



Tooele County Council Agenda Item Summary

Department Making Request:

Human Services/Gary K. Dalton

Meeting Date:

June 21, 2022

Mark Options That Apply:

Grant
1 time

Contract
1 yr. or less

Purchase

Exp date: June 30, 2023

Grant
With County Match

Contract
More than 1 yr.

Exp date: _____

Budget Impact:

In Budget

Over Budget

Requested Amount: \$4,000,000

Item Title: State Division of Substance Use and Mental Health Annual Plan

Please answer the who? what? when? why?

The SDSAMH contracts with Tooele County for the delivery of Non-funded Medicaid related behavioral health services. The contract amount of about \$4,000,000 is for FY23.

The Annual Plan is the document that describes what Tooele County will do to receive the funds. When the Annual Plan is signed it will be incorporated into the State Contract.

Tooele County provides approximately \$250,000 as match against this revenue contract.

List who needs copies when approved: Gary K. Dalton, Clerk's Office

Original to Gary

FORM D
LOCAL AUTHORITY APPROVAL OF AREA PLAN

IN WITNESS WHEREOF:

The Local Authority approves and submits the attached Area Plan for State Fiscal Year 2023 in accordance with Utah Code Title 17 Chapter 43.

The Local Authority represents that it has been authorized to approve the attached Area Plan, as evidenced by the attached Resolution or other written verification of the Local Authority's action in this matter.

The Local Authority acknowledges that if this Area Plan is approved by the Utah Department of Human Services Division of Substance Abuse and Mental Health (DHS/DSAMH) pursuant to the terms of Contract(s) # _____, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

LOCAL AUTHORITY: Tooele Co

By: _____
(Signature of authorized Local Authority Official, as provided in Utah Code Annotated)

PLEASE PRINT:

Name: JAMES A. (ANDY) WERCH

Title: Coexecutive Manager

Date: _____

APPROVED AS TO FORM:

Colin Winchester 06/10/2022
Colin R. Winchester
Deputy Tooele County Attorney

GOVERNANCE & OVERSIGHT NARRATIVE

Local Authority: Tooele Co

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR TO BLUE, OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

1) Access & Eligibility for Mental Health and/or Substance Abuse Clients

Who is eligible to receive mental health services within your catchment area? What services (are there different services available depending on funding)?

Tooele County residents are eligible for services with the use of DSAMH and Medicaid funding. Individuals with insurance, private pay or self-pay are also eligible for treatment services in Tooele County. All residents are eligible for crisis/emergency services. Tooele County--Optum offers a broad range of services for adults and children through their panel of providers. These services include: evaluation and treatment plans, screening and assessment, outpatient and inpatient services as well as MH/SUD residential services. Medical case management, case management and supportive services are provided as well. Clubhouse activities and services, Justice Reinvestment Initiative (JRI) services, transitional treatment, crisis services, and psychosocial rehab. services are also available as needed.. Medicaid eligible and self-pay clients are provided access to the full array of services while commercial insurances will be offered care consistent with their coverage plan or referred to appropriate providers in the community.

Who is eligible to receive substance abuse services within your catchment area? What services (are there different services available depending on funding)? Identify how you manage wait lists. How do you ensure priority populations get served?

Tooele County residents are eligible for services with the use of State DSAMH and Medicaid funding. Individuals with insurance, private pay or self-pay are also eligible for treatment services with any of the panel members supported by Optum--Tooele. Any resident is eligible and may receive crisis/emergency services. Optum--Tooele offers a broad range of services for adults and children in all situations. These include: evaluation and treatment plan screenings, assessment services, outpatient services, substance use treatment services, medical case management, targeted case management, clubhouse, treatment services for clients with high and low criminogenic risk factors, transitional treatment services, and crisis services. Medicaid eligible and self-pay clients are provided access to the full array of services while commercial insurances will be offered services consistent with their coverage plan. Wait lists are managed by monitoring the time from first screening to intake. If this exceeds 7-10 days, we discontinue seeing new clients funded by private means. Priority populations are determined through the screening process. This population includes: Medicaid, pregnant women, IV users, and safety concerns.

What are the criteria used to determine who is eligible for a public subsidy?

Tooele County residents are eligible for services with the use of DSAMH and Medicaid funding with the use of a sliding fee scale. This is based on income, family members, and expenses and is reviewed every 3 months to make sure the client still meets criteria to receive public subsidies. Individuals with insurance, private pay or self-pay are also eligible for treatment services from Optum--Tooele and anyone is eligible for crisis/emergency services.

How is this amount of public subsidy determined?

During screening and registration, the service program will collect income, dependents (family size), proof of residency (when required), and insurance information. The designated Patient Accounts representative will verify eligibility and benefits prior to admission (at least two days prior to the scheduled appointment). Service programs will be given a copy of the insurance verification eligibility sheet prior to the client's appointment by the program's in-house Patient Accounts Coordinator. If the program does not have an in-house Patient Accounts Coordinator, the front end staff will print the insurance verification eligibility sheet.

How is information about eligibility and fees communicated to prospective clients?

The client, or the responsible party, will review and sign a fee agreement and applicable client fee addendums prior to receiving services from Optum--Tooele. A copy is provided to the client. Documentation regarding eligibility and fees is included in the Optum providers' client fee schedule or policy.

**Are you a National Health Service Corps (NHSC) provider? YES/NO
In areas designated as Health Professional Shortage Areas (HPSA) describe programmatic implications, participation in National Health Services Corp (NHSC) and processes to maintain eligibility.**

Yes, Tooele County qualifies as an area that is able to work with the NHSC. To this date, no staff have relied on this relationship to reduce student debt or provide public service. Tooele County and Optum are supportive of staff applying for support through the NHSC as appropriate.

2) Subcontractor Monitoring

The DHS Contract with Mental Health/Substance Abuse Local Authority states: When the Local Authority subcontracts, the Local Authority shall at a minimum:

- (1) Conduct at least one annual monitoring review of each subcontractor. The Local Authority shall specify in its Area Plan how it will monitor their subcontracts.**

Describe how monitoring will be conducted, what items will be monitored and how required documentation will be kept up-to-date for active subcontractors.

Tooele County Human Services will monitor Tooele--Optum's services by (1) participating in DSAMH annual site visit reviews, (2) meeting w/ Optum--Tooele leadership team twice monthly and maintain agendas of items of concern/resolution, and (3) provide an annual monitoring review of Optum --Tooele. This monitoring review will be completed by June 2022.

2023

FORM A - MENTAL HEALTH BUDGET NARRATIVE

Local Authority: Tooele Co

Instructions:

In the cells below, please provide an answer/description for each question. PLEASE CHANGE THE COLOR TO BLUE, OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!

1) Adult Inpatient

Program Manager Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$752,941	Form A1 - FY23 Projected clients Served:	85
Form A1 - Amount budgeted in FY22 Area Plan	\$316,498	Form A1 - Projected Clients Served in FY22 Area Plan	43
Form A1 - Actual FY21 Expenditures Reported by Locals	\$372,133		34

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Inpatient mental health services for adults are provided through contractual agreements with Huntsman Mental Health Institute (HMHI), University of Utah Inpatient Medical Psychiatry, St. Mark's Hospital in Salt Lake City, and Jordan Valley West in West Valley City. Additionally, we can engage in Single Case Agreements with non-participating facilities throughout the state.

Each hospitalization request is reviewed by the Optum Tooele County Care Advocacy team for prior authorization to determine medical necessity, both initially and throughout the hospitalization.

Describe your efforts to support the transition from this level of care back to the community.

Optum Tooele County works with the hospitals and USH to transition clients from an inpatient stay to a least restrictive environment. All cases are clinically staffed with the current provider during hospitalization to coordinate transition into services as well as follow the clients after hospitalization to provide additional wrap-around support. Optum coordinates with the hospital and the provider to support the use of wrap-around services to ensure that the individuals are served in the least restrictive environment. Optum utilizes the LOCUS to determine appropriate level of care. More intense levels of care are not recommended until we have ensured that lower levels of care are unsuccessful or not feasible or applicable.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

No significant increase/decrease expected.

Describe any significant programmatic changes from the previous year.

Optum Tooele County continues to pursue opportunities for expanding inpatient services within the network. Discussions are currently underway.

2) Children/Youth Inpatient

Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$435,294	Form A1 - FY23 Projected clients Served:	45
Form A1 - Amount budgeted in FY22 Area Plan	\$205,711	Form A1 - Projected Clients Served in FY22 Area Plan	28
Form A1 - Actual FY21 Expenditures Reported by Locals	\$76,615	Form A1 - Actual FY21 Clients Served as Reported by Locals	7

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Optum Tooele County contracts with Huntsman Mental Health Institute (HMHI) for inpatient services for children/youth and Salt Lake Behavioral Health for adolescents. We will engage in Single Case Agreements as appropriate with non-participating facilities throughout the state.

Each hospitalization request is reviewed by the Optum Tooele County Care Advocacy team for prior authorization to determine medical necessity, both initially and throughout the hospitalization.

Describe your efforts to support the transition from this level of care back to the community.

Optum Tooele County works with the Hospitals and USH to transition clients from an inpatient stay to a least restrictive environment. All cases are clinically staffed with the current provider during hospitalization to coordinate transition into services as well as follow the clients after hospitalization to provide additional wrap-around support. Optum coordinates with the hospital and the provider to support the use of wrap-around services to ensure that the individuals are served in the least restrictive environment. Optum utilizes the CASII/CALOCUS to determine appropriate level of care. More intense levels of care are not recommended until we have ensured that lower levels of care are unsuccessful or not feasible or applicable.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

No significant increase/decrease expected.

Describe any significant programmatic changes from the previous year.

Optum Tooele County continues to pursue opportunities for expanding inpatient services within the network.

3) Adult Residential Care

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$36,000	Form A1 - FY23 Projected clients Served:	4
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Form A1 - Amount budgeted in FY22 Area Plan	\$47,508	Form A1 - Projected Clients Served in FY22 Area Plan	2
Form A1 - Actual FY21 Expenditures Reported by Locals	\$0	Form A1 - Actual FY21 Clients Served as Reported by Locals	0
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
Adult residential services include the Valley Behavioral Health CORE program, the Odyssey House Mental Health Women's program as well as the recently added Odyssey House Mental Health Men's program. As with inpatient care, Optum will engage in Single Case Agreements as appropriate.			
How is access to this level of care determined? How is the effectiveness and accessibility of residential care evaluated?			
Optum Tooele County utilizes the American Association of Community Psychiatrists Level of Care Utilization System (LOCUS) to determine clinical appropriateness for residential level of care. Effectiveness is evaluated during concurrent clinical reviews (i.e., utilization management or UM) and audits to ensure members are making progress in treatment, discharge planning is ongoing, and whether there are quality of care issues. During the UM process, the most recent treatment plan review along with at least the required encounter note tied to the treatment plan review are scrutinized to ensure that if there are concerns, these are addressed immediately. During the audit process, all areas of the randomly chosen files to be audited are reviewed. Additionally, each client's file to be audited is reviewed to ensure the inputted outcomes meet what is reflected in the file. As part of the audit, if the provider is not meeting the standard for any given outcome measured in SAMHIS, this is included as a finding.			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
No significant increase/decrease expected.			
Describe any significant programmatic changes from the previous year.			
Odyssey House added a 16-bed residential facility for mentally ill adult male clients who also have substance use disorder (SUD) treatment needs and are involved in criminal justice services. Treatment focuses on behavioral health issues and criminogenic risk factors.			

4) Children/Youth Residential Care

Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$55,389	Form A1 - FY23 Projected clients Served:	4
Form A1 - Amount budgeted in FY22 Area Plan	\$47,421	Form A1 - Projected Clients Served in FY22 Area Plan	2

Form A1 - Actual FY21 Expenditures Reported by Locals	\$	Form A1 - Actual FY21 Clients Served as Reported by Locals	0
<p>Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please identify any significant service gaps related to residential services for youth you may be experiencing.</p>			
<p>Residential services for children and youth are provided via Single Case Agreements with residential facilities available throughout the state.</p>			
<p>How is access to this level of care determined? Please describe your efforts to support the transition from this level of care back to the community.</p>			
<p>Optum Tooele County utilizes the American Academy of Child and Adolescent Psychiatry Child and Adolescent Service Intensity Instrument (CASII) to determine clinical appropriateness for this level of care.</p> <p>Through concurrent reviews for ongoing care, Optum Care Advocates evaluate agency discharge planning to ensure the youth's natural supports are included and access to follow-up care is coordinated. The goal is to help children and youth transition back home and into their community. Access to needed clinical services (i.e., day treatment, intensive outpatient, medication management services, respite care, FPSS referral, school-based supports) is also coordinated. Each discharge plan is expected to be individualized. The Optum Clinical Team is available to staff cases with providers and offer assistance throughout the discharging planning process, while the plan is based on needs identified by the treatment providers. The Recovery & Resiliency Team can offer support to parents dealing with challenges of caring for a child with behavioral health needs and can link parents to community supports like the Utah Parent Association and NAMI.</p>			
<p>Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).</p>			
<p>No significant increase/decrease expected.</p>			
<p>Describe any significant programmatic changes from the previous year.</p>			
<p>For FY23 Optum is in discussions to add the Aspire residential program for adolescent females with Wasatch Behavioral Health. Optum is continuously seeking opportunities to add providers of these services to the network.</p>			

5) Adult Outpatient Care

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$2,183,245	Form A1 - FY23 Projected clients Served:	974
Form A1 - Amount budgeted in FY22 Area Plan	\$795,363	Form A1 - Projected Clients Served in FY22 Area Plan	1,011

Form A1 - Actual FY21 Expenditures Reported by Locals	\$696,171	Form A1 - Actual FY21 Clients Served as Reported by Locals	802
<p>Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.</p>			
<p>Optum Tooele County contracts with various providers throughout Tooele County, and nearby Salt Lake County for outpatient services. This gives Tooele County PMHP members increased options in selecting providers, depending upon treatment needs and location.</p> <p>Services for individuals who are Spanish speaking are provided by the Multicultural Counseling Center (MCC). MCC provides focused and culturally appropriate treatment to serve the Spanish speaking population located in the county.</p> <p>Medication management services are offered by multiple providers throughout the county including in outpatient clinics, and via telehealth. Additionally, Optum has supported providers in incorporating an intensive Case Management model as members step down from higher levels of care.</p> <p>All Optum contracted providers currently have the capability to provide Telehealth services to our members. Even beyond the pandemic emergency period, Tooele County providers will continue offering this service as needed. .</p>			
<p>Describe the approach to serving individuals with complex behavioral health presentations or who need multiple supports to remain in the community, including the programmatic approach to serving individuals in the least restrictive level of care. Identify your proposed fidelity monitoring and outcome measures.</p>			
<p>Valley Behavioral Health (VBH) serves the majority of high acuity members. These members are tracked and staffed bi-weekly in staff meetings and by the Intensive Clinical Oversight Committee (ICOC). Wrap around services are provided to high acuity clients. If the clients need a higher level of care, appropriate referrals are made. Optum Tooele County providers utilize the OQ and LOCUS.</p> <p>VBH Tooele also has the Assertive Outreach Treatment program (AOT) which is aimed at helping individuals with high complex needs stay engaged in treatment.</p>			
<p>Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).</p>			
<p>No significant increase/decrease expected.</p>			
<p>Describe any significant programmatic changes from the previous year.</p>			
<p>Alpha Counseling is being added to the network, and Optum is working on applications for Charlie Health and PATH. They will bring both outpatient and IOP services along with medication management.</p>			
<p>Describe the programmatic approach for serving individuals in the least restrictive level of care who are civilly committed or court-ordered to Assisted Outpatient Treatment. Include the process to track the individuals, including progress in treatment.</p>			

Assisted OP treatment is not a program offered in Tooele County. For FY23 there will be discussions with the Tooele County Department of Human Services and the Third District Court to evaluate the feasibility of engaging an AOP and/or a Mental Health Court in Tooele County. Those who are civilly committed, on Medicaid or not, are tracked at Optum to support their treatment needs while on civil commitment and work with the providers to give updates to the court. Optum Tooele County is adding Alpha Counseling which has a location in Tooele County and works with civilly committed and court ordered adults.

6) Children/Youth Outpatient Care

Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$1,621,646	Form A1 - FY23 Projected clients Served:	572
Form A1 - Amount budgeted in FY22 Area Plan	\$591,298	Form A1 - Projected Clients Served in FY22 Area Plan	753
Form A1 - Actual FY21 Expenditures Reported by Locals	\$455,308	Form A1 - Actual FY21 Clients Served as Reported by Locals	552

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please highlight approaches to engage family systems.

Optum Tooele County contracts with various providers throughout Tooele County, and nearby Salt Lake County for outpatient services. This gives Tooele County PMHP members increased options in selecting providers, depending upon treatment needs and location. To engage family systems, in-home providers are available in the network, as well as wrap around family engagement for diverse populations and school-based services.

Describe the approach to serving individuals with complex behavioral health presentations or who need multiple supports to remain in the community, including the programmatic approach to serving individuals in the least restrictive level of care. Identify your proposed fidelity monitoring and outcome measures.

Transportation is available for Tooele County youth to access day treatment programs in Salt Lake County.

Optum Tooele County has several providers who offer in-home services with the goal of keeping the youth with their family.

Optum also coordinates with carved out Medicaid services that are more intensive to meet the needs of high-acuity youth and their families.

Optum participates in the High-Fidelity Wraparound staffings with multiple systems to identify community-based treatment to support their complex needs.

See Section #29 for information regarding fidelity monitoring and outcome measures.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

No significant increase/decrease expected.

Describe any significant programmatic changes from the previous year.

