementing at the local level to target drug use, (i.e. Strengthening Families, Guiding Good Choices, Botvin's Life Skills, etc).

- viii) Increase the number of coalitions conducting community readiness assessments related to opioids
- B) Long-Term Outcomes: (3-9 years)
 - i) Protective Factors
 - (1) Increase family attachment
 - (2) Increase family opportunities/rewards for prosocial involvement, (Social Development Strategy)
 - ii) Risk Factors
 - (1) Decrease youth attitudes favorable to drugs/drug use.
 - (2) Decrease youth intent to use drugs
 - (3) Decrease youth access to drugs
 - (4) Decrease laws and norms favorable to drug use
 - (5) Decrease academic failure/low commitment to school
 - (6) Increase neighborhood attachment
 - (7) Increase perceived risk of drug use
- C) Ultimate Outcomes: (10+ Years)
 - i) Decrease opioid use as indicated by:
 - (1) youth opioid drug use (SHARP)
 - (2) EMT responses to opioid-related calls
 - (3) reported opioid-related ED visits
 - (4) reported opioid-related overdoses
 - (5) reported opioid-related drug charges
 - (6) reported opioid-related incarcerations
 - (7) reported opioid-related deaths

Suicide prevention

- 1) **Garrett Lee Smith Grant (Service code: YSP1/YSP2).** LAs participating in the Garrett Lee Smith Grant State Youth Suicide Prevention and Early Intervention Grant Program will implement skill-based programming, gatekeeper training, community or school-based screening activities, and crisis follow-up services after inpatient or emergency department visits. LAs will assist the local school districts in the development of their annual report.
- 2) **Firearm Safety.** LAs should prioritize funding for the purchase and distribution of means safety and education for means safety. Means safety includes firearm safes, ammunition boxes, medication lockboxes, and other means of disposal.

Crisis Services

- 1) **SAMHSA's guidelines.** All LAs should use SAMHSA's National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit as guidance for development, implementation, and quality improvement efforts, while complying with all applicable state laws including UCA §67-27-109.
- 2) **Mobile crisis outreach teams (MCOT).** LAs that provide MCOT (Service Code: CSF) shall provide services as outlined in UCA R523-18.
- 3) **Receiving centers (Service Code: CSF).** LAs with receiving centers shall provide services as outlined in UCA §26B-5-114 and UCA R523-21.

Stabilization and mobile response

- 1) **Stabilization and mobile response (Service Code: CSF).** Stabilization and Mobile Response (SMR) services shall be delivered in accordance with the [SMR policy and procedures manual](#).
 - A) Providers shall provide verification of services and authorizations prior to submission of invoices to DHHS for payment. This includes the:
 - i) number of people served; and
 - ii) types of services received.
 - B) Providers shall ensure that all staff working within their SMR programs are certified as crisis workers within 90 days of hire.
 - C) Services must be offered in collaboration and support of programs operated by JJYS, DCFS, CPS, Division of Family Health, and other DHHS OUs. This shall include, but is not limited to:
 - i) offering crisis intervention and stabilization services as needed and clinically indicated; and
 - ii) mobile deployment and related crisis programming supported with youth mobile crisis outreach services
 - D) SMR providers shall submit data independently through SUMH as outlined in the [FY2025](#) Crisis and Stabilization Specifications. These areas shall develop a plan with the SUMH for exceptions to Crisis and Stabilization Specifications submissions and authorizations as required through the above outlined policy and procedures manual.
 - E) Agencies shall attend SMR coordination meetings as offered by SUMH.

Mental Health Treatment Services

Clinical care

- 1) **Assertive Community Treatment (Service code: ACT).** LAs providing ACT programming shall adhere to the requirements of [R523-22](#).
 - A) LAs providing ACT programming to fidelity will score no less than an average of 3 on the Tool for the Measurement of ACT (TMACT) fidelity scale.

- 2) **Evidence -based practice tracking.** LAs shall update the SUMH provided list of clinical evidence-based practices and assessments annually to include practices and assessments across the lifespan and service continuum. [Shared LA EBP Matrix \(OFFICIAL\)](#)

- 3) **High need client care plan** . Each LA shall provide a plan annually in the area plan to address appropriate service provision for **youth or adult** clients with complex behavioral health conditions who require frequent engagement, have multiple systems involvement, and who are clinically indicated to need multiple mental health supports to remain in the community.
 - A) Adult: The plan must include a strategy to do outreach and tracking for clients under civil commitment and Assisted Outpatient Treatment (AOT) court orders, a consistent method to review and assess client engagement, and include data metrics to demonstrate outcomes for the proposed strategy. Outcome measures may include acute hospital recidivism, length of stay in an acute hospital, and dropped/unable to locate civil commitments.
 - B) Youth: The plan must include strategies to address engagement with community service providers, regional based staffings, youth serving systems, and families. The plan must also include how levels of clinical care are determined for youth and data metrics to demonstrate outcomes for proposed strategy. Outcome measures may include acute hospital recidivism, length of stay in an acute hospital, and measurement and reductions in barriers to discharge planning.

- 4) **Guilty with a Mental Health Condition (GMC)** C). LAs providing court -ordered evaluations, treatment plans, treatment and supervision for the GMC population, as outlined in UCA 77 -16a-103, must follow guidelines for assessment, treatment, supervision, reporting and invoicing as detailed on <https://sumh.utah.gov/providers/gmc/>.

5) **Interagency Coordination with the Department of Corrections (DOC).** As outlined in [HB0039](#) (2025 General Session):

- A) LA shall coordinate with the Department of Corrections, for applicable clinical assessments and transitional treatment planning and services, for individuals who:
- i) are habitual offenders ([77-18-102](#));
 - ii) have a mental illness ([26B-5-301](#));
 - iii) are within three months before termination of parole or expiration of their sentence (or at any time clinically appropriate); and
 - iv) based on a risk and needs assessment are at a high risk of reoffending; and have risk factors that may be addressed by available community -based services.
- B) The LA may determine whether the offender meets criteria for civil commitment, assisted outpatient treatment or an assertive community treatment team or available community -based services. When appropriate, the LA shall initiate proceedings to address the need.

6) **Outcome Questionnaire (OQ) or Youth Outcome Questionnaire (YOQ).** LAs shall implement the OQ/YOQ as part of the standard intake and ongoing clinical process. Individual results from the OQ/YOQ must be shared with the client as part of the clinical process and documented in the client chart.

7) **Utah State Hospital (USH) co ordination.** LAs shall participate in **Utah State Hospital Adult and Children Continuity of Care** meetings in accordance with UCA R523 -2-11.

A) **General state funds shall be used for outplacement (service code: MHS).**

Funds shall be used to provide creative interventions, non -covered Medicaid services, wrap-around supports, housing, and recovery enhancement for the patient and must be documented within the plan of care. Outplacement expenditures specific to individual patients must be tracked internally.

- i) Eligibility includes patients who are currently receiving inpatient care at USH when current available resources to discharge from USH are inadequate to meet the individual's needs, and patients who are targeted for diversion (diversion is defined as preventing or diverting from USH inpatient admission).
- ii) Patients referred for discharge from USH must be discharged within 30 calendar days, with consistent documentation in the USH electronic system.

- B) **Children's outplacement funds (COP) (service code: COP).** COP funds are submitted via electronic requests to SUMH by the LA representative for each individual client. Requests are then reviewed during the monthly Children's Continuity of Care meetings. Funding is awarded by committee vote with SUMH approval, based on client need and adherence to the outplacement funding guidelines. The ultimate decision regarding the use of outplacement funds rests with the designated SUMH representative(s). COP funding guidelines are listed here: [FY26 Outplacement Funding Guidelines.pdf](#)

Quality and access improvements

- 1) **Early Psychosis and High -risk Identification and Intervention (EBI) & Prevention and Recovery from Early Psychosis (PREP) teams.**
 - A) **First Episode Psychosis (FEP) (service code: EBI).** LAs receiving FEP funding from the MHBG must use those funds to treat individuals with "early serious mental illness" and not for primary prevention. LAs must:
 - i) Not use funds to sup plant current funding of existing activities;
 - ii) Maintain records to track staff training, community outreach and education information, screening and referrals, and submit quarterly reports that follow a template provided by SUMH;
 - iii) Maintain client records a nd complete client level data report at intake, 6 months, and discharge using the Qualtrics tool provided by DHHS/SUMH staff;
 - iv) Follow the Coordinated Specialty Care (CSC) Practice Guidelines created by the Early Assessment and Support Alliance (EASA) Center for Excellence. SUMH will provide a copy of the CSC Practice Guidelines to FEP program staff at LAs;
 - v) Document cultural background and linguistic preferences, incorporate cultural practice into treatment plan and service delivery, provide services in prefe rred language (bilingual therapist or interpreter);
 - vi) Participate in SUMH evaluation efforts to assess the effectiveness and outcomes of the early psychosis program. This includes the biennial fidelity review on the CSC Practice Guidelines;
 - vii) Create or update a sustainability plan, including plans for financial sustainability, to ensure early psychosis services are provided to the community as needed. The sustainability plan will be reviewed at least biennially with SUMH staff during the fidelity review;

- viii) Document training, education, and collaboration with community and system partners to ensure all individuals in the community have access to services; and
 - ix) Participate in monthly meetings with SUMH staff to review data collection, sustainability plans, community outreach and education strategic plan, and case staffing;
- B) Clinical High -Risk for Psychosis (CHRP) (service code EBI1/EBI2).** LAs receiving CHRP funding from SAMHSA must use those funds to treat individuals identified as clinical high -risk for psychosis and not having a first episode of psychosis. LAs must:
- i) Not use funds to supplant current funding of existing activities;
 - ii) Maintain records to track staff training, community outreach and education information, screening and referrals, and submit quarterly reports that follow a template provided by SUMH to comply with SAMHSA's Infrastructure Development, Prevention and Mental Health Promotion (IPP) requirements;
 - iii) Maintain client records and complete client level data report, National Outcome Measures (NOMs), at intake, 6 months, and discharge via the SAMHSA SPARS online system;
 - iv) Follow the CSC Practice Guidelines created by the EASA Center for Excellence. SUMH will provide a copy of the CSC Practice Guidelines to PREP program staff at LAs;
 - v) Document cultural background and linguistic preferences, incorporate cultural practice into treatment plan and service delivery, provide services in preferred language (bilingual therapist or interpreter);
 - vi) Participate in SUMH evaluation efforts to assess the effectiveness and outcomes of the early psychosis program. This includes the biennial fidelity review on the CSC Practice Guidelines;
 - vii) Create or update a sustainability plan, including plans for financial sustainability, to ensure early psychosis services are provided to the community as needed. The sustainability plan will be reviewed at least biennially with SUMH staff during the fidelity review;
 - viii) Document training, education, and collaboration with community and system partners to ensure all individuals in the community have access to services; and
 - ix) Participate in monthly meetings with SUMH staff to review data collection, sustainability plans, community outreach and education strategic plan, and case staffing.

- 2) **Infant and early childhood mental health (IECMH).** Each LA is encouraged to identify at least one clinical provider or team, to be identified in the area plan, to be trained in IECMH to provide services to children aged birth to six. Training should include developmentally appropriate screening, diagnosis, and evidence-based treatment modalities. LAs, when appropriate, should refer and collaborate with other early childhood community partners to ensure coordinated treatment and increase support for young children and their families.
- 3) **Integrated care.** Each LA will implement integrated programming that addresses children and adult substance use, mental health, and physical health. LAs will implement programming by offering education and services directly or through partnerships with Local Health Departments (LHDs), accountable care organizations (ACOs), federally qualified health centers (FQHCs), and other physical health providers. Each LA will:
- A) Use assessments, assessment updates, and appropriate screening tools to identify the aforementioned needs;
 - B) Annually have at least one training to train providers in appropriate and coordinated referrals with follow-up to meet the identified physical health needs of the clients;
 - C) Collect information on clients' physical health using the aforementioned screening assessments and primary care provider status during intake, and will update this information at least annually and during care transitions, to facilitate client connection to needed healthcare services; and
 - D) Incorporate wellness and wellness education into treatment plans for children, youth, and adults. LAs will use validated social determinants of health screening assessments, such as the DLA-20 or PRAPARE, to determine wellness needs.
- 4) **Behavioral health home (service code: BHH).** LAs receiving funds for BHH for individuals with substance use and mental health disorders shall use funds to operate a Behavioral Health Home based on an established best practice model. The LA shall:
- A) Include the Behavioral Health Home as a Cost Center in the Medicaid Cost Report if it is to be included as an expense against the budget for allocation.
 - B) Submit a semiannual report to the SUMH Adult Mental Health program administrator, to include:
 - i) A narrative that outlines the major accomplishments, activities, and challenges of operating the Behavioral Health Home during the reporting period;

- ii) A statistical report that identifies how many unique clients have been served by the behavioral home health, the type of services received, and the number of hours of direct care provided; and
- iii) An outcome report that identifies health and functioning data, such as obesity, blood pressure, blood sugar, diabetes, smoking, mental illness symptomology, breast cancer screening, and colorectal screening.