MCC will have a full year of integrating treatment within Tooele School District. Optum Tooele County continues to look at additional day treatment options for youth in Salt Lake and will consider if volume supports a possible program within Tooele County. For FY23 Whole Kids Utah, Touchstone in-home services, Tooele Valley Counseling outpatient services, and Charlie Health outpatient and IOP are in the process of being contracted.

7) Adult 24-Hour Crisis Care

Nichole Cunha

Form A1 - FY23 Amount Budgeted:	\$415,237	Form A1 - FY23 Projected clients Served:	575
Form A1 - Amount budgeted in FY22 Area Plan	\$250,000	Form A1 - Projected Clients Served in FY22 Area Plan	227
Form A1 - Actual FY21 Expenditures Reported by Locals	\$119,745	Form A1 - Actual FY21 Clients Served as Reported by Locals	193

Describe access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, residential, etc.) and the criminal justice system. Identify what crisis services are provided and where services are provided and what gaps need to still be addressed to offer a full continuum of care to include access to a crisis line, mobile crisis outreach teams, and facility-based stabilization/receiving centers. Identify plans for meeting any statutory or administrative rule governing crisis services. For each service, identify whether you will provide services directly or through a contracted provider. Describe how you coordinate with state and local partners for services to include the Utah Crisis Line, JJS and other DHS systems of care, for the provision of crisis services.

Optum contracts with Valley Behavioral Health to provide to fidelity MCOT crisis services in Tooele County. VBH provides crisis response services in Tooele County seven days a week, 24 hours per day, and 365 days a year. Crisis services are accessed through the state crisis line and secondarily to residents through the Tooele County Dispatch. Crisis workers are available to respond as needed by phone and in person to local Law enforcement and Medical requests to any Tooele County resident and in person to the Tooele County Detention facility. To support the crisis response efforts the VBH Crisis Subcommittee has been in operation for over 5 years with all areas of crisis being covered. It consists of a strong collaboration with many community representatives, including but not limited to, the Police

Department, Dispatch, Tooele County School District, Tooele County Sheriff, Tooele City, Mountain West Medical ER. Additionally, VBH, Optum and Tooele County participate in the Rural MCOT check-in, the quarterly Crisis Collaborative and the Monthly MCOT check in with the state crisis line to support and coordinate the local crisis efforts. All MCOT team members are trained through CIT Utah, are certified as Mental Health Officers and Crisis Workers for Tooele County.

Optum supports and encourages member use of the state Crisis Line, Warm Line and the SAFE-UT app. These resources are available on the Optum Tooele County website.

MCOT responds to youth crisis in the community. When a JJS involved youth is in crisis MCOT can respond and then use resources at the Tooele Youth Services for ongoing needs including High Fidelity Wrap Around staffing to identify services.

Currently there is not a facility-based stabilization/receiving center in Tooele County.

Describe your evaluation procedures for crisis intervention services that objectively measure access and measurable outcomes for persons with both mental health and substance use disorders using data. Technical assistance with data specifications is available if needed, please describe any areas for help that are required.

Valley Behavioral Health is contracted with Optum to provide crisis response and services.

VBH provides crisis response to Tooele County seven days a week, 24 hours per day, and 365 days a year to the fidelity MCOT model. Crisis services are accessed through the state crisis line and Tooele County Dispatch. Crisis workers are available to respond by phone and in person to any Tooele County resident and in person to the Tooele County Detention facility. The Crisis Subcommittee has been in operation for over 5 years now and consists of a strong collaboration with many community representatives, including but not limited to, the Police Department, Dispatch, Tooele County School District, Tooele County Sheriff, Tooele City, Mountain West Medical ER. This Committee is responsible for tracking data and outcomes related to the crisis response system in Tooele. In an effort to be readily available and have ease of communication, there is also a Dispatch radio on site at the Tooele Main unit, as well as with each MCOT team. This tool is used for crisis as a means to get better service to our community partners. Each call is evaluated for risk assessment using the CSSRS (Columbia Suicide Severity Rating Scale) for both mental health and substance abuse. Each client is assessed for safety and needed resources. This is in the effort to help stabilize in the community or determine if they are transported to the hospital for emergent care and referral. A follow-up is completed within 24 hrs. of crisis service. Client is again given community resource information to reach out for help. Additionally, VBH gathers monthly data on their crisis/MCOT responses that are entered by the IT department into SAMHIS per the Crisis Data Spec.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

No significant increase/decrease expected.

Describe any significant programmatic changes from the previous year.

A significant programmatic change from last year is with the state funding for rural MCOT programs. The crisis response team was enhanced to be MCOT certified to fidelity. Additional staff were hired, all certifications were completed, all phones/radios needed were obtained, a car was purchased to be

more mobile with services to outlying areas and direct coordination with the state crisis line was established. For FY23, it is anticipated that 988 will be rolled out in conjunction with the national rollout of the same number. Go-live is scheduled for 7/16/22.

8) Children/Youth 24-Hour Crisis Care

Nichole Cunha

Form A1 - FY23 Amount Budgeted:	\$411,430	Form A1 - FY23 Projected clients Served:	180
Form A1 - Amount budgeted in FY22 Area Plan	\$250,000	Form A1 - Projected Clients Served in FY22 Area Plan	138
Form A1 - Actual FY21 Expenditures Reported by Locals	\$40,447	Form A1 - Actual FY21 Clients Served as Reported by Locals	68

Describe access to crisis services during daytime work hours, afterhours, weekends and holidays. Describe how crisis services are utilized as a diversion from higher levels of care (inpatient, residential, etc.) and the criminal justice system. Identify what crisis services are provided, where services are provided, and what gaps need to still be addressed to offer a full continuum of care (including access to a Crisis Line, Mobile Outreach, Receiving Center and In-Home Stabilization Services). Include if you provide SMR services, if you are not an SMR provider, how do you plan to coordinate with SMR providers in your region? For each service, identify whether you will provide services directly or through a contracted provider. Describe how you coordinate with state and local partners, to include JJS and other DHS systems of care, for the provision of services to at-risk youth, children, and their families.

VBH provides to fidelity MCOT 24-hour crisis response for the families and youth residents of Tooele County seven days a week and 365 days a year. MCOT services are accessed through the state crisis line and secondarily to residents through the Tooele County Dispatch. When the state crisis line is accessed, the crisis can be resolved on the phone without needing to deploy MCOT diverting from higher levels of care. When MCOT is deployed locally, efforts are focused on diverting from higher levels of care and utilizing local treatment resources for follow-up.

There is a Juvenile Receiving Center at the Tooele Youth Services who can accept crisis youth with criminal justice involvement. Youth services can also work with high-risk youth and be a resource of support for those involved in multiple systems. MCOT does respond to children/youth homes and the main effort will be to stabilize in the moment. If a higher level of care is not needed the youth's family will be given local treatment resources for follow-up which includes providers who offer in-home services.

Currently SMR is not provided in the Tooele County crisis services. MCOT responds to youth crisis in all areas of the county including schools. For FY23 Optum and the Tooele County Department of Human Services will evaluate the needs for SMR and coordinate with SMR providers in the region as needed.

Crisis services are available at VBH Tooele for spontaneous, unscheduled mental health services. These requests may range from phone calls for support or information, walk-in visits for evaluation, outreach assessments or emergency hospitalization.

Describe your evaluation procedures for children and youth crisis intervention services that objectively measure access and measurable outcomes for persons with both mental health and substance use disorders using data. Technical assistance with data specifications is available if needed, please describe any areas for help that are required.

Valley Behavioral Health is contracted with Optum to provide crisis response and services for children/youth. VBH provides crisis response to Tooele County seven days a week, 24 hours per day, and 365 days a year to the fidelity MCOT model. Crisis services are accessed through the state crisis line and Tooele County Dispatch. Crisis workers are available to respond by phone and in person to any Tooele County resident and in person. The Crisis Subcommittee has been in operation for over 5 years now and consists of a strong collaboration with many community representatives, including but not limited to, the Police Department, Dispatch, Tooele County School District, Tooele County Sheriff, Tooele City, Mountain West Medical ER, Tooele Youth Services/Juvenile Receiving Center. This Committee is responsible for tracking data and outcomes related to the crisis response system in Tooele. In an effort to be readily available and have ease of communication, there is also a Dispatch radio on-site at the Tooele Main unit, as well as with each MCOT team. This tool is used for crisis as a means to get better service to our community partners. Each call is evaluated for risk assessment using the CSSRS (Columbia Suicide Severity Rating Scale) for both mental health and substance abuse. Each client is assessed for safety and needed resources. This is in the effort to help stabilize in the community or determine if they are transported to the hospital for emergent care and referral. A follow-up is completed within 24 hours of crisis service. Client is again given community resource information to reach out for help.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

No significant increase/decrease expected.

Describe any significant programmatic changes from the previous year.

For FY23, it is anticipated that 988 will be rolled out in conjunction with the national rollout of the same number. Go-live is scheduled for 7/16/22.

9) Adult Psychotropic Medication Management

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$355,082	Form A1 - FY23 Projected clients Served:	544
Form A1 - Amount budgeted in FY22 Area Plan	\$251,434	Form A1 - Projected Clients Served in FY22 Area Plan	524
Form A1 - Actual FY21 Expenditures Reported by Locals	\$353,981	Form A1 - Actual FY21 Clients Served as Reported by Locals	410

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please list any specific procedures related to continuity of medication management during transitions between from or between providers/agencies/level of care settings

Psychotropic medication and medication management are direct services provided by Optum Tooele County provider network providers to accomplish the assessment, prescription, monitoring, adjustment, delivery, coordination, administration, and supervision of psychopharmacologic treatment. These services are provided by medication management professionals (APRN) in consultation and coordination with each client's personal treatment team.

When adults discharge from inpatient services, a follow-up medication management appointment is to be scheduled as part of the discharge plan. The discharge plan with the medication orders is sent to the receiving provider. When they shift from an outpatient prescriber to another, they are asked to sign a release of information so the current/historical medication information may be shared with the receiving prescriber. If a member needs assistance identifying prescribers in the network, Optum Care Advocates can assist with this process.

Medication Management Providers in the network include:

- Valley Behavioral Health
- Clinical Consultants
- Bonneville Family Practice
- Summit Community Counseling (via telehealth)
- Odyssey House
- Lotus Center

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

No significant increase/decrease expected.

Describe any significant programmatic changes from the previous year.

The plan for FY23 is to add additional providers in the network who can provide medication management. Provider additions include PATH and Charlie Health.

10) Children/Youth Psychotropic Medication Management

Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$125,549	Form A1 - FY23 Projected clients Served:	216
Form A1 - Amount budgeted in FY22 Area Plan	\$88,126	Form A1 - Projected Clients Served in FY22 Area Plan	184
Form A1 - Actual FY21 Expenditures Reported by Locals	\$111,510	Form A1 - Actual FY21 Clients Serviced as Reported by Locals	140

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please list any specific procedures related to continuity of medication management during transitions between providers/agencies/level of care settings.

Psychotropic medication and pharmacological management are direct services provided by Optum Tooele County provider network providers to accomplish the assessment, prescription, monitoring, adjustment, delivery, coordination, administration, and supervision of psychopharmacologic treatment. These services are provided by a medication management professional (APRN) in consultation and coordination with each client's personal treatment team.

When youth are discharged from inpatient services, a follow-up medication management appointment is to be scheduled as part of the discharge plan. The discharge plan with the medication orders is sent to the receiving provider. When a youth shifts from an outpatient prescriber to another, the guardian is asked to sign a release of information so the current/historical medication information may be shared with the receiving prescriber. If a member needs assistance identifying prescribers in the network, Optum Care Advocates can assist with this process.

Medication Management Providers for Children/Youth include:

- Valley Behavioral Health
- Clinical Consultants
- Bonneville Family Practice
- Summit Community Counseling (via telehealth)
- Odyssey House
- Lotus Center
- The Children's Center

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

No significant increase/decrease expected.

Describe any significant programmatic changes from the previous year.

The plan for FY23 is to add additional providers in the network who can provide medication management. Provider additions include PATH and Charlie Health.

11) Adult Psychoeducation Services & Psychosocial Rehabilitation

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$488,000	Form A1 - FY23 Projected clients Served:	89
Form A1 - Amount budgeted in FY22 Area Plan	\$105,042	Form A1 - Projected Clients Served in FY22 Area Plan	248
Form A1 - Actual FY21 Expenditures Reported by Locals	\$51,913	Form A1 - Actual FY21 Clients Served as Reported by Locals	87

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

The adult psychosocial and psycho-education services for Tooele County will continue as currently developed.

VBH New Reflection House offers evidence-based PES services and is accredited by Clubhouse International. New Reflection House's objective is to help severely mentally ill individuals gain or recapture the ability to function in the community through meaningful work, relationships, and community employment. The Clubhouse Model incorporates several different work units, which are important in the maintenance of the clubhouse. These include clerical, career development and culinary units. Participation in these units give members an opportunity to develop skills that foster their recovery and ultimately reintegration into the community at large. The major focus of the program is work ordered day, where members of the program develop both social and work-related skills. Another focus of NRH is their employment program. This includes transitional employment placements, supported employment and independent employment placement. These community located jobs help members gain the skills they will need to obtain permanent employment. The education unit has helped members obtain GED's, high school diplomas, college education skills, and upgrading of life skills. New Reflection House continues to develop strong community ties and development employment opportunities for our members in Tooele County. New Reflection House has maintained a three-year accreditation from Clubhouse International for the past 17 years, the highest accreditation possible by the governing body of Clubhouse Model programs around the world.

Describe how clients are identified for Psychoeducation and/or Psychosocial Rehabilitation services. How is the effectiveness of the services measured?

VBH continues to use the Daily Living Activities (DLA) Functional Assessment. The DLA 20 is a functional assessment, proven to be reliable and valid, designed to assess what daily living areas are impacted by mental illness or disability. The assessment tool quickly identifies where outcomes are needed so clinicians can address those functional deficits on individualized service plans.

Effectiveness is measured through treatment goal progress and OQ® Measures. Effectiveness of services is measured by a regular review of the objectives developed for each client receiving the service and their progress on these objectives. Members must meet the criteria for 1915(b)(3) services, which includes SMI classification, to qualify for Psychoeducational services.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

No significant increase/decrease expected.

Describe any significant programmatic changes from the previous year.

No significant change.

12) Children/Youth Psychoeducation Services & Psychosocial Rehabilitation Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$117,393	Form A1 - FY23 Projected clients Served:	35
Form A1 - Amount	\$30,439	Form A1 - Projected Clients	72

budgeted in FY22 Area Plan		Served in FY22 Area Plan	
Form A1 - Actual FY21 Expenditures Reported by Locals	\$4,184	Form A1 - Actual FY21 Clients Served as Reported by Locals	8
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
<p>Psychosocial rehabilitation for children and youth will continue as a direct service to be provided through Optum network providers. The staff will employ group formats for skills training and development that will address basic living, communication, and interpersonal competencies as related to the predominant family, school, and social environments of children and youth.</p> <p>When clinically appropriate, children are able to access higher levels of specialized care within Valley Behavioral Health's continuum of services. VBH provides transportation for children/youth with Medicaid to day treatment programs such as Kids Intensive Day Services (KIDS), DBT Day Treatment, AIM.</p> <p>The Children's Center is an in-network option for children 6 and under.</p>			
Describe how clients are identified for Psychoeducation and/or Psychosocial Rehabilitation services. How is the effectiveness of the services measured?			
<p>Clients are identified for these services through a biopsychosocial assessment and services are prescribed by an independently licensed clinician. In addition, those receiving PES must also qualify based upon the SED/SMI criteria which is evaluated upon admission and annually.</p> <p>Effectiveness of services is measured by a regular review of the objectives developed for each client receiving the service and their progress on these objectives. Members must meet the criteria for 1915(b)(3) services, which includes SED classification, to qualify for Psychoeducational services.</p>			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
No significant increase/decrease expected.			
Describe any significant programmatic changes from the previous year.			
No significant change.			

13) Adult Case Management

Pete Caldwell

Form A1 - FY23 Amount Budgeted:	\$246,512	Form A1 - FY23 Projected clients Served:	569
Form A1 - Amount budgeted in FY22 Area	\$549,450	Form A1 - Projected Clients Served in FY22 Area Plan	1,359

Plan			
Form A1 - Actual FY21 Expenditures Reported by Locals	\$636,060	Form A1 - Actual FY21 Clients Served as Reported by Locals	1,069
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please include how you ensure each case management provider is certified to provide these services.			
<p>Case management services will continue during FY23 with the primary goal of assisting clients and families to access community services and resources in an effort to help manage the functional complications of mental illness. All case management services are directly delivered through Optum network providers. Adults who are unfunded can access case management services and be referred to providers in the network who utilize non-Medicaid funds to deliver services.</p> <p>Primary case management activities will include assessment and documentation of the client's need for resources and services, development of a written case management service plan, linking clients with needed services and resources, coordinating the actual delivery of services, monitoring quality, appropriateness, and timeliness of the services delivered. In addition, case managers will monitor individual progress, and review and modify service plans and objectives as necessary.</p> <p>The Representative Payee program at VBH and GCS (Guardian and Conservator Services) serves the most seriously mentally ill adult clients. The goal of the program is to teach clients the skills necessary to eventually manage their own funds. However, the degree to which clients can do this is very individualized. VBH strives to ensure that client funds are directed to safe, affordable housing, nutritious meals, and then to coordinate other needs as identified by the client and their supports.</p>			
Please describe how eligibility is determined for case management services. How is the effectiveness of the services measured?			
<p>Each member receiving case management services would complete a Case Management Needs Assessment (CMNA) with their provider to identify areas of need.</p> <p>Effectiveness is measured through specific case management goals and objectives, and improved scores on the CMNA.</p>			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
No significant increase/decrease expected.			
Describe any significant programmatic changes from the previous year.			
No significant change.			