5) **Intellectual and developmental disabilities (IDD).** The IDD liaison identified in the area plan will:

- A) Facilitate internal agency discussions on needs, gaps, and trends related to treatment for individuals with intellectual and developmental disabilities;
- B) Distribute related training or learning opportunities internally, as provided by the SUMH representative or other LA liaisons;
- C) Coordinate and collaborate internally across the lifespan and across the service continuum; and
- D) Meet quarterly with the SUMH representative and other LA liaisons.

6) **Mental health and autism spectrum disorders (ASD) preschool (service code: MHA).** LAs receiving this funding will:

- A) Serve preschool-aged children with ASD, typically aged two through five, and their families;
- B) Maintain a consistent enrollment of at least 20 children and a waitlist of other eligible children not yet enrolled;
- C) Provide services for children that include assessment of ASD and related mental health concerns, therapeutic interventions to address ASD and mental health needs, and referral to other resources;
- D) Complete a strength-based assessment of each child that includes an evaluation of the child's developmental, cognitive, adaptive, and behavioral functioning;
- E) Develop a treatment plan for each child;
- F) Utilize evidence-based curriculum to provide therapeutic and educational services;
- G) Provide parents/guardians and siblings of enrolled children with psychoeducation, guidance, and counseling, as needed and as it relates to ASD;
- H) Create opportunities for parents or guardians to participate in the classroom on a monthly basis, as their schedule allows;
- I) Coordinate transition planning with the child, parent or guardian, and the school district prior to the end of services. If no Individualized Education Plan ("IEP") is in

- place, the LA shall assist families in coordinating the IEP process with the school district that the child will be attending;
- J) Provide auxiliary services including but not limited to psychiatric services, diagnosis and treatment, medication management, case management, and linking families to other treatment and community resources;
 - K) Complete an annual parent/guardian satisfaction survey;
 - L) Provide at least six (6) hours of annual training for each employee, to improve quality of care; and
 - M) Complete data collection.
 - i) Data requirements can be found here: [Mental Health and Autism Spectrum Disorders Preschool \(MHA service code\) Data Requirements \(1\).pdf](#)
- 7) **Mental health early intervention (service code: EIM)** . Funding is reserved for school - aged children and youth with Serious Emotional Disturbance (SED) or who are at risk for SED without early intervention services. Service provision may focus on School -Based Behavioral Health, MCOT, Family Peer Support Servi ces, or another early intervention based program with SUMH approval.
- A) If funds are received through Local Education Agency (LEA) contracting, report the new funding in Form A2 and Form A. This legislative funding requires the tracking of spending and outco mes related to each service provision, per legislative intent language and requires quarterly completion of the funding quarterly data and annual outcomes report via the Qualtrics survey: https://utahdhs.iad1.qualtrics.com/jfe/form/SV_6AwKAWZ2Slq28CO
 - B) Funds will be allocated on a formula and are subject to the County 20% match requirement.
- 8) **Older adults.** Criterion 4 for the MHBG requires targeted services to the older adult population [300x-2\(c\)\(1\)\(B\)](#). LAs are encouraged to create and maintain a strategic service delivery plan for older adult mental health services. This plan will detail outreach initiatives, clinical care availability (including primary care, mental health services, and specialized geriatric care), and coordination practices with community centers, skilled nursing facilities, assisted living facilities, PASRR, and Area Agencies on Aging.
- 9) **Perinatal mental health (service code: MSP).** Each LA will identify, in the area plan, at least one provider that is trained in perinatal mental health, or that will be trained in maternal mental health by the first quarter of the fiscal year. Specialists will be available

to provide services in person and via telehealth. Perinatal training is to include one of the following: Postpartum Support International (PSI) Components of Care, PSI Online Certificate Training Course for Mental Health and Clinical Professionals or 12-Hour Advanced Training with Karen Kleinman which align with the Maternal Mental Health referral network application requirements. LAs will have all trained providers at their agency listed on the [Mental Health Referral Network](#).

A) LAs receiving funds for the “Maternal Mental Health Pilot Project” will remain in compliance with the [project directives](#).

- 10) **Plural marriage community funding (service code: SNF).** Southwest Behavioral Health Center (SBHC) receives funding to provide short-term mental health services to individuals and families in plural marriage communities in need of mental health services, and without other payor resources. This funding is not intended to supplant established Medicaid coverage and all individuals considered for this funding will be screened for eligibility for Medicaid. SBHC may utilize subcontractors to provide short-term mental health services.
- 11) **Smoking cessation.** Each LA shall implement evidence-based smoking cessation best practices, including standardized tobacco and nicotine dependence screening using the Fagerström Test for Nicotine Dependence or another reliable, validated screening tool. When nicotine is identified as a substance of use, ongoing education and, when appropriate, the use of federally approved Nicotine Replacement Therapy shall be outlined in the treatment plan. Each LA shall provide tobacco-free classes to clients or provide a referral to a community partner who provides such classes. Each LA shall maintain a nicotine free environment.
- 12) **Transition-age youth (age 14 -26).** The individual with transition-age youth expertise identified in the area plan will coordinate with SUMH quarterly, either individually or in a group, to provide communication and technical assistance to incorporate this input. LAs may request additional targeted training and support from SUMH staff as needed.
- 13) **Utah Behavioral Health Planning and Advisory Council (UBHPAC).** Each LA shall have an identified representative to attend the UBHPAC meeting. The role of UBHPAC is to act as the planning council for the MHBG as outlined in [§300x-3. State mental health planning council](#). Each LA shall have a defined pathway in which the identified representative can share information bidirectionally with UBHPAC and LA leadership

Substance Use Disorder Treatment Services

Clinical Services

- 1) **ASAM criteria.** Clinical services including assessment, withdrawal management, treatment planning, treatment management, care coordination, continuing care management, should be consistent with the most current ASAM Criteria.