Form A1 - FY23 Amount Budgeted:	\$161,853	Form A1 - FY23 Projected clients Served:	247
Form A1 - Amount budgeted in FY22 Area Plan	\$235,678	Form A1 - Projected Clients Served in FY22 Area Plan	584
Form A1 - Actual FY21 Expenditures Reported by Locals	\$269,776	Form A1 - Actual FY21 Clients Served as Reported by Locals	436
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please include how you ensure each case management provider is certified to provide these services.			
Family and individual supports such as skills development and behavior management services will continue to be provided to Severely Emotionally Disturbed (SED) children directly by Case Managers in the network. Children/Youth who are unfunded can access case management services and be referred to providers in the network who utilize non-Medicaid funds to deliver services. Case Managers provide follow-up, coordinate, assess, link and monitor the individual client progress.			
Please describe how eligibility is determined for case management services. How is the effectiveness of the service measured?			
Each member receiving case management services would complete a Case Management Needs Assessment (CMNA) with their provider to identify areas of need.			
Effectiveness is measured through specific case management goals and objectives, and improved scores on the CMNA.			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
No significant increase/decrease expected.			
Describe any significant programmatic changes from the previous year.			
No significant change.			

15) Adult Community Supports (housing services)

Pete Caldwell

Form A1 - FY23 Amount Budgeted:	\$14,307	Form A1 - FY23 Projected clients Served:	4
Form A1 - Amount budgeted in FY22 Area Plan	\$53,870	Form A1 - Projected Clients Served in FY22 Area Plan	34
Form A1 - Actual FY21 Expenditures Reported by Locals	\$0	Form A1 - Actual FY21 Clients Served as Reported by Locals	0

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

No adult respite is provided directly, or through contract providers, in Tooele County. In addition, there are limited housing options available in Tooele County.

VBH and Tooele Community Resource Center (TCRC) offer supported housing in a combination of scattered- and clustered-site services through membership in the Tooele Local Homeless Coordinating Committee (LHCC) and community partnerships in Tooele, as well as connection to resources in Salt Lake. Our partner, the Tooele County Housing Authority has secured funding to administer Shelter Plus Care vouchers for scattered site housing for homeless individuals who have several and persistent mental health conditions and substance use disorders. Optum works with the Tooele County Housing Authority and network providers to assess individuals for eligibility for the Shelter Plus Care vouchers, coordinate services for eligible County residents and provide ongoing case management services. Eligibility determination utilizes the SPDAT to assess housing related needs and priority is determined through the LHCC's Coordinated Entry Committee to ensure that individuals with the highest needs are prioritized for housing resources. VBH has allocated one full time Case Manager in the Resource Center who is responsible for the oversight of the Shelter Plus Care voucher program, including regular site visits, as well as provision of street outreach in the community.

TCRC also offers clustered-site permanent supportive housing for seriously mentally ill adults in our Tooele County 135 East Vine St. housing facility, providing 5 apartments. Eligibility determination utilizes the SPDAT to assess housing related needs and priority is determined through the LHCC's Coordinated Entry Committee. Additional community housing partnerships that benefit residents of the County include connection to Rapid Rehousing funds through the TCRC Food Bank & Resource Center which utilize prioritization determination through the Coordinated Entry Committee. When there is not sufficient availability of housing support for an individual in Tooele, Optum may also refer clients with severe and persistent mental health needs to the resources in Salt Lake County offered through VBH. The treatment team working with an individual prepares an application packet for VBH's Housing Committee regarding an individual's types and severity of needs, and the Housing Committee determines what level of supported housing is most likely to meet the individual's needs and works to connect an individual with such housing. VBH's housing in Salt Lake County includes several supportive transitional housing programs designed to help individuals gain the skills necessary to eventually live independently.

Indicate what assessment tools are used to determine criteria, level of care and outcomes for placement in treatment-based and/or supportive housing? Technical assistance is available through Pete Caldwell: pgcaldwell@utah.gov

A complete biopsychosocial assessment is completed by a LMHT and used to determine if a member demonstrates a clinical need for receiving supportive housing. All individuals in these housing units have been identified as SMI and their level of ability to independently function is taken into account. Ongoing assessment is required to warrant ongoing supportive living placement. For USH patients, an Occupational Therapy evaluation is requested to assess activities of daily living skills.

Members receiving supportive living services are offered OQ® Questionnaires upon admission every 30 days and at discharge. Information gathered is expected to be incorporated into treatment planning and to make necessary changes including supportive living to promote recovery.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

No significant increase/decrease expected.

Describe any significant programmatic changes from the previous year.

No significant change.

16) Children/Youth Community Supports (respite services)

Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$460,393	Form A1 - FY23 Projected clients Served:	101
Form A1 - Amount budgeted in FY22 Area Plan	\$107,542	Form A1 - Projected Clients Served in FY22 Area Plan	68
Form A1 - Actual FY21 Expenditures Reported by Locals	\$98,000	Form A1 - Actual FY21 Clients Served as Reported by Locals	53

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Please identify how this fits within your continuum of care.

VBH will continue to provide respite services providing 7-12 hours of out-of-home services per week to help alleviate stress in the family and thereby increase a parent's overall effectiveness. This program currently utilizes six adult respite providers for a combination of 6 groups with six to seven children in each group. Referrals can be made by Optum Tooele County contracted providers.

Please describe how you determine eligibility for respite services. How is the effectiveness of the service measured?

Services are justified through ongoing strengths-based assessments and person-centered recovery plans with respite having specific objectives on the plan.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

No significant increase/decrease expected.

Describe any significant programmatic changes from the previous year.

No significant change.

17) Adult Peer Support Services

Heather Rydalch

Form A1 - FY23 Amount Budgeted:	\$30,761	Form A1 - FY23 Projected clients Served:	35
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Form A1 - Amount budgeted in FY22 Area Plan	\$145,796	Form A1 - Projected Clients Served in FY22 Area Plan	164
Form A1 - Actual FY21 Expenditures Reported by Locals	\$67,315	Form A1 - Actual FY21 Clients Served as Reported by Locals	69
Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.			
<p>Peer Support is a face-to-face service provided by a Peer Support Specialist for the primary purpose of assisting in the rehabilitation and recovery of individuals with serious mental illness. Through coaching, mentoring, role modeling, as appropriate, using the peer support specialist's own recovery story and experience as a recovery tool, the client may be assisted with the development and actualization of their own individual recovery goals.</p> <p>Peer support aides in facilitation of educational groups, crisis outreach support, client support. Peers works closely in collaboration with case managers to help connect clients with support and resources.</p> <p>Peer support referrals mainly come through clinicians who evaluate this level of support during the intake process. The referral goes through the case manager who then assigns the peer support services. Referrals also come from New Reflections who work closely with the clients through the Work Ordered Day. They will often request peer support for those members who are learning to work in a TEP position or need additional support to decrease their isolation by having someone to contact. These services are provided by VBH and MCC.</p> <p>Peer support also occurs in the form of victim peer support groups offered by Valley Victim Services.</p>			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served and number of services provided (15% or greater change).			
No significant increase/decrease expected.			
Describe any significant programmatic changes from the previous year.			
No significant change.			

18) Family Peer Support Services

Tracy Johnson

Form A1 - FY23 Amount Budgeted:	\$13,806	Form A1 - FY23 Projected clients Served:	10
Form A1 - Amount budgeted in FY22 Area Plan	\$63,890	Form A1 - Projected Clients Served in FY22 Area Plan	72
Form A1 - Actual FY21 Expenditures Reported by	\$2,687	Form A1 - Actual FY21 Clients Served as	3

Locals		Reported by Locals	
<p>Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. Describe how Family Peer Support Specialists will partner with other Department of Health & Human Services child serving agencies, including DCFS, DJJS, DSPD, and HFW.</p>			
<p>It is the goal of Optum Tooele County to continue to look for and develop providers who are able to support FPSS and to partner with whomever the state chooses to provide these services.</p>			
<p>Describe how clients are identified for Family Peer Support Specialist services. How is the effectiveness of the services measured?</p>			
<p>Referrals are made to the Optum Family Support Specialist via providers, community stakeholders and internal Optum meetings. The effectiveness of services is measured through reports presented by the FPSS on the outcomes of the meetings with members.</p>			
<p>Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served and number of services provided (15% or greater change).</p>			
<p>No significant increase/decrease expected.</p>			
<p>Describe any significant programmatic changes from the previous year.</p>			
<p>During 2021, Optum was in the process of bringing Allies with Families into the Network, when the provider notified they were closing.</p>			

19) Adult Consultation & Education Services

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$0	Form A1 - FY23 Projected clients Served:	
Form A1 - Amount budgeted in FY22 Area Plan	\$0	Form A1 - Projected Clients Served in FY22 Area Plan	
Form A1 - Actual FY21 Expenditures Reported by Locals	\$0	Form A1 - Actual FY21 Clients Served as Reported by Locals	
<p>Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.</p>			
<p>Optum has a Recovery and Resiliency (R&R) team that consists of family support specialists and peer support specialists (adult services). This team provides education and consultation to members, member run organizations, their contracted providers, community partners and stakeholders, and centers of learning. They also file grievances and complaints from members and submit them for resolution. Optum R&R actively meets with members where they receive services, promoting the recovery model and whole health. R&R works with the Optum Clinical Operations Team on all case staffings and utilization reviews. They also work with Optum's network of providers to encourage the</p>			

hiring and utilization of peer counselors to work on multi-disciplinary teams to provide treatment.

Optum will continue to interact with Tooele County, applicable stakeholders and providers to identify consultation and education opportunities. This will either be provided by Optum directly or network providers.

The Tooele Human Services Advisory Council holds meetings monthly with Community partners to discuss concerns, needs, and problem solve issues related to provision of services to the Community.

Optum also meets with Stakeholders within the community to address specific issues such as homeless services through the Local Homeless Coordinating Council (LHCC).

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

No significant increase/decrease expected.

Describe any significant programmatic changes from the previous year.

No significant change.

20) Children/Youth Consultation & Education Services

Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$0	Form A1 - FY23 Projected clients Served:	
Form A1 - Amount budgeted in FY22 Area Plan	\$0	Form A1 - Projected Clients Served in FY22 Area Plan	
Form A1 - Actual FY21 Expenditures Reported by Locals	\$0	Form A1 - Actual FY21 Clients Served as Reported by Locals	

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Optum will identify and seek opportunities for consultation, education, and training with community partners such as Tooele Children's Justice Center, Tooele County School District, the Tooele Chamber of Commerce, Tooele County Housing Authority, Kiwanis, Law Enforcement, Tooele Communities that Care, the Division of Child and Family Services (DCFS), the Division of Workforce Services, and Optum network providers.

Additionally, the Optum R & R team also works with Optum's network of providers to encourage the hiring and utilization of peer counselors to work on multi-disciplinary teams to provide treatment.

In FY23, Optum will:

- Provide QPR trainings with Optum, providers, and allied partners

- Provide MHFA, and YMFA trainings with Optum, providers, and allied partners
- Optum also coordinates and works closely with NAMI Utah in promoting and facilitating their services with our clients.

Optum has frequent opportunities to educate the public through all forms of media, community fairs, conferences, and other venues.

In FY23, Optum will conduct Certified Peer Support Specialist Refresher Trainings.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

No significant increase/decrease expected.

Describe any significant programmatic changes from the previous year.

No significant change.

21) Services to Incarcerated Persons

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$98,570	Form A1 - FY23 Projected clients Served:	131
Form A1 - Amount budgeted in FY22 Area Plan	\$52,306	Form A1 - Projected Clients Served in FY22 Area Plan	367
Form A1 - Actual FY21 Expenditures Reported by Locals	\$35,850	Form A1 - Actual FY21 Clients Served as Reported by Locals	199

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider, and how you will coordinate with the jail to ensure service delivery is adequate.

Optum contracts with providers to assess each member's social determinants of health, substance abuse and criminogenic risk factors.

VBH Tooele works with the clients that are in the jail. They do this by a computer system that the inmates have access to and request information and help, as well as crisis problems. Most are set up with a case manager upon release to assist them with the paperwork for Medicaid or TAM upon release. Some of the paperwork is done while at the jail pending release into the different programs, as well as being set up for MAT treatment if needed. VBH Tooele has a case manager meeting in the jail every day of the week and on weekends if requested. EBP classes are held two times each week by a Certified Peer Support Specialist.

Describe how clients are identified for services while incarcerated. How is the effectiveness of the services measured?

Valley Behavioral Health is a contracted provider with Optum.

VBH assesses the individual's clinical social needs, substance abuse and public safety risks factors while addressing a plan for the treatment and services required to address the individual's needs, both in custody and upon reentry into the community. VBH is working in partnership with Sheriff's office, Jail Command Staff, Courts, and County Attorney's in a pretrial release services program (PTRS), to coordinate collaborative responses between the behavioral health team and criminal justice system that match the individual's levels of risk and behavioral health needs with the appropriate levels of supervision and treatment that can be tracked and monitored. These services include group therapy, drug testing, and individual therapy while being safely returned to the community while awaiting trial.

VBH's goal is to coordinate the transition plan to ensure; the implementation and avoid gaps in care with community-based services, to develop mechanisms to share information across different points in the criminal justice system to advance the individual's goals, to support adherence to treatment plans and supervision conditions through coordinated agencies i.e. Law Enforcement, Corrections, Adult Probation and Parole, and court services.

The (JRI) funding is being used to provide additional services to incarcerated individuals who suffer with both MH and SUD. VBH has been contracted to use JRI funding and equally uses it within the mental health and substance use disorder budgets to provide a minimum of three (EBP) group sessions per week in the jail. The VBH JRI coordinator has been responsible for implementing the use of the Brief Mental Health for all inmates booked into the Tooele County Jail. This screening is administered by the booking nurse and provided for review to the VBH JRI team.

In addition, VBH will assign a case manager to meet with court ordered individuals classified as high risk high need to conduct discharge planning.

Lastly, clients will be engaged in outpatient services and the Risk and Needs Triage at intake to determine level of care, criminogenic risk.

Describe the process used to engage clients who are transitioning out of incarceration.

Valley Behavioral Health is a contracted provider with Optum.

VBH is providing at least 2 hours of direct services not including crisis services 7 days per week. Case management services have been added to jail services as well as peer support, and individuals are being screened and tracked to identify (RANT) high risk high needs offenders to provide services and links to support.

Additionally, 4 groups per week are being provided to both SUD and MH court compelled inmates specifically related to readiness to change, discharge planning and community reintegration. By providing case management services to incarcerated individuals in areas of release planning, employment search, transportation, and life skills that can assist them to re-entry to the community. By working with the courts and the client VBH is able to get members into services and give a fresh start upon release.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

No significant increase/decrease expected.

Describe any significant programmatic changes from the previous year.

No significant change.

22) Adult Outplacement

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$50,625	Form A1 - FY23 Projected clients Served:	8
Form A1 - Amount budgeted in FY22 Area Plan	\$29,572	Form A1 - Projected Clients Served in FY22 Area Plan	7
Form A1 - Actual FY21 Expenditures Reported by Locals	\$31,122	Form A1 - Actual FY21 Clients Served as Reported by Locals	7

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Optum provides one Clinical Care Advocate and a Housing Support Specialist who are assigned full-time as State Hospital Liaisons to work directly with the Utah State Hospital (USH) teams to proactively facilitate and coordinate plans for members coming out of the USH. They are assisted by the Optum State Hospital Committee and the Optum Clinical Team as needed.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

No significant increase/decrease expected.

Describe any significant programmatic changes from the previous year.

No significant change.

23) Children/Youth Outplacement

Codie Thurgood

Form A1 - FY23 Amount Budgeted:	\$11,432	Form A1 - FY23 Projected clients Served:	5
Form A1 - Amount budgeted in FY22 Area Plan	\$0	Form A1 - Projected Clients Served in FY22 Area Plan	0
Form A1 - Actual FY21 Expenditures Reported by Locals	\$0	Form A1 - Actual FY21 Clients Served as Reported by Locals	0

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

The Children's Outplacement Program (COP) and funding are managed by OSUMH/Optom Tooele County in a cooperative manner. OSUMH/Optom staff sit on the Children's Continuity of Care committee. OSUMH/Optom recommends children for consideration of State COPs assistance and recommends an appropriate array of services. Approved treatment services will be provided through the OSUMH/Optom provider network.

The Optum representative meets with the Children's Outplacement Committee monthly at the Children's Continuity of Care meeting at the Utah State Hospital to present the requests for funding to get approval from the committee. Also, the Optum representative can ask for emergency outplacement funding approval from OSUMH for cases that cannot wait for the monthly committee approval.

Describe any significant programmatic changes from the previous year.

No significant change.

24) Unfunded Adult Clients

Pam Bennett

Form A1 - FY23 Amount Budgeted:	\$15,705	Form A1 - FY23 Projected clients Served:	129
Form A1 - Amount budgeted in FY22 Area Plan	\$15,453	Form A1 - Projected Clients Served in FY22 Area Plan	15
Form A1 - Actual FY21 Expenditures Reported by Locals	\$15,103	Form A1 - Actual FY21 Clients Served as Reported by Locals	15

Describe the activities you propose to undertake and identify specific populations where services are and are not provided. For each service, identify whether you will provide services directly or through a contracted provider.

For FY23 Optum Tooele County and the Tooele Department of Human Services will continue to assess distribution of unfunded dollars within the network depending upon member need. The Optum provider network will provide direct services to Tooele County members. This includes a full continuum of services, such as outpatient, IOP, day treatment, and residential levels of care as designated in the non-Medicaid allotment.

In FY22 Valley Behavioral Health, Clinical Consultants and Multicultural Counseling Center were contracted to use specific non-Medicaid allocations to provide direct services for unfunded adults.

Case management and peer support services will be utilized to help members connect with community resources. Resources may include The Resource Center, Tooele Food Bank, the Domestic Violence Shelter, Division of Workforce Services, Tooele Housing Authority, and the Division of Child and Family Services.

Describe agency efforts to help unfunded adults become funded and address barriers to maintaining funding coverage.

Providers using non-Medicaid dollars are required to check Medicaid eligibility monthly to determine funding status. Providers are expected to assist members in applying for Medicaid prior to accessing non-Medicaid dollars. Additionally, they are expected to support the member as they go through the eligibility process.

Optum is working with community resources, such as Take Care Utah to support members to determine eligibility and apply for the appropriate benefits.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

No significant increase/decrease expected.

Describe any significant programmatic changes from the previous year.

MCC, Clinical Consultants and VBH provide services for unfunded adult clients in Tooele County.

25) Unfunded Children/Youth Clients

Leah Colburn

Form A1 - FY23 Amount Budgeted:	\$7,735	Form A1 - FY23 Projected clients Served:	43
Form A1 - Amount budgeted in FY22 Area Plan	\$7,611	Form A1 - Projected Clients Served in FY22 Area Plan	7
Form A1 - Actual FY21 Expenditures Reported by Locals	\$7,551	Form A1 - Actual FY21 Clients Served as Reported by Locals	7

Describe the activities you propose to undertake and identify specific populations where services are and are not provided. For each service, identify whether you will provide services directly or through a contracted provider.

For FY23 Optum Tooele County and the Tooele Department of Human Services will continue to assess distribution of unfunded dollars within the network depending upon member need. The Optum provider network will provide direct services to Tooele County members. This includes a full continuum of services, such as outpatient, IOP, day treatment, and residential levels of care as designated in the non-Medicaid allotment.

In FY22 Valley Behavioral Health, Clinical Consultants and Multicultural Counseling Center were contracted to use specific non-Medicaid allocations to provide direct services for unfunded children/youth.

Describe agency efforts to help unfunded youth and families become funded and address barriers to maintaining funding coverage.

When a youth or family requires services, if they are unfunded, a case manager is assigned to work with them in acquiring funding. Providers using non-Medicaid dollars are required to check Medicaid eligibility monthly to determine funding status. Providers are expected to assist members in applying for Medicaid prior to accessing non-Medicaid dollars. Additionally, they are expected to support the member as they go through the eligibility process.

Optum is working with providers to identify unfunded individuals and help them obtain coverage as needed.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

No significant increase/decrease expected.

Describe any significant programmatic changes from the previous year.

No significant change.

26) Other non-mandated Services

Form A1 - FY23 Amount Budgeted:	\$134,811* (specific to New Reflections)	Form A1 - FY23 Projected clients Served:	
Form A1 - Amount budgeted in FY22 Area Plan	\$0	Form A1 - Projected Clients Served in FY22 Area Plan	
Form A1 - Actual FY21 Expenditures Reported by Locals	\$0	Form A1 - Actual FY21 Clients Served as Reported by Locals	

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

VBH offers New Reflections, a Clubhouse model program for its members in Tooele.

The Tooele Community Resource Center (TCRC) in association with Optum Tooele will operate the Food Bank and Resource Center in collaboration with the Tooele County Department of Human Services and other vested entities. The TCRC provides a local clearinghouse for information about and access to resources, as well as serves the community through management and distribution of funds for Rapid Rehousing and other grants to establish stable housing.

The TCRC in association with Optum Tooele will operate the Tooele Pathways Domestic Violence Shelter to provide safe emergency housing for survivors of domestic violence. The shelter has a capacity to house 14 individuals (this includes adults and their children). Standard shelter services include supplying a secure housing environment and basic needs to all residents during their stay. These services will be provided on the shelter property. In the event an individual meets the criteria for

emergency shelter as a domestic violence survivor, but capacity is already full at Pathways, services may be provided at a local motel or assistance is offered to connect to another shelter. Risk assessment, safety planning, case management, SPDAT assessment and referral to housing Coordinated Entry, and other supportive and education services are offered on site for the residents of the shelter. Transportation services are provided as needed to assist the shelter guests in accessing medical, legal and other necessary appointments. Shelter guests are encouraged to utilize the outpatient MH and SUD offered in the network and have the opportunity to obtain services at the outpatient clinics for adults and children.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

No significant increase/decrease expected.

Describe any significant programmatic changes from the previous year.

No significant change.

27) First Episode Psychosis Services

Jessica Makin

Form A1 - FY23 Amount Budgeted:	\$0	Form A1 - FY23 Projected clients Served:	0
Form A1 - Amount budgeted in FY22 Area Plan		Form A1 - Projected Clients Served in FY22 Area Plan	
Form A1 - Actual FY21 Expenditures Reported by Locals		Form A1 - Actual FY21 Clients Served as Reported by Locals	

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Currently, there are no specific programs in the network for these services, but Optum engages in Single Case Agreements as medical necessity indicates.

Describe how clients are identified for FEP services. How is the effectiveness of the services measured?

Clients are identified by treatment providers who have conducted assessments that indicate symptoms of psychosis not previously identified and could be chronic in nature.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

No significant increase/decrease expected.

Describe any significant programmatic changes from the previous year.

No significant change.

28) Client Employment

Sharon Cook

Increasing evidence exists to support the claim that competitive, integrated and meaningful employment is an essential part of the recovery process and is a key factor in supporting mental wellness.

In the following spaces, please describe your efforts to increase client employment in accordance with Employment First 62A-15-105.2

Competitive, integrated and meaningful employment in the community (including both adults and transition-aged youth).

The Department of Workforce Services in Tooele County offers employment support services and education for adults and transition aged youth. All contracted providers can make referrals to DWS to support members in achieving employment goals.

Additionally, New Reflections club house with Valley Behavioral Health has employment support services for their members. New Reflections works with local employers for member employment opportunities while providing employment education to be hired and once employed supports the member to be successful and maintain employment. VBH case managers outside of New Reflections do support members in applying for jobs and getting access to supportive employment services at DWS.

Optum Tooele County will continue to work with the contracted providers and collaborate with county departments to support ongoing enhancement with employment services for the members' whole recovery.

The referral process for employment services and how clients who are referred to receive employment services are identified.

Providers will work with Workforce Services when support needs are identified.

Collaborative employment efforts involving other community partners.

VBH-Tooele provides peer support and case management that focuses on collaborative partnerships with local government agencies and businesses to gain as much access as possible for individuals requiring employment assistance. New Reflection house offers its own supported and Independent Employment programs to assist members to secure, sustain and subsequently, to better their employment. As a defining characteristic of Clubhouse Supported Employment; New Reflections maintains a relationship with the working member and the employer. Members and staff in partnership determine the type, frequency, and location of desired supports.

Employment of people with lived experience as staff through the Local Authority or subcontractors.

Optum Tooele County employs 3 individuals who have lived experience. Referred to as the Recovery and Resiliency team, these staff members work directly with Medicaid members to support their recovery process. Additionally, this team works collaboratively with community stakeholders to ensure the member's voice is present.

Evidence-Based Supported Employment.

NRH offers Supported and Independent Employment programs to assist members to secure, sustain and subsequently, to better their employment. As a defining characteristic of Clubhouse Supported

Employment, the Clubhouse maintains a relationship with the working member and the employer. Members and staff in partnership determine the type, frequency and location of desired supports. New Reflection House has networking connections from previous temporary employment positions in the community to assist members to move on to supported and/or independent employment positions when they are ready. Clubhouse provides non-specific job training in Administrative, Culinary, Clerical and Custodial instruction through side-by-side Clubhouse work-ordered day experience. All of the members of NRH who are working independently continue to have available all Clubhouse support and opportunities including advocacy for entitlements, and assistance with housing, clinical, legal, financial and personal issues, as well as participation in evening and weekend programs. NRH continues to work with OSUMH for technical assistance related to the IPS project enhancing our programming. In addition, New Reflection staff and members have received on-site IPS training from OSUMH's IPS Statewide Trainer and Alliance House's IPS Trainer for Clubhouses.

29) Quality & Access Improvements

Identify process improvement activities:

Evidence Based Practices: In this section please describe the process you use to ensure fidelity to EBPs. Attach a list of EBPs in the attachment section.

In addition to the processes outlined in the QAPI plan, Optum utilizes national benchmarks and best practices, managing inpatient records to ensure care provided adheres to established and validated clinical guidelines, medical necessity reviews, and recovery and resiliency training to ensure a focus on evidence-based practices. All contracted providers are mandated to conduct supervision for EBP and it is the responsibility of each individual agency to meet fidelity requirements. Monitoring for EBPs is part of the Optum Site Audit Tool. Providers will be asked to explain their methods for monitoring EBPs to fidelity. All of the practices listed in the attachment are recognized by SAMHSA and are offered in the Optum Network.

Outcome Based Practices: Identify the metrics used by your agency to evaluate client outcomes and quality of care.

Outcome Based Practices

OQ® and YOQ® questionnaires are required to be offered to members upon admission, every thirty days and upon discharge. Results of the corresponding reports are to be discussed with members and their guardians, when appropriate, and incorporated into treatment planning. Beginner and advanced level training is available to providers twice annually. The results of the OQ® Measures Tools are being used as an evidence-based outcome to show effectiveness of treatment interventions by monitoring member distress levels. Information from these tools can also be used in addition to other clinically relevant information to support levels of care and to identify risk areas to help develop safety plans. The Optum QAPI team is monitoring provider use of OQ® Measures.

Service Capacity: Systemic approaches to increase access in programs for clients, workforce recruitment and retention, Medicaid and Non-Medicaid funded individuals, client flow through programming

Optum and Tooele County continue to collaborate on network expansion to meet the needs of the community. A variety of locations, provider types, levels of care, specific interventions and treatment for mental health and substance use disorders have grown based on data and information gathered from

the following sources:

- Geo mapping
- Utilization management data review
- Timely access monitoring
- Secret shopper calls completed by Optum Network Department
- Tooele County Needs Assessment
- Optum Tooele County QAPI Committee
- Tooele Human Services Advisory Council
- Tooele Opioid Response Network
- Follow-up after hospitalization data review

In addition, providers are screened by the Optum Internal Network Advisory Group to ensure they are a match for Tooele County before credentialing begins. Expectations are outlined and Utah Medicaid registration is verified as well. Ongoing administrative and clinical training is offered throughout the year to support retention of current providers. Providers and community stakeholders participate in the Optum Tooele County QAPI Committee to provide input on community needs and efforts to increase and improve quality services.

Efforts to respond to community input/need. Describe your participation with key community partners (e.g.: Multi-Agency Coordinating Committees, Regional Advisory Councils, High Fidelity Wraparound teams, Local Interagency Councils, Local Recovery Community, Peer Advocacy Groups, County Attorney, Law Enforcement, Local Education Agencies, Courts, Regional Healthcare Coalitions, Local Homeless Councils, and other partnership groups relevant in individual communities).

Over the last year and half since obtaining the contract to manage the behavior health services for Tooele County, Optum has responded to the community's top requests/needs as highlighted below:

- Spanish speaking behavioral health services in the local school district and expansion of outpatient services throughout the county by Multicultural Counseling Center.
- Behavioral health screenings at local schools
- Assistance with insurance application and referral to PCPs covered by insurance with support from Take Care Utah with The Utah Health Policy Project.
- Behavioral health integration within a medical practice through the addition of Bonneville Family Practice offering mental health and substance use disorder treatment
- Methadone treatment program through Bonneville Family Practice expected to open FY23.
- MCOT to fidelity crisis services offered through Valley Behavioral Health
- Psychiatric inpatient service expansion for youth through Salt Lake Behavioral Health
- IOP services for youth through Salt Lake Behavioral Health
- Worked with the Tooele Opioid Response Network to collaborate on service enhancements and resources.
- Clinical consultants and VBH were contracted to utilize non-Medicaid funds to expand services for this population in the county.

Optum participates with and is co-chair in the Tooele County Human Services Advisory Council. This council includes representation from DWS, Tooele County Jail and police department, Tooele County

Court, Tooele County School District, JJS, Tooele Youth Services, the Health Department, the Tooele County Resource Center, the Local Housing Authority, Aging Services, Mountain West Medical Center, Natsu Healthcare, Clinical Consultants, Valley Behavioral Health and MCOT. This council is designed as a platform to discuss community issues and needed responses.

Optum Tooele County also participates with the VBH/MCOT crisis services quarterly check-in, VBH Crisis Sub Committee, the USU Tooele Opioid Recovery Network, VBH Intensive Clinical Oversight Committee (adult and youth), IST staffings and MDT (multidisciplinary Team, aging services)

The Tooele Department of Human Services sits on the Local Homeless Coordinating Council. The County will work with Optum to support any homeless directed services, program, or resources.

Describe how mental health needs for people in Nursing Facilities are being met in your area

Educational programs are provided between various service providers and the Division of Aging Services. Referrals for nursing homes and assisted living services/training comes to various providers for response. If requested, Optum Tooele County will work with their facility administrators to develop MOU's and continue to provide behavioral health services on site and in the community.

Telehealth: How do you measure the quality of services provided by telehealth? Describe what programming telehealth is used in.

Optum providers offer mental health and substance use disorder treatment through telehealth and will continue to do so after the COVID public health emergency declaration. The services on the authorization for telehealth, mirror the in-person (in-clinic) services as pertinent. Optum has notified providers telephone only (Telephonic services) will be discontinued when the emergency declaration period comes to an end.

All providers currently rendering telehealth services have completed training on the following which will still apply if they attest and continue to provide telehealth services:

- Proper claim submission protocols

Telehealth services are included in treatment record reviews during monitoring visits of our providers. Optum MH providers are required to use the OQ® Measures tools which can be used to monitor the quality of care are a component of provider audits.

Describe how you are addressing maternal mental health in your community. Describe how you are addressing early childhood (0-5 years) mental health needs within your community. Describe how you are coordinating between maternal and early childhood mental health services. Technical assistance is available through Codie Thurgood: cthurgood@utah.gov

Bears Ears Child and Family Therapy, Aspen Ridge Counseling and VBH provide maternal mental health services. Bears Ears has completed Perinatal Mood Disorders OSUMH training. Aspen Ridge provides specific play therapy for early childhood. VBH has an identified early childhood/maternal mental health therapist. The Children's Center has been added to the network specializing in treating early childhood mental health needs.

Other Quality and Access Improvement Projects (not included above)

Optum and Tooele County are currently collaborating on the development of the performance improvement project required for Medicaid.

30) Integrated Care

Pete Caldwell

Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers.

Optum Tooele County partners with the Tooele County Health Department and Mountain West Medical Center when appropriate to help meet the physical needs of Tooele County residents. Members of these departments sit as members of the Tooele Advisory Council and assist with the discussion of physical and behavioral health needs. Optum Tooele County has added Bonneville Family Practice who provides integrated care for members including physical health, mental health, SUD, and MAT services. They will also be opening a methadone clinic in FY23.

Describe your efforts to integrate care and ensure that children, youth and adults have both their physical and behavioral health needs met, including screening and treatment and recovery support. Identify what you see as the primary barriers to implementing integrated care at your agency and your efforts to overcome those barriers. Please also describe how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).

Physical concerns of children, youth and adults are noted at initial intake assessment. Person centered recovery plans will be reviewed on an ongoing basis. Adjustments are made as client needs in all areas are dynamic which must be recognized throughout the treatment episode. Releases of information to primary care doctors, as well as any other behavioral health providers are encouraged to ensure that all treatment team members can coordinate the total care of all individuals.

Part of Optum's care coordination efforts include contact with the member's ACO to identify integrated care needs to support their treatment plan.

Optum Tooele County monitors network providers to ensure screening, treatment, and recovery support are provided.

All contracted vendors are required to have relationships with primary care systems. Primary care providers who are excellent partners are Booneville Family Practice and Odyssey House's Martindale Clinic.

The Optum treatment network is committed to addressing co-occurring disorders. For this reason, all SUD providers within the network meet the definition of dual diagnosis capable by ASAM standards. In addition, we contract with SUD providers (VBH and Odyssey House) to provide ASAM dual diagnosis enhanced services. VBH provides our largest service delivery for dual diagnosed individuals. They have multiple locations, serving individuals with co-occurring psychiatric and substance use related disorders. VBH provides treatment to these individuals at all levels of care, including having a residential facility for dual diagnosed adult males (Co-Occurring Residential and Empowerment, CORE Program) and females (CORE 2). Odyssey House has a residential program for women who have co-occurring disorders and are justice involved and recently opened a men's dual diagnosis program.

The biggest barrier to implementing additional integrated care is the availability of providers in the area who offer it and can be contracted in the provider network. Optum is always evaluating the treatment

needs of members and vetting possible providers to meet those needs including more integrated care options.

Describe your efforts to incorporate wellness and wellness education into treatment plans for children, youth and adults. Please consider social determinants of health in your response.

Treatment plans are to include the multiple methods, clinical and non-clinical, which are used to help members achieve SMART objectives and member driven goals.

Quality Improvement: What education does your staff receive regarding health and wellness for client care including children, youth and adults?

The Optum Tooele County team received training on Social Determinants of Health (SDOH) as part of our Cultural Responsiveness Plan. Additional training has been made available on the Culture of Poverty. Health and wellness are key components of SDOH and Culture of Poverty training.