- 2) **Children with parents in residential treatment (Service code: CFT).** LAs who receive these funds are to be used for children reunifying in family treatment programs and children living with parents receiving residential substance use disorder treatment. Funds must be used for the following:
 - A) Room and board for the child;
 - B) Therapeutic day care to address developmental needs, reduce potential for substance use disorders, and their issues of sexual and physical abuse and neglect;
 - C) Case management and transportation for behavioral and physical health care services;
 - D) Ongoing assessment that will include, but not be limited to: developmental adjustment; motor skills; cognitive skills, health, including immunization history; interaction with mother and other adults; language and general affect; and
 - E) To maintain concurrent residential therapeutic services for children with the goal of reunification with their parent(s).

- 3) **Opioid settlement funding (Service code: LIT).** LAs who have applied and received settlement funding must follow their area's plan to provide treatment in carceral settings. LAs in receipt of opioid settlement funding must comply with the following:
 - A) Matching funds are required with rates based on your area's formula;
 - B) Monthly invoicing for services provided;
 - C) Data collection including: (1) demographic information of those served, (2) the number of individuals served, (3) the location of services, and (4) the types of services provided; and
 - D) Submission of an annual report for all of the state fiscal year activities due to SUMH by no later than September 1 of each year.

- 4) **Parents and Children's Residential Treatment (Service code : WTX).** LAs who receive these funds must submit a proposal in the area plan that includes:
 - A) Justification for continued funding;

- B) Proposed use of the funds;
 - C) Assurance that services meet a statewide need and that individuals from other counties will have access to services outside of original catchment area; and
 - D) A comprehensive budget.
- 5) **State Opioid Response (Service code: SOR1/SOR2).** State opioid response (SOR) grant funds are for the provision of prevention, treatment, and recovery support for individuals with opioid use disorders (OUD) and stimulant use disorders. Allowable uses for SOR funding include:
- A) Services provided by federally certified Opioid Treatment Programs (OTP) to individuals with OUD;
 - B) Services provided by Office Based Treatment providers to treat OUD using Medication for Opioid Use Disorder (MOUD);
 - C) Provision of evidence based -behavioral therapies for individuals with OUD;
 - D) Support telehealth in rural and underserved areas to increase the capacity of communities to support OUD prevention, treatment and recovery services;
 - E) Implement or expand access to FDA approved medications (e.g. methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine mono product formulations, and naltrexone products including extended -release and oral formulations or implantable buprenorphine) in combination with psychosocial interventions;
 - F) Provide treatment transition and coverage for patients who are incarcerated or who are reentering communities from criminal justice settings or other rehabilitative settings; and
 - G) Enhance or support the provision of peer support and other recovery support services designed to improve treatment access and retention and support long term recovery including relapse and suicide prevention efforts for individuals with OUD.

Justice Services

- 1) **Bureau of Justice Administration (BJA) Special Court Grant (Service code: BJA).** LAs receiving BJA grant funding shall enhance and expand rural drug court treatment services. LAs receiving BJA funds are required to adhere to the National Association of Drug Court Professionals (NADCP) best practice standards and enhance adult drug court services for underserved and marginalized participants. There is a 25 percent match requirement on total program funding.
- A) Funds are to be used for:
 - i) Program services;

- ii) Clinical treatment services including evidence based practices;
 - iii) Drug court treatment personnel;
 - iv) Screening and assessments;
 - v) MAT services;
 - vi) Urinalysis testing;
 - vii) Peer support services;
 - viii) Expanding telehealth to the rural Adult Drug Courts; and
 - ix) Recovery support services (RSS).
- B) LAs are required to submit quarterly google survey reports with the following information:
- i) Grant activity during the reporting period;
 - ii) The amount of services added;
 - iii) The number of services delivered;
 - iv) MAT provided;
 - v) The number of screenings and program intakes;
 - vi) Risk assessments;
 - vii) The number of drug court participants receiving services;
 - viii) The number of program completions and judicial interactions;
 - ix) Alcohol and substance involvement;
 - x) Affordable Care Act implementation health reform – direct services; and
 - xi) Affordable Care Act implementation health reform – eligibility and enrollment.

- 2) **Drug Courts (Service code: ADC).** LAs providing treatment, case management, recovery support services, and drug testing in drug courts must:
- A) Be certified by the Administrative Office of the Courts (in accordance with Utah Code of Judicial Administration Rule 4 -409) throughout the contracted period;
 - B) Ensure drug testing occurs at least two times per week and on weekends and holidays (required by the Utah Code of Judicial Administration, Rule 4 -409 and the Judicial Council Monitoring checklist). Drug tests shall follow the guidance provided in the [Quality improvement section](#);
 - C) Serve participants identified by a validated criminogenic risk tool deemed as high risk/high need.
 - D) Perform a criminogenic risk/need screening using a validated criminogenic risk tool, such as the RANT or LSI:RSV, and maintain a copy of the criminogenic risk screening in each participant's clinical record;
 - E) Submit Drug Court Service Reports as requested by SUMH;
 - F) Disclose all fees related to drug court (treatment, case management, drug

- testing, court fees, etc.) to individuals prior to their admission. All fees must be based on the approved fee policy and schedule;
- G) Have no prohibitions against medication assisted treatment (MAT) or no requirement to be abstinent from medications used in addiction treatment in order to enter, progress, or complete drug court;
 - H) Submit any evaluation or research to SUMH within 90 days of completion of the evaluation and research; and
 - I) Not use funds to pay for law enforcement, tracking, or supervision conducted by law enforcement officers.
- 3) **Justice Involved Services (Service code: JRI).** JRI funds may be used for prevention, substance use disorder treatment, mental health treatment, crisis and recovery support services. Funds must be used to provide services to individuals who are involved in the justice system. Justice involvement includes individuals ordered by a court or the Utah Board of Pardons and Parole, individuals under the supervision of the Utah Department of Corrections and individuals seeking services as a result of justice or other court involvement. LAs should consider the use of JRI and other funds to support recovery support services.
- 4) **Pre-Trial Funding (Service code: PT1).** These funds are allocated to Washington County to be used for the county's pretrial services team in drug court. These funds are administered through SBHC and are to be used for pretrial assessments that include substance use, mental health, and criminogenic risk.