Optum Care Advocates collaborate with the respective ACOs on a case-by-case basis when it is noted that the consumer's medical needs, such as HIV, AIDS, Diabetes and Pregnancy, are a component of their mental illness and/or a part of their recovery. Each ACO has an identified person that is our contact point. The ACO then staffs the case and Optum will be contacted in return with their recommendation and/or plan to help address the medical status. Optum then coordinates with the treating mental health provider what the medical plan is and who to coordinate with for their collaborative care. In some cases, Optum has been able to proactively access health care services for consumers coming out of USH, so that medical support is available upon immediate return to the community. This process is fluid and responsive on an as needed basis in order to meet consumer needs.

Describe your plan to reduce tobacco and nicotine use in SFY 2023, and how you will maintain a *nicotine free environment* as a direct service or subcontracting agency. For ongoing engagement, it is recommended to use an evidence-based nicotine dependence tool such as the Fagerstrom scale. SUD Target= reduce tobacco and nicotine use by 4.8%.

Optum continues to educate providers on the mandate to diagnose and provide treatment for nicotine addiction as a healthcare issue. Screening for use and abuse with referrals to smoking cessation supports continues to be addressed at provider meetings and trainings for MH and SUD treatment providers. Clinicians are reminded of the health implications of smoking for our clients, the need to ask clients if they are interested in cessation services, and the need for proper documentation of these efforts. For members who do want to quit tobacco, CBT is used, and MI for those who have not committed yet to quitting. Due to the popularity of previously non-traditional ways to use nicotine, the providers are also being educated to ensure that any type of nicotine delivery system is addressed with the client. Optum Tooele County has also incorporated a review of nicotine-free environment initiatives during audits providing a forum for another conversation about the importance of offering cessation services to clients. The Optum Recovery & Resiliency Team has incorporated education about tobacco cessation in their CPSS trainings. Optum has offered Train the Trainer sessions for the Smoking Cessation module of the Dimensions system. This training will be offered again in FY23, as providers have already expressed interest in training more staff.

Describe your efforts to provide mental health services for individuals with co-occurring mental health and autism and other intellectual/developmental disorders. Please identify an agency

liaison for OSUMH to contact for IDD/MH program work.

Optum has identified providers who work with co-occurring diagnoses and will work with the ACOs when associated medical conditions are identified where physical therapy or occupational therapy may be needed. Optum keeps its ACO contact list updated.

Optum also works closely with the Pingree School for Autism. The Pingree school is part of the continuum of services for individuals that have Autism that need higher levels of care or support.

31) Children/Youth Mental Health Early Intervention

Leah Colburn/Tracy Johnson

Describe the Family Peer Support activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider. For those not using MHEI funding for this service, please indicate "N/A" in the box below.

Family Peer Support Specialists (FPSSs) play a key role in developing a formalized, family driven and child-centered public mental health system in the State of Utah. They are trained facilitators who develop working partnerships with the Community Mental Health Center staff to represent the family voice at service delivery, administration and policy levels.

At no charge to all families, FPSSs provide referrals to local resources and programs, advocacy for culturally appropriate services, links to information and support groups, and family wraparound facilitation. These services provide increased family involvement at all levels and improve outcomes for families and communities where they live.

Optum Tooele County is awaiting the outcome of the awarding of the Family Peer Support contract and staying in contact with providers such as Utah Parent Center. In the interim we are in discussion with providers regarding hiring family peer support specialists.

Include expected increases or decreases from the previous year and explain any variance over 15%.

No significant increase/decrease expected.

Describe any significant programmatic changes from the previous year.

No significant change.

**Do you agree to abide by the Mental Health Early Intervention Family Peer Support Agreement?
YES/NO**

Yes

32) Children/Youth Mental Health Early Intervention

Leah Colburn/Nichole Cunha

Describe the *Mobile Crisis Team* activities you propose to undertake and identify where services are provided. *Please note the hours of operation.* For each service, identify whether you will provide services directly or through a contracted provider. For those not using MHEI funding for this service, please indicate "N/A" in the box below.

MCOT crisis support is available for youth and children of Tooele County 24-hours a day, 7-days a week, 365 days a year. This approach is utilized in the schools and in the home. The utilization of mobile outreach can be initiated by anyone on the team or community member when risk is identified. The goal of the Mobile Crisis Team is to assess current risk and need for medical support, law enforcement or to develop a crisis/safety plan until the child can attend a session with their provider.

Include expected increases or decreases from the previous year and explain any variance over 15%.

No significant increase/decrease expected

Describe any significant programmatic changes from the previous year.

In FY 22 crisis services transitioned to MCOT fidelity model. Tooele Youth Services and Receiving Center also opened during this time, giving options for those in crisis as a diversion from the hospital and offering other resources for treatment and support.

Describe outcomes that you will gather and report on. Include expected increases or decreases from the previous year and explain any variance over 15%.

Optum's contracted crisis provider, Valley Behavioral Health tracks numerous indicators to assess progress in this area. These include (measuring occurrences, recidivism and reductions in these): hospitalizations, incarcerations, ER visits, movement in levels of care, progress toward treatment goals, access to other community services such as housing, and satisfaction surveys looking at convenience of location and reduction of barriers to treatment.

33) Children/Youth Mental Health Early Intervention

Leah Colburn/Scott Eyre

Describe the School-Based Behavioral Health activities you propose to undertake. Please describe how you intend to support family involvement in treatment. For each service, identify whether you will provide services directly or through a contracted provider. Please include: any partnerships related to 2019 HB373 funding and any telehealth related services provided in school settings. For those not using MHEI funding for this service, please indicate "N/A" in the box below.

Optum continues to work with our provider network to diversify and increase onsite school-based services. Optum's provider network is family and community based and offers family therapy services and community-based wrap-around supports as part of treatment. In FY 22 MCC was partnered with the local school districts to offer school-based services for the Spanish speaking population.

Additionally, Bears Ears Child and Family Therapy, MCC and Aspen Ridge Counseling provide maternal mental health services. Bears Ears has completed Perinatal Mood Disorders OSUMH training. Aspen Ridge provides specific play therapy for early childhood. VBH has an identified early childhood/maternal mental health therapist.

Tooele County School District

The Tooele County School District has a mental health-based grant for students in need. They have

had 594 students referred for sessions to date this year through this grant. The district partners with various agencies. All are required to coordinate and work with Optum for Medicaid students. The district also has a provider assigned to each school for private therapy services to be provided within the school for those that have difficulty with transportation and/or time.

Additionally, mental health screening has been provided to all students in grades 1-12 in Tooele County School District. There were 167 students that registered for a screening, with 131 of them actually participating. Screenings were offered at six different locations and also virtually.

The SafeUT app is promoted in all schools, and HOPE squads are in all of the secondary schools within the district.

The district partners with Valley Behavioral Health for crisis response, and with Juvenile Justice Services for students who require extended mental health supports.

Include expected increases or decreases from the previous year and explain any variance over 15%.

No significant increase/decrease expected.

Describe any significant programmatic changes from the previous year and include a list of the schools where you plan to provide services for the upcoming school year. (Please email Leah Colburn lacolburn@utah.gov a list of your FY23 school locations.)

Optum does not have agencies aligned with specific schools, rather Tooele School District has linked our in-network providers to specific and all schools in the district. The providers indicated for school-based services included for FY 23 are as follows:

- Aspen Ridge Counseling, LLC
- Bear's Ears Child and Family Therapy LLC
- Clinical Consultants, LLC
- Grantsville Child & Family Counseling Services
- MultiCultural Counseling Center,
- Rubicon Counseling Services
- Sunset Counseling Services, LLC
- Tooele Valley Counseling
- Valley Behavioral Health
- Willow Springs Counseling, LLC

Please describe how you plan to collect data including MHEI required data points and YOQ outcomes in your school programs. Please identify who the MHEI Quarterly Reporting should be sent to, including their email.

The MHEI data points are gathered in partnership with the Tooele County School District. The MHEI quarterly reports should be sent to Mark Schull at mark.schull@optum.com. The providers the youth are connected with from school referrals use the YOQ for outcome reporting and can be collected

specifically for those in school programs.

34) Suicide Prevention, Intervention & Postvention

Carol Ruddell

Identify, define and describe all current strategies, programs and activities in place in suicide prevention, intervention and postvention. Strategies and programs should be evidence-based and align with the Utah State Suicide Prevention Plan. For intervention/treatment, describe your policies and procedures for suicide screening, risk assessment, and safety planning as well as suicide specific treatment and follow up/care transition services. Describe how clients are identified for suicide specific services. How is the effectiveness of the services measured? Include the evaluation of the activities and their effectiveness on a program and community level. If available, please attach the localized agency suicide prevention plan or link to plan.

Through the Recovery and Resiliency team, Optum provides both Mental Health First Aid (MHFA) and Question Persuade and Refer (QPR) trainings free of charge to any organization or community group interested in receiving the training. Both trainings follow a structured curriculum and include a feedback component available to all participants. The feedback information is used to improve future trainings.

Through the audit process, providers are monitored to ensure they comply with the requirements to assess for suicide risk and provide subsequent needed safety plans and clinical care. Contracted providers out of compliance are placed on a corrective action plan. When quality of care issues are identified which may have contributed to a completed suicide or a serious suicide attempt requiring overnight hospitalization for medical treatment, providers implement a corrective action plan to improve specific areas of treatment, risk assessment, treatment coordination and/or policies and procedures to help prevent future occurrences.

Identify at least one staff member with suicide prevention responsibilities trained in the following OSUMH Suicide Prevention programs. If a staff member has not yet been identified, describe the plan to ensure a staff member is trained in the following:

1. Suicide Prevention 101 Training
2. Safe & Effective Messaging for Suicide Prevention
3. Suicide Prevention Gatekeeper training, such as Question-Persuade-Refer (QPR), Mental Health First Aid (MHFA), Talk Saves Lives or Applied Suicide Intervention Skills Training (ASIST)

Optum and the Tooele Department of Human services will discuss how best to have a person identified in these areas for the network and to be identified by 7/1/22.

Describe all current strategies in place in suicide postvention including any grief supports. Describe your plan to coordinate with Local Health Departments and local school districts to develop a plan that identifies roles and responsibilities for a community postvention plan aligned with the Utah Suicide Coalition for Suicide Prevention Community Postvention Toolkit. Identify existing partners and intended partners for postvention planning. If available, please attach a localized suicide postvention plan for the agency and/or broader local community or link to plan.

Suicide Loss survivors may seek support and referrals from the Optum Recovery & Resiliency Team who can help to identify local grief support and suicide survivor groups. This includes referrals to NAMI.

For Local Authorities participating in the Garrett Lee Smith State Youth Suicide Prevention and Early Intervention Grant Program summarize your implementation plans for implementing skill based programming, gatekeeper training, community or school based screening activities, and crisis follow up services after inpatient or emergency department visits. (note: this can be done in the box below, or by linking/attaching your most current report).

For those not participating in this grant program, please indicate "N/A" in the box below.

N/A

For Local Authorities participating in the Comprehensive Suicide Prevention grants describe your implementation plans for primary prevention programs, suicide intervention supports including gatekeeper training, and community postvention planning. (note: this can be done in the box below, or by linking/attaching your most current report).

If any of the following project deliverables are currently available, please link them here or attach them to your submission.

1. By year 2, funding recipients shall submit a written comprehensive suicide prevention plan that is in alignment with the Utah Suicide Prevention State Plan and by year 2, funding recipients shall submit a written postvention response plan and communication protocol for their organization.
2. By year 3 funding recipients shall submit a written community postvention response plan.

For those not participating in this project, please indicate, "N/A" below.

N/A

For Local Authorities receiving mini grant funding for the Live On Utah statewide suicide prevention campaign, summarize your implementation and sustainability plans for the implementation of culturally appropriate suicide prevention messaging in your area.

For those not participating in this project, please indicate, "N/A" below.

N/A

35) Justice Treatment Services (Justice Involved)

Thom Dunford

What is the continuum of services you offer for justice involved clients and how do you address reducing criminal risk factors?

Valley Behavioral Health is a contracted provider with Optum Tooele County. VBH provides Justice treatment services, case management services, crisis services, and peer support services at the jail. This includes one-on-one case management, as well as peer support groups two times per week. VBH has case management in the jail five days per week and on weekends if needed. They also offer help with pre-release planning, assistance with Medicaid, help with IDs as needed, and set up for services in MH or SUD. VBH provides tracking of progress to all courts and Adult Probation and Parole monthly, as well as drug testing as indicated. VBH can also have a therapist go to the jail when requested, as well as offer assistance with Work Force Services.

Describe how clients are identified as justice involved clients

Clients are Identified by the courts and referred to VBH. VBH assesses these clients and the risk factor of each client by a risk assessment and needs tool, RANT or a LS-RNR. At that time, VBH worked on treatment for post-release assistance.

How do you measure effectiveness and outcomes for justice involved clients?

When a member is in IOP services, the Optum provider network would use measurement tools, including the RANT, LSI, DLA20, and OQ to measure member progress. Drug testing is performed as needed.

Identify training and/or technical assistance needs.

Valley Behavioral Health reported Trauma based training is always needed.

Identify a quality improvement goal to better serve justice-involved clients.

VBH-TC will hire a PSS to serve in the capacity of an employment specialist to assist in job recruitment and placement for criminal justice involved clients.

Identify the efforts that are being taken to work as a community stakeholder partner with local jails, AP&P offices, Justice Certified agencies, and others that were identified in your original implementation committee plan.

Valley Behavioral Health is a contracted provider with Optum Tooele County. VBH has a partnership with the Sheriff's office, as well as representation from the following entities on their panel: jail command staff, courts, AP&P, County Attorney's office in a pretrial release services program (PTRS).

Identify efforts being taken to work as a community stakeholder for children and youth who are justice involved with local DCFS, DJJS, Juvenile Courts, and other agencies.

Valley Behavioral Health is a contracted provider with Optum Tooele County. VBH has a partnership with DJJ and DCFS, as well as juvenile probation. VBH reports to these entities in the same manner as they do with adult members. Recently a Juvenile Receiving Center was opened in partnership with the County and DJJS to provide youth and families resources and support to prevent recidivism and address need areas.

36) Specialty Services

Pete Caldwell

If you receive funding for a speciality service outlined in the Division Directives (Operation Rio Grande, SafetyNet, PATH, Behavioral Health Home, Autism Preschools), please list your approach to services, how individuals are identified for the services and how you will measure the effectiveness of the services. If not applicable, enter NA.

N/A

37) Required attachments

- Policies and procedures for peer support and family peer support, including peer support supervision, family peer support supervision, and involvement at the agency level.
- List of evidence-based practices provided to fidelity.
- Policies for improving cultural responsiveness across agency staff and in services.
- "Eliminating Health Disparity Strategic Plan" goals with progress.
- Disaster Preparedness and Recovery Plan to coordinate with state, regional, and local partners in Disaster Preparedness Planning and Supporting Disaster Behavioral Health Response.

FORM B - SUBSTANCE USE DISORDER TREATMENT BUDGET NARRATIVE

Local Authority: Tooele Co

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR TO BLUE, OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

1) Early Intervention

Program Manager

Holly Watson

Form B - FY23 Amount Budgeted:	\$9,864	Form B - FY23 Projected clients Served:	4
Form B - Amount Budgeted in FY22 Area Plan	\$7,398	Form B - Projected Clients Served in FY22 Area Plan	3
Form B - Actual FY21 Expenditures Reported by Locals		Form B - Actual FY21 Clients Served as Reported by Locals	
Describe local authority efforts to provide for individuals convicted of driving under the influence, a screening; an assessment; an educational series; and substance abuse treatment as required in Utah Code § 17-43-201(5)(m).			
<p>The Local Authority supports and encourages services to individuals convicted/charged with DUI. Thus, Optum Tooele County provides a wide range of outpatient services and prevention services aimed at the DUI client. Prime for Life educational series is taught; counseling services provided, and Plea in Abeyance is offered at the justice court level thus allowing clients to receive an assessment and subsequent education or treatment commensurate with their needs.</p>			
Identify evidenced-based strategies designed to intervene with youth and adults who are misusing alcohol and other drugs.			
<p>School based education and prevention services are offered as well as center-related services on an outpatient basis. Various providers utilize testing and educational materials as well as assessments that are criminal justice approved.</p> <p>Prevention Services has only used curricula developed by the Prevention Research Institute for indicated services. This has included their Prime for Life 16-hr curriculum for adults 18 and older. Prime for Life 8-hr ('exploring unit') or THC curriculum ('exploring unit' only, 8hrs) for High School referrals of MIP or impairment infractions.</p>			
Describe work with community partners to implement brief motivational interventions and/or supportive monitoring in healthcare, schools and other settings.			

Optum Tooele County through its varied providers does provide motivational interviewing training to direct service staff.

In the Tooele County School District, there are three free Mental Health screening sessions offered during the school year to identify issues of concern, including substance use, to be addressed. In mental health treatment agencies, they are also assessing for substance use issues to monitor and make appropriate treatment referrals. In health care there are some limitations with how it is addressed or monitored due to 42 CFR, but Bonneville Family Practice is an integrated primary care practice that can provide monitoring and implement brief motivational interventions to engage in the SUD treatment component of the practice.

Describe any outreach and engagement efforts designed to reach individuals who are actively using alcohol and other drugs.

Telephone contacts and other engagement strategies are encouraged. It is expected individuals be assessed further during these engagements to determine if a higher level of care or other services are needed to intervene with the ongoing use.

Describe effort to assist individuals with enrollment in public or private health insurance directly or through collaboration with community partners (healthcare navigators or the Department of Workforce Services) to increase the number of people who have public or private health insurance.

Optum has collaborated with the Utah Health Policy Project and Take Care Utah to have a presence in Tooele County to support enrollment in both public and private health insurance. For example, they were an available resource during recent school based mental health screenings to support eligibility determination and enrollment. Optum will continue to identify opportunities to include UHPP as a resource for the county. Additionally, the Department of Workforce Services works in collaboration with county providers and other resource departments for referrals to support health insurance enrollment. Optum is co-chair of the Tooele County Human Services Advisory Council where efforts to support access to resources is discussed and DWS participates indicating how they can be a partner to help meet enrollment needs.

The referrals for enrollment services are also part of utilizing non-Medicaid funds. Those who are unfunded and indicated to utilize non-Medicaid funds with support from the provider need to be screened for insurance eligibility and enrolled if they qualify. If the provider cannot support this through case management, then they would be referred to resources mentioned above to complete the process.

Describe activities to reduce overdose.

1. educate staff to identify overdose and to administer Naloxone;
2. maintain Naloxone in facilities,
3. Provide Naloxone kits, education and training about overdose risk factors to individuals with opioid use disorders and when possible to their families, friends, and significant others.

All employees of Prevention Services have received Naloxone training annually. In Fall of 2020,

Prevention Services provided an Opioid Summit for First Responders in Wendover. The 26 attendees (officers, firefighters, EMTs, casino security, and health providers) received Naloxone kits and were trained in identifying overdose and how to administer the life-saving drug in the high-risk community. In 2021, in concert with the Tooele Opioid Rural Network, a first responders training was held in Tooele City. It was attended by over 40 individuals who received MCOT, Naloxone, and Harm Reduction training and information.

All contracted SUD providers are maintaining Naloxone at their facilities. This also extends to crisis services and Tooele MCOT having it on hand as well.

Valley Behavioral Health, Odyssey House, Clinical Consultants, and Bonneville Family Practice all provide the kits along with instructions to clients, family, and friends when indicated.

Describe any significant programmatic changes from the previous year.

Continued understanding and training for law enforcement and stakeholders on the use of Naloxone. Its availability will be more robust.

2) Ambulatory Care and Withdrawal Management (Detox) ASAM IV-D, III.7-D, III.2-D, I-D or II-D)

Holly Watson

Form B - FY23 Amount Budgeted:	\$0	Form B - FY23 Projected clients Served:	0
Form B - Amount Budgeted in FY22 Area Plan	\$0	Form B - Projected Clients Served in FY22 Area Plan	0
Form B - Actual FY21 Expenditures Reported by Locals	\$0	Form B - Actual FY21 Clients Served as Reported by Locals	0

Describe the activities you propose to assist individuals prevent/alleviate medical complications related to no longer using, or decreasing the use of, a substance. For each service, identify whether you will provide services directly or through a contracted provider. Please list all contracted providers.

Optum Tooele County Medicaid members have access to inpatient detoxification which is a covered service under their ACO plan. In the continuum of care there is residential level of care with 3.5 and 3.1 where interventions can be used including MAT to address withdrawal management and other substance use treatment needs while working toward recovery. Further down the continuum of care 2.5, 2.1 and 1.0 levels of care are available that also include access to MAT other substance use treatment needs while working toward recovery. These levels of care and MAT are offered through contracted providers including Valley Behavioral Health Tooele, Odyssey House, Bonneville Family Practice, Clinical Consultants, and Aspen Ridge Counseling.

Justify any expected increase or decrease in funding and/or any expected increase or decrease

in the number of individuals served (15% or greater change).
There are no expected increases or decreases of 15% or greater in both funding or individuals served that would alter the plan.
Describe any significant programmatic changes from the previous year.
Bonneville Family practice was added to provide these services. Silverado Counseling is no longer in the network.
If this service is not provided by the Local Authority, where are individuals accessing this level of care when needed? Who in your community provides this service? How is the service paid for?
N/A

3) Residential Treatment Services: (ASAM III.7, III.5, III.3, III.1)

Shanel Long

Form B - FY23 Amount Budgeted:	\$136,181	Form B - FY23 Projected clients Served:	44
Form B - Amount Budgeted in FY22 Area Plan	\$34,622	Form B - Projected Clients Served in FY22 Area Plan	13
Form B - Actual FY21 Expenditures Reported by Locals	\$57,123	Form B - Actual FY21 Clients Served as Reported by Locals	14
Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider. Please list all contracted providers and identify the population served (Men, Women, Youth).			
<p>Optum Tooele County Medicaid members have access to 3.5 and 3.1 levels of care for residential treatment for men, women, and adolescents. These services are provided through contracted providers in the network including Valley Behavioral Health (3.5 and 3.1 LOC for men and women) and Odyssey House (3.5 and 3.1 LOC for men, women and adolescents).</p> <p>Optum Tooele County also has the ability to engage in Single Case Agreements as clinically indicated.</p>			
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).			
There are no expected increases or decreases of 15% or greater in both funding or individuals served that would alter the plan.			
Describe any significant programmatic changes from the previous year.			
No significant changes from the previous year.			

4) Opioid Treatment Program (OTP-Methadone)

VaRonica Little

Form B - FY23 Amount Budgeted:	\$62,461	Form B - FY23 Projected clients Served:	2
Form B - Amount Budgeted in FY22 Area Plan	\$0	Form B - Projected Clients Served in FY22 Area Plan	0
Form B - Actual FY21 Expenditures Reported by Locals	\$33,445	Form B - Actual FY21 Clients Serviced as Reported by Locals	5
<p>Describe the activities you propose and identify where services will be provided. Identify whether you will provide services directly or through a contracted provider. Please list all contracted providers and summarize the services they will provide for the local authority.</p> <p>Optum Tooele County currently does not have a provider in the network providing outpatient methadone treatment. Bonneville Family Practice was added to the network in FY22 and are in the late stages in developing a methadone clinic to open in FY23 upon certification. They have been approached by the Utah State University Tooele Opioid Response Network who have federal funding to support a methadone clinic for Tooele County. Optum will also support these efforts with what can be covered under Medicaid. In the meantime, if methadone is indicated as the treatment of choice for a Tooele County Medicaid member, then efforts would be made by Optum to do a Single Case Agreement with a provider who can provide methadone for the member.</p>			
<p>Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).</p> <p>There are no expected increases or decreases of 15% or greater in both funding or individuals served that would alter the plan.</p>			
<p>Describe any significant programmatic changes from the previous year.</p> <p>No significant changes from the previous year.</p>			

5) Office-based Opioid Treatment -(Vivitrol, Naltrexone, Buprenorphine) VaRonica Little

Form B - FY23 Amount Budgeted:	\$117,760	Form B - FY23 Projected clients Served:	25
Form B - Amount Budgeted in FY22 Area Plan	\$52,257	Form B - Projected Clients Served in FY22 Area Plan	35
Form B - Actual FY21 Expenditures Reported by Locals	\$0	Form B - Actual FY21 Clients Serviced as Reported by Locals	0
<p>Describe activities you propose to ensure access to Buprenorphine and Naltrexone (including vivitrol) and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider.</p> <p>Office based Opioid treatment (vivitrol, naltrexone, buprenorphine) is offered through the Optum Tooele County contracted provider network with Valley Behavioral Health Tooele, Bonneville Family Practice,</p>			

Odyssey House, and Clinical Consultants. Specific to Valley Behavioral Health members referred through the criminal justice system or family, friends or self-referred will all be assessed for MAT (medication assisted treatment) of all kinds. VBH offers medication services on site with a full time APRN (Advanced Practice Registered Nurse). Vivitrol, Naltrexone, as well as Suboxone and other medications that aid in recovery are all prescribed on site. Medical staff meet weekly with clinical staff to update client care and assure best practices as well as specific medication protocols are being followed and all aspects of recovery are being addressed.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

There are no expected increases or decreases of 15% or greater in both funding or individuals served that would alter the plan.

Describe any significant programmatic changes from the previous year.

Bonneville Family Practice was added to the network giving another option for office-based opioid treatment.

6) Outpatient (Non-methadone – ASAM I)

Shanel Long

Form B - FY23 Amount Budgeted:	\$724,028	Form B - FY23 Projected clients Served:	202
Form B - Amount Budgeted in FY22 Area Plan	\$646,989	Form B - Projected Clients Served in FY22 Area Plan	345
Form B - Actual FY21 Expenditures Reported by Locals	\$722,576	Form B - Actual FY21 Clients Served as Reported by Locals	227

Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. Please list all contracted providers.

Optum Tooele County has contracted with providers to deliver ASAM 2.5, 2.1 and 1.0 level of care outpatient substance use treatment. The contracted providers are Valley Behavioral Health Tooele, Clinical Consultants, Odyssey House, and Aspen Ridge Counseling.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

There are no expected increases or decreases of 15% or greater in both funding or individuals served that would alter the plan.

Describe any significant programmatic changes from the previous year.

No significant changes from the previous year.

7) Intensive Outpatient (ASAM II.5 or II.1)

Shanel Long

Form B - FY23 Amount Budgeted:	\$655,298	Form B - FY23 Projected clients Served:	247
Form B - Amount Budgeted in FY22 Area Plan	\$468,508	Form B - Projected Clients Served in FY22 Area Plan	228
Form B - Actual FY21 Expenditures Reported by Locals	\$521,027	Form B - Actual FY21 Clients Served as Reported by Locals	227
<p>Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider. Please list all contracted providers.</p> <p>Optum Tooele county contracts with providers to deliver ASAM 2.5 and 2.1 levels of care.</p> <p>VBH provides an intensive outpatient Level II.1 program according to the American Society of Addiction Medicine (ASAM) criteria. The program consists of evening groups, day groups, women's and men's groups which incorporate education; cognitive behavioral therapy, restructuring of thinking errors and behaviors which can trigger substance use, implementation of relapse prevention plans, motivational interventions, and solution focused therapy.</p> <p>Odyssey House in Salt Lake County is contracted with Optum Tooele County Medicaid to provide ASAM 2.5 and 2.1 level for care.</p> <p>Clinical Consultants, in Tooele County, is contracted with Optum to provide ASAM 2.1 level of care.</p>			
<p>Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).</p> <p>There are no expected increases or decreases of 15% or greater in both funding or individuals served that would alter the plan.</p>			
<p>Describe any significant programmatic changes from the previous year.</p> <p>No significant changes from the previous year.</p>			

8) Recovery Support Services

Thom Dunford

Form B - FY23 Amount Budgeted:	\$4,059	Form B - FY23 Projected clients Served:	5
Form B - Amount Budgeted in FY22 Area Plan	\$0	Form B - Projected Clients Served in FY22 Area Plan	0
Form B - Actual FY21	\$0	Form B - Actual FY21	0

Expenditures Reported by Locals

Clients Served as Reported by Locals

Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a

The delivery of Recovery Support Services is done in collaboration with treatment providers and county supported programs.

- Optum Tooele County, through its provider network, endeavors to provide the following services:
- Screening
- Assessment
- Psychiatric Diagnostic evaluation
- Urinalysis Testing
- Individual-Continuing Care/Recovery Management
- Group-Continuing Care/Recovery Management
- Case Management
- Peer Support Services
- Transportation Services
- Medical Prescription Services (including MAT)
- Physical Healthcare-Medical and dental services
- Education Assistance programs
- Life Skills Services
- Employment assistance
- Optum Tooele County has a relationship with Tooele County Housing Authority and/or TCRC for provision of the following:
- Residence Housing
- Rental Assistance
- Emergency Housing Assistance
- Short Term Supportive Housing (homeless and transition clients)

Optum Tooele County supports all community recovery programs such as AA, NA, LDS Recovery, etc. and encourages all clients to participate in these programs as an adjunct to formal treatment as a foundation in these programs assure ongoing support for recovery.

Optum Tooele County utilizes DWS employment specialists for the purpose of assisting clients with employment opportunities.

In FY23 there are plans for Clinical Consultants to open a sober living facility in Tooele and offer recovery support services.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

There are no expected increases or decreases of 15% or greater in both funding or individuals served that would alter the plan.

Describe any significant programmatic changes from the previous year.

No significant changes from the previous year.

9) Peer Support Services-Substance Use Disorder

Thom Dunford

Form B - FY23 Amount Budgeted:	\$1,828	Form B - FY23 Projected clients Served:	15
Form B - Amount Budgeted in FY22 Area Plan	\$0	Form B - Projected Clients Served in FY22 Area Plan	0
Form B - Actual FY21 Expenditures Reported by Locals		Form B - Actual FY21 Clients Served as Reported by Locals	

Describe the activities you propose to undertake and identify where services are provided. For each service, identify whether you will provide services directly or through a contracted provider.

Providing and receiving peer support stands as an integral component of rehabilitation and recovery. Optum is dedicated to the Peer Support Specialist Program and is working to expand the peer workforce in Tooele County.

Optum Tooele County contracts with Valley Behavioral Health Tooele offering peer support services. The need is identified through assessment and over the course of treatment as additional support needs are recognized. The New Reflections House also identifies members that may need extra support with peer support. Peer support provides client driven care from a peer perspective so that clients are able to identify with the Recovery Model that offers hope and understanding that a person can continue in their recovery. Peer Support Specialists are a valuable part of the team as the clients see the Recovery Model working with a person's ability to function in the workplace and they generally have the ability to provide a role model of what recovery may look like.

Within the Optum Tooele County team there are Certified peer support specialists that are available to engage with members on a limited basis to support them in their recovery goals and identify the services to meet those goals.

Describe how clients are identified for Peer Support Specialist services. How is the effectiveness of the services measured?

Referrals are made to the Optum Peer Support Specialists via providers, community stakeholders and internal Optum staff and committees. Optum educates our providers and expects them to identify when PSS services could be beneficial. If providers do not offer this service in-house, they refer the case to Optum.

Additionally, when these needs are identified via various clinical staffings and/or committees, Optum ensures that PSS services are offered, either through our provider network, or directly through Optum

CPSS staff.
The effectiveness of services is measured through reporting by the PSS offering services to members.
Please attach policies and procedures for peer support including peer support supervision and involvement at the agency level.
N/A, based on recent updates from Pam Bennet a statewide policy is being created for the local authorities to use in FY23.
Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served and number of services provided(15% or greater change).
There are no expected increases or decreases of 15% or greater in both funding or individuals served that would alter the plan.
Describe any significant programmatic changes from the previous year.
No significant program changes.

10) Quality & Access Improvements

Shanel Long

Describe how you will increase access to treatment services. Is there a waiting list for certain levels of care? What services are available to individuals who may be on a wait list?
<p>Optum Tooele County has already added and will continue to add SUD treatment providers to the network. This will be an ongoing process to ensure members have timely access to SUD treatment services. There have been waiting lists indicated for residential level of care. Those on the waiting list can be offered the same service at another provider without a waiting list and if that is not available the highest level of care available will be offered in the interim until the originally prescribed level of care is available.</p> <p>If the person is unfunded, non-Medicaid funds have been allocated to Optum Tooele County to provide SUD treatment using these funds and support access to treatment. VBH and Clinical Consultants have been contacted to utilize non-Medicaid funds to provide SUD services for unfunded individuals.</p>
Describe efforts to respond to community feedback or needs. Describe your participation with key community partners (e.g.: Multi-Agency Coordinating Committees, Regional Advisory Councils, High Fidelity Wraparound teams, Local Interagency Councils, Local Recovery Community, Local Homeless Coordinating Committees, Peer Advocacy Groups, County Attorney, Law Enforcement, Local Education Agencies, Courts, Regional Healthcare Coalitions, and other partnership groups relevant in individual communities) shall occur consistently.
<p>Over the last year and a half since obtaining the contract to manage the behavior health services for Tooele County, Optum has responded to the community's top requests/needs as highlighted below:</p> <ul style="list-style-type: none"> • Spanish speaking behavioral health services in the local school district and expansion of outpatient services throughout the county by Multicultural Counseling Center. • Behavioral health screenings at local schools

- Assistance with insurance application and referral to PCPs covered by insurance with support from Take Care Utah and with The Utah Health Policy Project.
- Behavioral health integration within a medical practice through the addition of Bonneville Family Practice offering mental health and substance use disorder treatment
- Methadone treatment program through Bonneville Family Practice expected to open in FY23. MCOT to fidelity crisis services offered through Valley Behavioral Health
- Psychiatric inpatient service expansion for youth through Salt Lake Behavioral Health
- IOP services for youth through Salt Lake Behavioral Health
- Worked with the Tooele Opioid Response Network to collaborate on service enhancements and resources.
- Clinical Consultants and VBH were contracted to utilize non-Medicaid funds to expand services for this population in the county.

Optum participates with and is co-chair in the Tooele County Human Services Advisory Council. This council includes representation from DWS, Tooele County Jail and police department, Tooele County Court, Tooele County School District, JJS, Tooele Youth Services, the Health Department, the Tooele County Resource Center, Aging Services, Natsu Healthcare, the Local Housing Authority, Mountain West Medical Center, Clinical Consultants, Valley Behavioral Health and MCOT. This council is designed as a platform to discuss community issues and needed responses.

What evidence-based practices do you provide? Describe the process you use to ensure fidelity?

See addendum from Form A

Describe your plan and priorities to improve the quality of care.

Optum has created a system whereby all ASAM LOCs greater than 1.0 must seek preauthorization and be reviewed based on the standards set forth by DSAMH and Medicaid. Optum Care Advocates review preauthorization and concurrent authorization requests following the DSAMH mandates timelines. These clinicians ensure the documentation supports the LOC requested, discharge planning occurs throughout treatment, and individuals receive additional recovery support services as needed.

In addition, when providers are audited, a comprehensive treatment record review is conducted to ensure the level of care is clinically justified using ASAM criteria, and the services rendered facilitate treatment progress. Optum is collaborating with Tooele County Human Services to develop a data driven audit plan to efficiently monitor the network of providers for quality and compliance.

Identify the metrics used by your agency to evaluate substance use disorder client outcomes and quality.