Quality Improvement

- 1) **Drug Testing Requirements.** All LA programs, contractors, subcontractors, and providers who perform drug testing shall have written policies and procedures that follow SAMHSA's recommended guidelines and address the following:
- A) Selection of participants to be tested;
 - B) Frequency of testing;
 - C) Screening and confirmation methodologies;
 - D) Collection and handling of specimens;
 - E) Verifying the integrity of samples including checks for tampering, adulteration, and dilution;
 - F) Chain of custody procedures;
 - G) Documentation standards;
 - H) Training requirements for all direct service staff that includes training on principles of trauma informed care;

- I) Disclosure of results or other information related to drug screen participation;
 - J) Potential consequences for a positive test result
 - K) The participant's right to request confirmation testing; and
 - L) Procedures to ensure the physical and emotional safety of staff and participants.
- 2) **Independent Peer Review.** LAs shall participate in an annual independent peer review as mandated by the SUPTRS Block Grant. At least 5% of the LAs will participate in the independent peer reviews, which will be completed by November 30 of each year. The required reports will be turned into SUMH by December 30 of each calendar year. The independent peer review process shall be overseen by the UBHC Clinical Directors. The Clinical Directors will be able to adjust specific criteria related to the process of the independent peer reviews. If there are any issues related to the process, the Clinical Directors will notify SUMH who will intervene as necessary.

Recovery Support Services

Mental Health and Substance Use Recovery Support

- 1) **ARPA Housing Development (Service code: AHD).** LAs receiving ARPA funds under "HCBS Medicaid Authorities including both Case Management and Rehabilitative Services" shall use the funds for building and renovations to increase and expand the capacity of the LAs. Building and renovations shall be used to provide needed treatment and recovery support services for individuals enrolled in Medicaid and those who are unfunded. Projects are based on approved grant proposals, including renovations and capital investments.
- A) Required Outcomes:
 - i) Quarterly reports on project progress, to be submitted by the 15th of the month following each quarter to include a status update of the project.
 - ii) Assurance that services provided are person-centered, delivered at the needed level of care, and accessible without requiring transportation to an urban site.
- 2) **Homeless services support.**
- A) **Local homelessness councils.** LAs shall attend and participate in their Local Homelessness Council meetings. LAs shall provide the agency representative's name to SUMH in the area plan for statewide coordination purposes.
- 3) **Operation Rio Grande.** Salt Lake County shall provide or contract services to improve behavioral health, housing coordination and access to public health benefits for

homeless and chronically homeless veterans and other homeless individuals with behavioral health disorders.

A) **Operation Rio Grande (Service code: ORG).** ORG funds will support clients that came from the state hospital, and are currently experiencing homelessness or at risk of experiencing homelessness . ORG clients shall also participate in ACT programs with Salt Lake County ACT providers. Outcomes shall be submitted to SUMH yearly by October 31 and will include:

- i) the number of individuals who are benefitting from the housing assistance program;
- ii) the type of housing assistance provided under the housing assistance program;
- iii) the average monthly dollar amount provided to individuals under the housing assistance program; and
- iv) recommendations regarding improvements or changes to the housing assistance program.

B) **Sober Living Program (Service code: SLF).** Salt Lake County will transition homeless individuals located in the Salt Lake County area into stable housing and employment, this funding will pay for housing for individuals in the later stages of substance use disorder treatment. Client eligibility is determined based on the client being homeless or at risk of homelessness, and shall include one of the following requirements:

- i) Must be referred by a Salt Lake County Residential Substance Use Treatment Program or a Non-Profit Residential TAM Provider. Qualifying providers include: Odyssey House, First Step House, House of Hope, 7th Street, The Haven, and others upon programmatic approval;
- ii) Referred by and a current graduate of the Salt Lake County Jail Addiction Treatment Program (CATS);
- iii) Appropriately referred by and a current participant of a Salt Lake County Recovery Court Program; or
- iv) Referred by and a current 100% graduate of the Volunteers of America, Utah's Journey program.

4) **Peer support services.** LAs shall continue to establish, expand, or maintain access to peer support services which include both Adult and Family Peer Support Services, as evidenced by the mental health scorecards. LAs shall follow SUMH guidelines below to support Peer Support Specialists (PSS) meaning Certified Peer Support Specialists (CPSS) and Family Peer Support Specialists (FPSS) which include the following:

- A) LAs shall establish a process to ensure internal collaboration between PSS and other staff members to support referrals and connection to resources for the individuals and families they serve;
 - B) LAs shall encourage PSS and supervisors to receive ongoing training to earn continuing education units (CEUs) and maintain certification;
 - C) PSS supervisors follow best practices outlined in the SUMH approved peer supervisor manual, “Utah Peer Support Supervisor Guide”;
 - D) The LA’s PSS team, or a representative peer support specialist, shall meet with LA leadership semi-annually to discuss the peer support program and peer involvement in the agency;
 - E) LA’s who provide Peer Support Core Training shall follow SUMH rule [R523-5](#) **(Service code: PPT)** ; and
 - F) Wasatch Behavioral Health will contract with Family Run Executive Director Leadership Association (FREDLA) to provide two virtual “FREDLA PPS Practice Model” supervisor training in FY26. Training will be open to all FPSS supervisors across the state. **(Service: PPT)**
- 5) **Projects for Assistance in Transition from Homelessness (PATH) (Service code: PTH).** LAs receiving (PATH) funding shall provide or contract for services to assist eligible individuals not funded through other programs.
- A) The PATH program is designed to support the delivery of eligible services to persons who are experiencing homelessness and have SMI or SMI and co-occurring substance use disorders. PATH services, service populations, and other administrative requirements, including match, can be found in the following Notice of Funding Opportunity: [FY 2024-2025 PATH NOFO FINAL 1.24 24 \(1\).pdf](#)
 - B) Reporting Requirements. PATH providers must submit data required by the federal Substance Abuse and Mental Health Services Administration and SUMH in compliance with the requirements found [here](#).
- 6) **Supported Employment and Individual Placement and Support (IPS) (Service code: SET).** In accordance with UCA §26B -5-105, Employment First emphasis on the provision of Supported Employment services, each LA will establish supported employment services, with priority for the Individual Placement and Support (IPS) model, that includes:
- A) Employment of at least one specialist in supported employment, or identifying an employee, to be trained as a specialist in supported employment. Specialists must receive 4 hours of employment training per year;

- B) Establishment of a referral process for the Utah State Office of Rehabilitation/Vocational Rehabilitation Services;
- C) Implementation of a zero exclusion policy within the agency, supporting individuals who want to become employed;
- D) Identification of a plan to improve employment-related actions as a function of addressing social determinants of health; and
- E) Those who are receiving funds for IPS services or are providing IPS to fidelity shall enter data into the IPS Portal on a quarterly basis.