This is specific to services provided at VBH. Recidivism is monitored through Case Management for court compelled programs. Regulatory Oversight Committee also monitors clients' recidivism and Case Management/Therapy services continuing for a minimum of 6 months in compliance with Drug Court guidelines. Case Management Team Lead is responsible to ensure client monitoring takes place. MHSIPS are conducted on a yearly basis. Customer Satisfaction Surveys are done randomly daily. VBH has created and adopted new outcome measures (example DLA20, UA drug testing, PHQ9, hospitalizations and LOCUS).

Describe your agency plan in utilizing telehealth services. How will you measure the quality of services provided by telehealth?

See response to same question in Form A

11) Services to Persons Incarcerated in a County Jail or Correctional Facility Thomas Dunford

Describe the activities you propose and identify where services will be provided. For each service, identify whether you will provide services directly or through a contracted provider, and how you will coordinate with the jail to ensure service delivery is adequate.

Optum Tooele County contracts with Valley Behavioral Health who provide services in the jail. Services include three group sessions per week, in addition to a therapist scheduled for 4 hours a week to address mental health and substance use issues as requested by inmates. VBH responds to crisis situations as they arise in the jail. VBH meets with the jail commander regularly to get feedback on additional services and supports needed in the jail. VBH works collaboratively with Optum Tooele County, the Third District Court, Justice Courts and Adult Probation and Parole and private probation to meet with referred individuals while incarcerated for screening to determine risk level with the use of the Risk and Needs Triage (RANT) and or the LS/RNR to assist in successful and safe transition back to the community. High risk Individuals will continue to receive treatment, Medicaid assistance, Medical Assisted Treatment (MAT) ongoing case management i.e. assist in employment search, time management, transportation, treatment and recovery support following their release.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

There are no expected increases or decreases of 15% or greater in both funding or individuals served that would alter the plan.

Describe any significant programmatic changes from the previous year.

No significant program changes.

Describe current and planned activities to assist individuals who may be experiencing withdrawal (including distribution of Naloxone) while incarcerated or any efforts to use Medication-assisted treatment within a county jail or Prison. Identify all FDA approved medications currently provided within the jail(s).

This service is provided by the jail medical staff and is not reported to Optum Tooele County.

The SAPT block grant regulations limit SAPT expenditures for the purpose of providing treatment services in penal or correctional institutions of the State. Please identify whether your County plans to expand SAPT block grant dollars in penal or correctional institutions of the State.

We don't plan to expend SAPT or block grant dollars in penal or correctional institutions.

12) Integrated Care

Shanel Long

Describe your partnerships with local Health Departments, accountable care organizations (ACOs), federally qualified health centers (FQHCs) and other physical health providers. Please include a list of community agencies you partner with to provide integrated services.

Optum Tooele County added Bonneville Family Practice to the network to provide integrated care for co-occurring issues. Bonneville Family Practice can provide MAT and other medication needs as the primary care physician. There are therapists on site who work with both the SUD and mental health issues with the member while seeing the doctor in the same clinic.

Optum Tooele County partners with the Tooele County Health Department and the Health Department Director sits as a member of the Tooele Advisory Council which is composed of local agency directors to assess and meet the integrated needs of Tooele residents.

Optum Tooele County will also coordinate with Mountain West Medical Center (MWWC) to meet the crisis needs of Tooele County members.

When necessary, Optum Tooele County Care Advocates will request a signed ROI from the member to collaborate with their ACO.

Odyssey House has the Martindale Clinic that can provide medical care for clients.

Describe your efforts to integrate care and ensure that children, youth and adults have both their physical and behavioral health needs met, including screening and treatment and recovery support. Identify what you see are the primary barriers to implementing integrated care at your agency and your efforts to overcome those barriers. Please also describe how you will provide education and referrals to individuals regarding physical health concerns (i.e., HIV, TB, Hep-C, Diabetes, Pregnancy).

See above. In addition, we contract with two SUD providers (VBH and Odyssey House) to provide ASAM dual diagnosis enhanced services. VBH provides our largest service delivery for dual diagnosed individuals. They have multiple locations, serving individuals with co-occurring psychiatric and substance use related disorders. VBH provides treatment to these individuals at all levels of care, including having a residential facility for dual diagnosed adult males (Co-Occurring Residential and Empowerment, CORE Program) and females (CORE 2). Odyssey House has both a women's and men's co-occurring program.

Our Clinical Operation Team works with a variety of community partners to coordinate care. The Optum Clinical Operations Team currently has an Integration and Care Coordination Specialist who collaborates with the ACOs to coordinate mental health care, substance use disorder treatment and health care for clients who are in need. The partnership between the ACOs and Optum has led to improved coordination of services offered and real time discussions regarding the management of challenging individuals.

Describe your efforts to incorporate wellness and wellness education into treatment plans for children, youth and adults. Please consider social determinants of health in your response.

Optum Tooele County encourages all providers to integrate discussion of physical health and behavioral health needs into the treatment planning process after the initial assessment. It is also encouraged that release of information be completed with the provider to communicate and coordinate care with the member's primary care or other medical care provider. Optum Tooele County Care Advocates notify the member's ACO directly about physical health concerns that come up over the

course of care management so they are addressed to support full recovery.

Describe your plan to reduce tobacco and nicotine use in SFY 2023, and how you will maintain a nicotine free environment at direct service agencies and subcontracting agencies. For ongoing engagement, it is recommended to use an evidence-based nicotine dependence tool such as the Fagerstrom scale. SUD Target= reduce nicotine use to 4.8 in 2021 in TEDs.

Optum Tooele County supports the Statewide Recovery Plus initiative by encouraging that all providers maintain a 'smoke free' environment. Smoking cessation interventions and resources are offered to members who indicate to their provider that they wish to stop smoking. These interventions can be offered by the provider directly or members can be referred to the county health department for tobacco cessation and prevention resources.

Quality Improvement: What education does your staff receive regarding health and wellness for client care including children, youth and adults?

Optum care advocates receive education around integrating health care and the social determinants of health when supporting ongoing treatment needs and discharge planning when working with members and/or providers. For example, when a member is admitted inpatient their ACO is contacted to support physical health related needs after discharge.

13) Women's Treatment Services

Rebecca King

Form B - FY23 Amount Budgeted:	\$514,280	Form B - FY23 Projected clients Served:	156
Form B - Amount Budgeted in FY22 Area Plan	\$371,645	Form B - Projected Clients Served in FY22 Area Plan	?
Form B - Actual FY21 Expenditures Reported by Locals	\$375,911	Form B - Actual FY21 Clients Served as Reported by Locals	148

Describe the evidence-based services provided for women including gender-specific substance use disorder treatment and other therapeutic interventions that address issues of trauma, relationships, sexual and physical abuse, vocational skills, networking, and parenting.

Optum Tooele County, through its agreements with Valley Behavioral Health, provides women specific treatment, and pregnant substance users are given priority status. VBH provides individual and group therapy with a focus on evidenced based practices that are specific to women's issues, i.e., Seeking Safety. VBH provides trauma informed care and has some new groups that address trauma, relationships, sexual and physical abuse, and parenting. Vocational skills are generally through a referral to the Division of Rehabilitation but also through the New Reflections. There are evidence-based groups with the Nurturing Parent Program and Shame Resilience that are offered. Part of the Recovery Program includes sharing their personal story with their peers, teaching a class on some type of wellness or relapse prevention topic, and sharing their recovery with others. This appears to be a great form of networking among those in recovery. Additionally, Valley Phoenix is a women and

children specific SUD program offering all levels of care focusing on addressing the co-occurring issues, addressing needs areas like housing or vocation and offering parenting skill development while the child is with them in treatment.

Optum Tooele county contracts with Odyssey house who offer a women's co-occurring residential program addressing substance use, mental health, trauma and recovery support services.

Describe the therapeutic interventions for children of clients in treatment that addresses their developmental needs, their potential for substance use disorders, and their issues of sexual and physical abuse and neglect. Describe collaborative efforts with DCFS for women with children at risk of, or in state custody.

Optum Tooele County, through its agreements with Valley Behavioral Health, offers therapeutic interventions including assessment, Care Planning that would incorporate the Family Systems Model which would often focus on the entire family as a whole. A Nurturing Parent group is also offered. The goal is that parents learn from one another and from the State Certified Program ways to bond and attach, communicate, and improve their relationships with their children. Currently there are two therapists who are coordinating care with DCFS, have monthly staffings, review Court orders, write progress reports and provide the treatment to clients who are involved with Third District Court and DCFS. There are team meetings that include the prescriber, treatment providers and Family Resource Facilitators to wrap the family with as much support as possible. This is offered at both an outpatient level of care and residential level of care with Valley Phoenix.

In addition, the contracted provider Odyssey House has components to offer services that address family issues/parenting and the family system to support whole recovery.

Describe the case management, child care and transportation services available for women to ensure they have access to the services you provide.

When women are assessed for services within the Optum Tooele County network, especially women who score high on the OQ and/or RANT, they are often referred for case management services which may include transportation. Parents can be linked to licensed childcare providers in the area through information and referral resources. Pregnant women who may have identified substance use disorders, receive priority services with VBH.

Describe any significant programmatic changes from the previous year.

No significant program changes.

14) Residential Women & Children's Treatment (WTX) (Salt Lake, Weber, Utah Co & Southwest Only)

Rebecca King

Identify the need for continued WTX funding in light of Medicaid expansion and Targeted Adult Medicaid.

N/A

Please describe the proposed use of the WTX funds

N/A
Describe the strategy to ensure that services provided meet a statewide need, including access from other substance abuse authorities
N/A
Submit a comprehensive budget that identifies all projected revenue and expense for this program by email to: bkelsey@utah.gov
N/A
Please demonstrate out of county utilization of the Women and Children's Residential Programs in your local area. Please provide the total number of women and children that you served from other catchment areas and which county they came from during the last fiscal year.
N/A

15) Adolescent (Youth) Treatment

Shanin Rapp

Form B - FY23 Amount Budgeted:	\$33,446	Form B - FY23 Projected clients Served:	7
Form B - Amount Budgeted in FY22 Area Plan	\$23,609	Form B - Projected Clients Served in FY22 Area Plan	?
Form B - Actual FY21 Expenditures Reported by Locals	\$13,049	Form B - Actual FY21 Clients Served as Reported by Locals	8
Describe services provided for adolescents and families. Please identify the ASAM levels of care available for youth.			
<p>Optum Tooele county is contracted with Clinical Consultants and Odyssey House who offer substance use disorder treatment for adolescents. Odyssey House has ASAM levels of care 3.5, 3.1, 2.5, 2.1 and 1.0. Clinical consultants have ASAM 2.1 and 1.0 levels of care. Each program incorporates services that support the family system including family therapy to address parent child relational problems or other family issues affecting the recovery environment.</p> <p>Additionally, the Tooele County Health Department provides prevention services with the Potvin's Life Skills Training for school aged youth in grades 7 through 12. This is an evidence-based substance use and violence prevention program taught in the Tooele County School District.</p> <p>Optum Tooele County, through its agreements with VBH, has recently all evidenced a curriculum-based approach. An FRF will also be assigned to adolescents in treatment to connect resources and to coordinate wrap-around services. The following groups are a part of the Tooele Adolescent Substance Abuse Program. Individuals that are not at high risk, should not participate in these groups. Further information can be taken from the manuals and or from the national registry of evidence-based</p>			

treatments.

DBT Skills Group: This group works on mindfulness which helps individuals to be aware and able to use other skills, emotional regulation, distress tolerance, and relationship effectiveness.

MRT Group: This group is designed to reduce criminal thinking, and to help individuals to develop and integrate an identity as a sober law-abiding individual.

Matrix Early Recovery Skills Group: This group is designed to help individuals to gain early skills to be sober.

Matrix Social Support Group: The group is there to help provide more long-term skills development specific to maintaining sobriety.

In addition, we have incorporated the following treatment initiatives:

Community contacts: As treatment is reduced naturally and community support should increase. These contacts are there to provide motivation to reach out to community supports that are sober. This could be any group that is legitimately sober and supportive and not family or friends such as support groups, sports clubs, or church.

Relapse Prevention Plan in: A relapse prevention plan should be a fluid plan to help individuals to stay sober and should be a part of the duration of treatment. Presentation is there to help each individual to publicly take accountability and responsibility for his or her own sobriety.

ASAM levels of care available for youth at VBH is 1.0. If ASAM level is below 1.0, clients would be referred to our Prevention Services.

Describe efforts to engage, educate, screen, recruit, and refer youth. Identify gaps in the youth treatment referral system within your community and how you plan to address the gaps.

Tooele County Human Services Advisory Council is a resource that hears from community partners about gaps they are seeing in youth treatment or issues that require attention. HSAC serves as a conduit to all agencies that can influence/encourage youth participation in services.

The Utah State University Needs Assessment Survey evaluates services and focuses on community response to those needs and can identify gaps.

The DSAMH SHARPS Study also provides data that can be used to see if current efforts to engage youth are meeting the needs in Tooele County.

The Tooele County School District offers mental health screenings at high schools three times over the course of the school year. This supports students and families to identify treatment needs and get connected to services, Optum Tooele County partners with the school district to provide resources to support access to treatment.

Describe collaborative efforts with mental health services and other state child serving agencies (DCFS, DJJS, SOC, DSPD, Juvenile Court) and any significant programmatic changes from the previous year.

Optum Tooele County will continue to provide services through its range of providers. Groups are available according to fluctuating needs. Optum actively communicates with juvenile probation officers, DCFS caseworkers, and other referring agents to provide timely information and coordination of care.

Justify any expected increase or decrease in funding and/or any expected increase or decrease in the number of individuals served (15% or greater change).

There are no expected increases or decreases of 15% or greater in both funding or individuals served that would alter the plan.

16) Drug Court

Shanel Long

Form B - FY23 Amount Budgeted: Felony	\$120,511	Form B - FY22 Amount Budgeted: Felony	\$111,622
Form B - FY23 Amount Budgeted: Family Dep.	\$	Form B - FY22 Amount Budgeted: Family Dep.	\$0
Form B - FY23 Amount Budgeted: Juvenile	\$	Form B - FY22 Amount Budgeted: Juvenile	\$0
Form B - FY23 Recovery Support Budgeted	\$	Form B - FY22 Recovery Support Budgeted	\$0

Describe the Drug Court eligibility criteria for each type of specialty court (Adult, Family, Juvenile Drug Courts, etc). Please provide an estimate of how many individuals will be served in each certified drug court in your area.

Tooele County Third District Court admits defendants charged with felony and class A misdemeanor level drug offenses. In FY2019, the program had a cap of 45 clients, with others being placed on a waiting list. In 2021, the cap was moved to 70 to be able to assist the needs of the growing court and to cut down on the wait time for new clients.

Tooele County Drug Court is a minimum of 52 weeks with 180 days of clean drug screens before completion. Drug Court provides a courtroom environment where a judge is actively involved in the progress of the clients. Clients enter a Plea-In-Abeyance which is held until successful completion. Clients undergo treatment and counseling and make regular appearances before the judge. They submit to frequent, random drug testing, and are monitored closely by case management staff.

All Drug Court clients MUST live in Tooele County with Felony or Class A misdemeanor charges. They cannot have a history of violence or weapon charges. Drug Courts are specifically designed to achieve a reduction in recidivism and substance use among substance abusing offenders and to increase the offender's likelihood of successful recovery through treatment, drug testing, supervision, and the use of appropriate sanctions and services. The use of graduated sanctions, including jail time, are imposed for program noncompliance. Upon graduation the guilty plea is withdrawn, and the criminal charges are decreased or dismissed. ASAM is used to assess appropriate levels of care. The program begins with clients participating in phases starting with intensive outpatient services (IOP) and phasing down to general outpatient (GOP) and then aftercare before graduating. IOP consists of at least 9 hours of treatment per week. The GOP consists of at least 3 hours of treatment per week. After care consists of

1.5 hours of treatment per week. Treatment consists of group therapy and individual therapy.

Describe Specialty Court treatment services. Identify the services you will provide directly or through a contracted provider for each type of court (Adult, Family, Juvenile Specialty Courts, DUI). How will you engage and assist individuals with Medicaid enrollment throughout their episode of care.

Drug court clients have access to all levels of care available through Optum Tooele County's chosen provider, currently VBH. This includes access to 2.1 Intensive Outpatient Program, Standard Outpatient program and assisting with TAM waiver Medicaid while in jail. Prior to release, services that are medically assisted are offered, as well as MAT and residential treatment with EPIC or the Atherton Community Treatment Center. These services provide a full continuum of care either through VBH or contracted agencies. In the event that our drug court clients are dually diagnosed we offer enhanced community based and wrap around services as well. VBH provides all services on site. The goal of the Tooele County Drug Court is to get the clients the recovery tools to move from 2.1 IOP and have them scale to 1.0 GOP and become a responsible member of the community.

Describe the MAT services available to Specialty Court participants. Please describe policies or procedures regarding use of MAT while in specialty court or for the completion of specialty court. Will services be provided directly or by a contracted provider (list contracted providers).

It is the goal of VBH to assist with Medication Assisted Treatment (MAT), including opioid treatment programs (OTP). VBH combines behavioral therapy and medications to treat substance use disorders. In many cases the use of suboxone can be used for a replacement for opiate addiction. All clients are required to see a VBH prescriber and all testing for levels of the drug is done by the HSSC lab. Clients have access to MAT including buprenorphine, vivitrol, suboxone, naltrexone and, if appropriate and medically necessary, will be referred to a provider contracted for methadone. VBH has prescribers on site who are trained and certified to provide MAT with their local APRN provider.

Describe your drug testing services for each type of court including testing on weekends and holidays for each court. Identify whether these services will be provided directly or through a contracted provider. (Adult, Family, Juvenile Specialty Courts, etc).