Recovery support services (RSS) requirements

LAs may provide RSS directly or by contract with community -based organizations.

- 1) **Documentation requirements.** The provider must develop and maintain written documentation and justification for each RSS service approved and received by the client. Documentation must include the following:
 - A) Name of approving staff;
 - B) Date service was approved, date service was received;
 - C) Description of the service or good(s); and
 - D) Justification for providing the service or good(s).

- 2) **Reporting requirements.** LAs shall submit service data under the following contracts dependent on the funding sources being utilized for the services:
 - A) BJA (BJA);
 - B) Drug Court (ADC);
 - C) General (SGF);
 - D) JRI (JRI);
 - E) Mental Health (MHBG);
 - F) Opioid Grant (SOR); and
 - G) Substance Use (SUBG).

- 3) **Service descriptions.**
 - A) Mental Health and Substance Use RSS include:
 - i) Continuing Care/Recovery Management - (SUBG, MHBG, JRI, ADC, BJA, SOR, SGF) Individual or Group (MH/SUD): is appropriate for clients not engaged in clinical treatment services but require services to maintain or support their recovery. Services include peer support groups, life skills education, identification of relapse triggers, and development of prosocial support systems. Service code (Continuing care CRM or Individual Recovery Management IRM)

- ii) Case Management (SUBG, MHBG, JRI, ADC, BJA, SOR, SGF): Provided to clients to assist with engagement and retention in their recovery and to coordinate care. This is not case management that is provided as part of their clinical care but as a recovery support service. Service code (3080)
- iii) Peer Support Services (SUBG, MHBG, JRI, ADC, BJA, SOR, SGF): Peer face-to-face or telephonic services for the primary purpose of assisting in the rehabilitation and recovery of individuals. Services may be provided to an individual or group of clients, or parents/legal guardians as part of their recovery. MH peer support may only be provided as part of a recovery effort and not as part of their clinical care. Peers must be a CPSS or FPSS. Service code (PSFG or CPSS)
- iv) Transportation Services (SUBG, JRI, ADC, BJA, SOR, SGF): Transportation services are available for clients who are engaged in treatment and/or recovery support related appointments and activities and who have no other means of obtaining or paying for the cost of transportation. Services include bus passes, gas vouchers, and fare pay cards. Service codes: Bus pass per trip (BPT), Bus pass per month (BPM), Bus pass fare pay card (FPC), Gas Voucher (GAS), Bus pass per day (BPD)
- v) Medical Prescription (including MAT) (SUBG, JRI, ADC, BJA, SOR, SGF): FDA approved prescription medication assistance that are deemed medically necessary. These should be used for unfunded clients. Service code (S5000)
- vi) Physical Healthcare (SUBG, JRI, ADC, BJA, SOR, SGF): Includes preventive care, medication management, primary care, eye-care, and dental services. Hospitalizations do not qualify.
 - (1) MH clients: Physical healthcare services and dental services are not allowed. Labs are allowed if it is MH related or for medication management when treating individuals with SMI/SED. Service code (4020)
- vii) Educational Assistance (SUBG, MHBG, JRI, ADC, BJA, SOR, SGF): Services focus on providing clients or family members with information on specific topics designed to reduce the likelihood that the client will return to use or have decreased life functioning related to increased mental health symptoms or substance use disorder.
 - (1) MH clients: This is limited to services not provided by Vocational Rehabilitation Service code (MISC_ED)
- viii) Life Skills Services (SUBG, MHBG, JRI, ADC, BJA, SOR, SGF): Services provided to clients to assist them in learning life skills including: budgeting, time

management, and other issues for individuals not involved in clinical treatment but working toward their recovery. Service code (LSS)

- ix) Employment Assistance (SUBG, MHBG, JRI, ADC, BJA, SOR, SGF): Employment services and job training oriented vocational services are directed toward improving and maintaining employment. Service code (MISC_EMP)
- x) Birth Certificate (SUBG, MHBG, JRI, ADC, BJA, SOR, SGF): Includes fees to acquire birth certificates. Service code (MISC_BC)
- xi) Identification assistance (SUBG, MHBG, JRI, ADC, BJA, SOR, SGF): includes Utah state Identification card and Utah drivers license assistance. Service code (MISC_ID)

B) Mental Health Services:

- i) Permanent Supportive Housing (MHBG): Permanent housing for individuals unhoused or experiencing homelessness in which housing assistance (e.g., long-term leasing or rental assistance) and supportive services are provided to assist households with at least one member (adult or child) with a disability in achieving housing stability. Client records must verify and include:
 - (1) Proof of housing costs for reimbursement; and
 - (2) Lease agreement or mortgage paperwork with client name as a renter/owner of the identified property for the time frame in which reimbursement is provided. Service code (PSH)

C) Substance Use Services:

- i) Other Miscellaneous Transportation Services (SUBG, JRI, ADC, BJA, SOR, SGF): For clients who are engaged in treatment or recovery support related appointments and activities and who have no other means of obtaining or paying for the cost of transportation. Includes car repair and bicycle repair. Service code (car: MISC_CR; bicycle: MISC_TSP).
- ii) Health and Wellness Service (SUBG, JRI, ADC, BJA, SOR, SGF): Services that benefit one's health, wellness, and wellbeing. Service code (MISC_HWS)
- iii) Recovery Residence Housing (SUBG, JRI, ADC, BJA, SOR, SGF): Services as outlined in [UCA 26B-2-101\(38\)](#). Service code (SSH)
- iv) Rental Assistance (SUBG, JRI, ADC, BJA, SOR, SGF): Assistance for short term housing assistance for individuals with SUD. Client records must verify and include:
 - (1) Proof of housing costs for reimbursement; and
 - (2) The lease agreement or mortgage paperwork with client name as a renter/owner of the identified property for the time frame in which reimbursement is provided. Service code (MISC_HSG)

- v) Emergency Housing Assistance (SUBG, JRI, ADC, BJA, SOR, SGF): Emergency Housing is appropriate for clients who are currently homeless or at imminent risk of losing their current housing. Client records must include:
 - (1) A copy of the eviction notice; and
 - (2) The lease agreement or mortgage paperwork with client name as a renter/owner of the identified property for the time frame in which reimbursement is provided. This may include short term hotel stays. Service code (7020)
- D) Expenses not allowed:
 - i) Payment for Fees and Fines are not allowable expenses; and
 - ii) May not use state or federal funds to pay for restitution, fees, or fines that are, or may be associated with criminal or judicial involvement.
- 4) **Subcontracting.** LAs are encouraged to contract with non -profit, community -based peer organizations or recovery community organizations that are led and governed by representatives of local communities of recovery. Specifically, LAs should seek out organizations that provide recovery -focused community education and outreach programs, and those that provide peer -based RSS.

Service Satisfaction and Outcome Data

Service data

- 1) Service data is required for all clients receiving substance use disorder or collateral treatment (TEDS), mental health treatment (MHE), crisis or stabilization services (CS), recovery support services (RSS), or indicated prevention (IP) services.
- 2) LAs who contract for services are required to report client service data to the SUMH for all clients regardless of who is providing the service or where the service is provided.
- 3) Specifications detailing data file requirements for each treatment or service category (i.e., TEDS, MHE, CS, RSS, and IP) are available for download from the SUMH website at <https://sumh.utah.gov/data-reports/data-specs/>.
- 4) Electronic submissions of the service data files (i.e., TEDS, MHE, CS, RSS, and IP) must be made through the Substance Abuse and Mental Health Information System (SAMHIS) file utility app. Files must be submitted on or before the last day of every month, for services provided in the previous month.
- 5) Service data submitted through the file utility to SUMH will be prepared by the SUMH data team for submission to the Federal Government. Data will be analyzed and used for the MHBG and SUBG, for annual reporting on the scorecard, and to assess numbers and types of clients served, numbers and types of services provided, and to assess

changes in social determinants of health and other outcomes.

- 6) Service data will be used to prepare annual scorecards, in reports posted to the SUMH website, through the use of public-facing dashboards and through audit tools.
- 7) Results that do not meet federal or internal benchmarks may show as red on the scorecards and may result in audit findings.
- 8) 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.

Consumer satisfaction data

- 1) The LA is required to submit consumer satisfaction survey results for a minimum of 10% of unduplicated adults and 10% of unduplicated children for whom substance use or mental health service data are submitted, regardless of the modality of treatment or length of stay in treatment.
- 2) LAs that submit surveys for less than 10% of clients will receive a finding in the audit report.
- 3) The Mental Health Statistical Improvement Program (MHSIP) self-report satisfaction survey shall be administered to adults receiving substance use disorder or mental health treatment. The 10% denominator for MHSIP includes all adult clients receiving non-jail-based services in the previous fiscal year.
- 4) The Youth Satisfaction Survey (YSS). This survey shall be administered to children or youth ages 12 -17 (YSS) receiving substance use disorder or mental health treatment or to the parents or caregivers (YSS -F) of children under age 18. The 10% denominator for YSS includes all clients aged 12 - 17 receiving services in the previous fiscal year. The 10% denominator for YSS -F includes all clients aged 5 - 14 receiving services in the previous fiscal year.
- 5) All consumer satisfaction surveys are available in English and Spanish. The surveys are given as a point-in-time convenience survey from January 1st through May 1st of each year. Surveys can be accessed via the OQ Analyst System or through survey links sent to each provider annually. Surveys completed between May 2nd and December 31st will not be used in reporting or analysis.
- 6) Consumer satisfaction survey results are analyzed by the SUMH data team and are

used for reporting information to the Federal Government, for the Mental Health Block Grant, for annual reporting, to assess client perception of treatment, and to improve services to consumers.

- A) Aggregate numbers for the State and specific data for the LA are returned to the provider.
- B) Aggregate numbers for the State and for each LA are publicly posted on a scorecard that includes comparisons from the previous year's results and with national averages, when available.
- C) For adult clients, each LA should meet positive outcomes of at least 75% of the national averages in consumer reported domains.
- D) For youth clients, each LA should meet positive outcomes of at least 75% of the state averages in consumer reported domains.
- E) Each LA shall be expected to describe a plan to address any adult outcomes that are below the national average and any youth outcomes that are below the state average in consumer reported domains.
- F) LAs who receive less than 75% of the established target for the outcome domains shall receive a finding in the audit report.

Mental health outcomes data

- 1) 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 SED. Individuals who receive only medication management services, or who are served while in jail, are excluded from this requirement. SMI and SED are defined by the Utah scale on serious mental illness including substance use disorders and the Utah scale for children/adolescents with SED.
- 2) The approved outcome tool for clients receiving mental health treatment is the Outcome Questionnaire (OQ).
- 3) The OQ versions valid for use with adults include:
 - A) Q® 45.2 - Adult outcome measure (completed by clients ages 18+);
 - B) Q® 30.2 – Adult outcome measure (completed by clients ages 18+);
 - C) SOQ® 2.0 - SMI outcome instruments (completed by clients ages 18+ or their clinician)
- 4) The OQ versions valid for use with children/youth include:
 - A) YOQ® 2.01 - Youth outcome measure (completed by parent or guardian of clients ages 4-17);
 - B) YOQ® 2.0 SR- Youth outcome measure (self -report for clients ages 12 -18);
 - C) YOQ® 30.2 - Omni form youth outcome measure (administered to parent/guardian or to clients ages 4 -17);
 - D) YOQ® 30.2 PR- Omni form youth outcome measure (administered by

- parent/guarding of clients ages 4-17); and
- E) YOQ® 30.2SR-Omni from youth outcome measure (self-report for clients ages 12-18).
- 5) OQ assessments must be entered into the OQ analyst hosted system (OQA-HS).
- 6) SUMH will obtain results directly from the OQA-HS and will use results to evaluate program and patient treatment effectiveness. Aggregated results of data analysis and reporting will be shared with LAs and used to inform others regarding system effectiveness and clinical best practice. OQ results will be included on the Mental Health scorecards and will include utilization rates, match rates and the percentage of clients with different treatment outcomes.
- A) OQ/YOQ utilization is defined by minimum frequency requirements that include administration at intake, every thirty days or every visit (whichever is less frequent), and at discharge/discontinuation (inpatient stays for community mental health are exempt). Assessment shouldn't be given more than once within seven days.
- B) Providers with a utilization rate lower than 75% will show as red on the scorecard and will receive a finding in their audit report.
- C) Match rates are defined as the percentage of client identifiers associated with OQ scores that match the client identifiers in the Mental Health Event file.
- D) At least 90% of OQ clients must match mental health records. Providers with more than 10% of their OQed clients that do not match will receive a finding in their audit report.
- E) To prevent this, SUMH recommends that providers incorporate the client demographic Web Services Interface (WSI) into their Electronic Health Record (EHR) so identifying data items are accurate in the OQ system and match identifying data from MHE files.
- 7) To increase clinical effectiveness, OQ/YOQ should be included in and adopted as part of the standard intake and ongoing clinical protocol. Providers are encouraged to administer OQs to individuals who experience SMI or SED at every encounter for relevant services.
- 8) The SUMH requires a policy to be in place that prescribes the appropriate clinical response, follow-through, and patient, family, or guardian involvement for the empirical results of the OQ/YOQ.
- 9) The LA will receive training on the EBP self-assessment tool. Each LA is then required to engage in self-assessment using the tool and to set two grades based on the results.

SUMH will connect LAs with technical assistance, if needed, to support achievement of FY 2026 EBP goals.

Substance use treatment outcomes data

- 1) SUMH recommends the use of the Substance Use Recovery Evaluator (SURE) tool with clients receiving substance use treatment.
- 2) SUMH recommends entering SURE assessments into the OQ Analyst Hosted System (OQA-HS) or MHS Assessments system (GAINS), upon availability.
- 3) SUMH recommends administering the SURE at intake, every thirty days, and at discharge/discontinuation.

Prevention data requirements

- 1) The Information System Data Set for Universal and Selective Prevention is the Data User Gateway System (DUGS). The LA must enter prevention data into the SUMH approved system within 45 calendar days of the delivery of service.

Grant and contract reporting requirements

- 1) Each grant and contract has its own data and reporting requirements. LAs that receive funding through grants and contracts are required to submit accurate data in a timely manner.
- 2) Most federal substance use and mental health service grants require Government Performance and Results Act (GPRA) measures. GPRA assessments include both service and program data. Service data are typically due at baseline, six months post -baseline and at discharge. These data are typically entered directly into the federal system by the provider. Program data are typically due quarterly and are most often provided to the SUMH program administrators for entry into the federal system.
- 3) LAs that receive funding through grants and contracts are required to complete reporting on or before the report due date.
- 4) Quarterly reporting on most federal grants is due on or before the last day of April, July, October and January for events and outcomes in the preceding quarter. Quarterly reporting for the IPS Learning Community is due the last day of March, June, September and December.
- 5) Reports may be due directly from the LA to the funding agency. These reports must be submitted by the due date.
- 6) For grants in which D HHS/SUMH inputs the data or submits the report, data or

information must be provided to DHHS/SUMH prior to the due date.

- 7) LAs will coordinate with SUMH and the funding agency in all required planning, implementation, data, billing and reporting requirements associated with the grant or contract and will hold any subcontractors to the same specifications. This includes all required Disparity Impact Statements as outlined in federal grants.

Appendix A

CAP Policy	
Title	FY26 Corrective Action Plan (CAP) Policy
Effective Date	07/01/2025
Office Impacted	Substance Use and Mental Health (SUMH)
Intended Audience	SUMH Audit Team & Leadership
Subject Matter Expert (SME)	Kelly Ovard/Becky Johnson

SECTION 1: PURPOSE

This policy's purpose is to outline the annual program audit process required by Utah Code 26B-5-102. This code requires the Office of Substance Use and Mental Health (SUMH) to "conduct an annual program audit and review of each local substance abuse authority and each local substance abuse authority's contract provider, and each local mental health authority and each local mental health authority's contract provider".

SECTION 2: BACKGROUND

It is the responsibility of the Office of Substance Use and Mental Health (SUMH) to monitor grants and Local Authorities on an annual basis. As a result of the monitoring process, there may be findings that need a corrective action plan (CAP). This policy defines the corrective action plan process.

SECTION 3: DEFINITIONS AND ACRONYMS

Office of Substance Use and Mental Health (SUMH) means the office within the Division of Integrated Healthcare (DIH) responsible for oversight of substance use and mental health services delivered through the Utah public health system. The

Corrective Action Plan is a documented strategy that outlines specific steps to address and resolve identified problems or issues within a system or process, aiming to prevent their recurrence by identifying the root cause and taking appropriate actions to fix it.

SECTION 4: PROCEDURES

All CAP's will follow the approved format.

- A. The audit will be completed by SUMH auditors and sent to the local authority for up to a 5 business day review. The audit will then be returned and signed by the SUMH leadership. This will include a corrective action plan.
- B. Finding Category's: Findings will be categorized by program: Governance and Oversight (G&O), Mental Health Treatment (MH Tx), Prevention, SUD Treatment (SUD Tx), and Data
- C. Findings will be ranked by significance. The greater the priority of the finding the higher the number.
- D. All findings will have a root cause analysis attached in the CAP.
- E. If a significance rating needs to be assigned it will be noted in the root cause analysis.
- F. Finding will be categorized based on priority G&O 1, G&O 2, MH Tx 1, MH Tx 2 etc.
- G. The root cause analysis template will be started by the SUMH audit team and will be sent to the local authority to complete.
- H. The local authority will provide the solution to the finding and create a timeline that must be approved by SUMH.
- I. The timeline will include dates for the auditors to review changes and report on the progress toward resolving the finding.
- J. If the finding is not resolved, the finding will continue to the next year with enhanced sanctions. The graduated sanctions chart can be found in section 6.

SECTION 5: SUPPORTING POLICY/LEGISLATION

- [See Office Directives](#)
- 26B-5-102

SECTION 6: RESOURCES

Graduated Findings

Finding	Required Docs	Actions	Procedure
Initial Finding	CAP plan including Root Cause Analysis	Timeline for completion and updates as needed	Follow-up within the required time frame to show corrections. PM provides technical assistance to the LA.
CAP Timeline not followed	Revised CAP Plan	Increased Frequency of Follow-Up Visits	Additional Site Visits
Continued Issues	Quarterly or Monthly Audit Reports	Multi-Year audits within the FY	In person meeting with SUMH leadership to discuss direction
Increased continued consequence	Plan for a reduction of funding	Reduction of Funding 2%-5%	Discussion with SUMH leadership on future funding and requirements for continued funding
Final	Notification of contract action	Elimination of Funding	Contract suspended or cancelled

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