VBH conducts drug testing services 5 days per week and a minimum of one random Saturday or Sunday per month, as well as random holidays. These tests are administered at the VBH Tooele main office. All services are provided directly by VBH staff and are completely random. Drug testing is mandatory for all individuals referred to VBH through the legal system and results are shared/reported to the referring entity.

All clients referred for drug testing services are provided written notification that any test showing a 'positive' result may request the test be sent out to a lab for a breakdown of positive substances if they wish to contest the results of the onsite test. This will result in an additional fee to which the client is informed. A refund of the additional fee will be given should the contested urine screen be deemed a false positive. The Division of Child and Family Services refers individuals for testing when abstinence is an identified need of their respective service plans. Tests administered for DCFS referrals are not interpreted by VBH staff but sent to the lab (TASC) identified by their agency and the results are sent directly to DCFS.

Tests are administered randomly with the required number of test days determined by their level of risk

for relapse determined by the therapist at the time of assessment. An exception to this would be a court order for a specific number of days per week. Individuals mandated to submit drug tests call in daily to determine if it is a required test day for the group to which they are assigned during the initial intake.

List all drug court fees assessed to the client in addition to treatment sliding scale fees for each type of court (Adult, Family, Juvenile Specialty Courts, etc).

VBH administration will work with Adult Probation and Parole, as well as with the Third District Court Judge, prosecutor, and defense attorneys to propose significant procedural changes within the court and treatment system. These changes will be driven by the need to triage risk/needs levels (RANT) and identification of specific criminogenic needs (LSI or other risk assessment tool) in order to provide services proven to be most effective in reducing recidivism. The current process is determined by VBH based on program guidelines that are responsive to risk levels and criminogenic needs that have been identified as reducing recidivism. Please note that the current Drug Court Manual has been updated, revised and completed. The changes include revised language regarding drug testing policy.

Describe any significant programmatic changes from the previous year (Adult, Family, Juvenile Specialty Courts, etc).

N/A

17) Justice Services

Thomas Dunford

Form B - FY23 Amount Budgeted:	\$62,750	Form B - FY22 Amount Budgeted:	\$49,499
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Describe screening to identify criminal risk factors.

The local JRI Implementation team currently consists of an Administrative Coordinator from VBH, local law enforcement, AP&P, drug court representation, as well as representation from local district courts from multiple jurisdictions and local justice courts. Also prosecuting attorneys, public defenders and the Tooele County Sheriff's Office is represented. We are consistently seeking additions of JRI members in order to support the local JRI project but feel we have a great partnership and support in our local community. The Risk and Need Triage (RANT) instrument and/or the LSI-RNR tool are evidence-based screening instruments that the courts rely on.

Identify the continuum of services for individuals involved in the justice system. Identify strategies used with low risk offenders. Identify strategies used with high risk offenders.

The initial focus for VBH will be in the area of training and collaboration with community entities to develop a system wide method for addressing recidivism in the community. The Risk and Need Triage (RANT) or LS-RNR tool; serve as screening instruments that the courts and law enforcement utilize for criminal justice involvement. The purpose of this assessment is to facilitate appropriate placement for treatment and other needs based on the risk for recidivism and serve to separate high risk offenders from those at lower risk for recidivism. VBH will work to determine criminogenic needs identified in the Level of Service Inventory (LSI), or the LSI revised (LSI-R). Identification of 'needs' prior to release will assist in a successful transition back to the community as it may be possible to begin addressing some barriers prior to release. VBH will offer two treatment groups per week in the Tooele Adult Detention Center. Referrals for the initial screening and group participation may come from various entities but

most are expected from the Corrections and Judicial system.

VBH clinical staff will receive training in evidence-based treatment practices. Such practices include: Mind Body Bridging, MRT, Thinking for Change Curriculum, DBT- for those with both MH and SUD issues. CBT interventions will be emphasized for treatment of substance abuse issues that may be prevalent within this population and a primary factor in recidivism. In addition, VBH will ensure ongoing training of individualized treatment planning (goals and objectives) specific to addressing identified criminogenic 'risks' and 'needs.'

Prevention efforts will focus with administration of the RANT and/or LS/RNR to all clients referred to VBH through the legal system in order to appropriately address and tailor treatment plans including group assignment according to risk level. This is intended to prevent lower risk offenders from progressing to a higher risk of incarceration.

Identify a quality improvement goal to better serve individuals involved in the criminal justice system. Your goal may be based on the recommendations provided by the University of Utah Criminal Justice Center in SFY 2020.

VBH-TC will increase the number of Case Managers/Therapists involved in serving the criminal justice population that are incarcerated.

Identify coalitions, planning groups or councils (or other efforts) at the county level working to improve coordination and outcomes for adults involved in the justice system.

Optum Tooele County, through its broad panel of providers, reaches out to various agencies and stakeholders to engage in planning to help with coordination and better outcomes for adults in the justice system. The Human Services Advisory Council will be an effective voice for justice related programs. Agencies include DWS, Tooele County Health Department, the local housing authority, the domestic violence shelter, and the Tooele County Resource Center.

Identify efforts as a community stakeholder for children and youth involved with the juvenile justice system, local DCFS, DJJS, Juvenile Courts, and other agencies.

Optum Tooele County, through its broad panel of providers, reaches out to various agencies and stakeholders, including the schools, to engage in planning for coordination and better outcomes for youth. Communities That Care, HOPE Squads, Mountainwest Hospital, the local police/sheriff and community input is invited to assist DCFS, JJS, Optum, and other providers of children's services to succeed.

Provide data and outcomes used to evaluate Justice Services.

N/A

17)Suicide Prevention, Intervention & Postvention (ONLY COMPLETE IF NOT COMPLETED ON FORM A)

Describe all current activities in place in suicide prevention, including evaluation of the activities and their effectiveness on a program and community level. Please include a link or attach your localized suicide prevention plan for the agency.

See Form A

Describe all currently suicide intervention/treatment services and activities including the use of evidence based tools and strategies. Describe your policies and procedures for suicide screening, risk assessment, and safety planning as well as suicide specific treatment and follow up/care transition services. Describe how clients are identified for suicide specific services. How is the effectiveness of the services measured?

See Form A

Describe all current strategies in place in suicide postvention including any grief supports. Please describe your current postvention response plan, or include a link or attach your localized suicide postvention plan for the agency and/or broader local community.

See Form A

Describe your plan for coordination with Local Health Departments and local school districts to identify roles and support implementation of a community postvention plan in alignment with the state Community Postvention Toolkit.

See Form A

For Local Authorities participating in the Garrett Lee Smith State Youth Suicide Prevention and Early Intervention Grant Program summarize your implementation plans for implementing skill based programming, gatekeeper training, community or school based screening activities, and crisis follow up services after inpatient or emergency department visits. (note: this can be done in the box below, or by linking/attaching your most current report).

For those not participating in this grant program, please indicate "N/A" in the box below.

See Form A

For Local Authorities participating in the Comprehensive Suicide Prevention grants describe your implementation plans for primary prevention programs, suicide intervention supports including gatekeeper training, and community postvention planning. (note: this can be done in the box below, or by linking/attaching your most current report).

If any of the following project deliverables are currently available, please link them here or attach them to your submission.

- 1. By year 2, funding recipients shall submit a written comprehensive suicide prevention plan that is in alignment with the Utah Suicide Prevention State Plan and by year 2, funding recipients shall submit a written postvention response plan and communication protocol for their organization.**
- 2. By year 3 funding recipients shall submit a written community postvention response plan.**

For those not participating in this project, please indicate, "N/A" below.

See Form A

For Local Authorities receiving mini grant funding for the Live On Utah statewide suicide prevention campaign, summarize your implementation and sustainability plans for the implementation of culturally appropriate suicide prevention messaging in your area.

For those not participating in this project, please indicate, "N/A" below.

See Form A

FORM C - SUBSTANCE USE PREVENTION NARRATIVE

With the intention of helping every community in Utah to establish sustainable Community Centered Evidence Based Prevention efforts, fill in the following table per the instructions below.

Not every community will be at optimal readiness nor hold highest priority. This chart is designed to help you articulate current prevention activities and successes as well as current barriers and challenges. Please work with your Regional Director if you have questions about how to best report on your communities. For instructions on how to complete this table, please see the Community Coalition Status Tool [here](#).

List every community in your area defined by one of the following:

1. serving one of the 99 Small Areas within Utah
2. serving the communities that feed into a common high school
3. any other definition of community with DSAMH approval.

*All "zero" or "no priority" communities may be listed in one row

CCEBP Community	CCEBP Community Coalition Status (see tool here)	Priority High Medium Low	Notes/ Justification of Priority	List of Programs Provided (if applicable)	Evidence Based Operating System (e.g. CTC, CADCA, PROSPER)	Links to community strategic plan
Incorporated Tooele City	F	High	Well-established CTC coalition serving residents within Incorporated Tooele City. Obstacles and challenges include the need to actively engage Key Leaders and to build capacity within the CTC coalition/board.	Communities That Care, Guiding Good Choices, Botvin's LifeSkills, Prime for Life, Prime for Life Under 18	Coordinator has been trained as a CTC Facilitator, Coalition has reached phase 5.	Tooele City CTC Strategic Plan

Greater Wendover Community (Wendover and West Wendover High School Cone)	E7	High	Coalition is Active, Key leaders established, need full-time coalition coordinator to finish drafting the Community Action plan and begin implementation.	Communities That Care	Coordinator has been trained as a CTC Facilitator	<u>Wendover Prevention Group Community Action Plan</u>
Grantsville High School Cone	E7	High	Community readiness assessment has been executed, roles are being formalized, key leaders established, priority risk and protective factors have been identified, strategic plan has been developed and recruitment is ongoing.	Communities That Care, Botvin's LifeSkills, Prime for Life, Prime for Life Under 18, Guiding Good Choices	Coordinator has been trained in CTC and is working with CTC Coach	<u>Grantsville CTC</u>
Stansbury High School Cone	E7	High	Key leaders established, priority risk and protective factors identified, community readiness assessment completed, strategic plan has been developed and the coalition is working to implement strategies. Ongoing recruitment.	North Valley Communities That Care coalition, Botvin's LifeSkills, Prime for Life, Prime for Life Under 18, Guiding Good Choices	Coordinator has been trained in CTC and is working with CTC Coach	<u>North Valley CTC</u>
Stockton, Rush Valley, and Vernon	A4	Low	Due to lack of capacity and resources, community-based prevention efforts have not been prioritized in these remote communities.	N/A	N/A	N/A
Ibapah and Dugway	A4	Medium	Due to lack of capacity, prevention efforts have not been prioritized in these	N/A	N/A	N/A

(Including Goshute Natives)			rural communities at this time.			
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Area Narrative

For each community identified in the table above, please outline strategic steps the Local Authority is planning to do to improve Community Centered Evidence Based Prevention. A minimum response is at least two sentences per community identified.

Community: Incorporated Tooele City

Because Tooele has been identified as a high priority, the Local Authority and Tooele Communities That Care (Tooele CTC) will continue to maintain the programs that have been implemented addressing priority risk and protective factors as identified through the Community Assessment. Having been in Phase 5 of the CTC Model (Implement and Evaluate) for several years with positive outcomes, the coalition will continue to complete Community Assessments every other year using local data to identify new and continued priority risk and protective factors. Tooele CTC will then carefully select programs and strategies to address those factors, either by maintaining current programs or selecting new ones. While the Local Authority provides Tooele CTC with technical assistance and support, Tooele CTC has a high level of community ownership and is primarily funded by Tooele City. Tooele CTC faces several challenges, however. Although a Key Leader Orientation has been completed, there is a need to better actively engage Key Leaders on a more consistent basis to keep them involved. There is also a need to build capacity within the CTC coalition and board by engaging members, giving them purpose, and empowering them to take an active role.

The strategies Tooele CTC is currently implementing include Guiding Good Choices, Save Family Dinner Night, Mayor's Youth Awards, various Parents Empowered campaigns and community events, and running the local RAD-PAC youth coalition comprising of students from schools within Tooele County. Of these various programs and strategies, the Local Authority does not directly support via staff time or funding the Mayor's Youth Awards or Guiding Good Choices in Tooele City. All these strategies are worthwhile endeavors for the community and have heretofore provided positive results.

Botvin's Life Skills Training is currently taught by teachers at Tooele High School, Tooele Jr. High, and other schools throughout the county. The Local Authority does not fund or have direct involvement with the implementation of the universal curriculum but is supportive of the School District implementing this evidence-based program. ~~The Local Authority does, however, teach additional Life Skills Training to a selective group of students at Tooele High School and Tooele Jr. High School (as well as other secondary schools in the district). These students are selected and referred by a teacher or school counselor based on criteria such as anger management issues, low self-esteem, or family drug abuse. These groups are held weekly during the Spring semester of school.~~

Also serving the Tooele City community is the Tooele Interagency Prevention Professionals (TIPP) coalition. Professionals from various agencies whose work addresses one or more risk and protective factors meet together monthly to discuss and share events, classes, and other information relevant to prevention of substance abuse and other problem behaviors within the community. Members of the TIPP coalition collaborate and pool resources to host Save Family Dinner Night each year as well as other community events and activities. Local Authority staff attend TIPP meetings and provide technical support for this coalition, with hopes to provide opportunities for TIPP members to receive training in evidence-based prevention and strategic planning using the SAMHSA Strategic Prevention Framework.

Program Name			Cost of Program		Evidence Based: Yes or No		
Communities That Care- Tooele			Block Grant Funds: \$2,080 State General Funds: Discretionary Funds: \$7,420		Yes		
			Note: Tooele City spends approximately \$150,000 \$171,062 per year to run Tooele CTC programs. The numbers above reflect the Local Authority's contribution based on staff time and youth coalition support. Total: \$9,500				
Agency/Coalition			Tier Level:				
Tooele City			Blueprints- Certified Promising Program				
	Goal	Factors	Focus Population: U/S/I		Strategies	Outcomes	
			Universal			Short	Long
Logic	Reduce substance use and misuse in Tooele City.	Low commitment to school Low neighborhood attachment Depressive symptoms Family Conflict Perceived risk of drug use Rewards for prosocial involvement (community)	All residents of Tooele City. This coalition will focus efforts to all age populations, both male and female, from all socio-economic and ethnic backgrounds. CTC has about 20 active coalition members. Tooele Prevention staff provide technical assistance, assists in strategic planning sessions, and provides prevention training to coalition members.		CTC coalition will meet every other month for 1 hour (5:00pm-6:00pm) on dates determined by coalition members. This meeting will be to share evidence-based prevention information (policies, practices, and programs), share upcoming activities and events, and strategically plan for prevention efforts in the community. CTC provides a variety of services including: -Guiding Good Choices- 5 weekly two-hour workshops for families	By 2023, decrease Low Commitment to School from 48.4% (2019) to 46%. By 2023, decrease Low Neighborhood Attachment from 39.3% (2019) to 37.3%. By 2023, decrease Depressive Symptoms from 41.5%	By 2027, decrease 30-day alcohol use from 7.5% (2019) to 5.5%. By 2027, decrease 30-day marijuana use from 8.7% (2019) to 6.7%. By 2027, decrease 30-day vaping from 15.3% (2019) to 13.3%.

		<p>Interaction with prosocial peers</p>		<p>with children 9-17 years old. Aim to help to improve family communication and bonding.</p> <ul style="list-style-type: none"> -Second Step teacher recognition- teachers in TCSD are recognized for their passion for implementing the Second Step prevention curriculum in their classrooms. Teachers are selected on a monthly basis and are celebrated at their schools and in their classrooms. -Mayor's Youth Award-each month teachers select students on the qualities of good citizenship, character, and service to be recognized in front of the city council. -QPR: an evidence-based suicide prevention curriculum, Question. Persuade. Refer. It is provided in Tooele City for public and private groups upon request. -RAD-PAC Youth Coalition gives an opportunity for youth to get involved in substance abuse prevention. Meetings are held at least once a month and youth participate in a variety of activities and advocacy opportunities (Capitol Hill Day, Legislative Dinner, Take Down Tobacco Day). - The Tooele City Neighborhood Initiative which addresses Low Neighborhood Attachment by encouraging residents to help maintain the 	<p>(2019) to 39.5%.</p> <p>By 2023, decrease Family Conflict from 34.9% (2019) to 32.9%.</p> <p>By 2023, decrease Perceived Risk of Drug Use from 40.4% (2019) to 38.4%.</p> <p>By 2023, increase Rewards for Prosocial Involvement (community) from 46.8% (2019) to 48.8%.</p> <p>By 2023, increase Interaction with Prosocial Peers from 48.8% (2019) to 50.8%.</p>	
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				cleanliness of private and public spaces		
Measures & Sources	Tooele City SHARP	-Tooele City SHARP -Event surveys	-Attendance records -Self-report	-Meeting minutes -Meeting attendance records -Class surveys/evaluation	-Tooele City SHARP 6-12 th , All)	-Tooele City SHARP (6-12 th , All)

Program Name	Cost of Program	Evidence Based: Yes or No
Botvin's Life Skills Training- Tooele	Block Grant Funds: State General Funds: Discretionary Funds: \$2,000	Yes
	Total: \$2,000	
Agency/Coalition	Tier Level:	
Tooele Prevention Unit Tooele County School District	Blueprints- Certified Model Program	

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal		Short	Long
Logic	Reduce substance use and misuse among secondary aged youth.	<p>Attitudes favorable to antisocial behavior</p> <p>Early initiation of drug use</p> <p>Low commitment to school</p> <p>Opportunities for prosocial involvement (school)</p> <p>Rewards for prosocial involvement (school)</p>	<p>Selective-Secondary school-aged students at Tooele High School and Tooele Jr. High School. Classes are to be held at their respective schools. This program will focus on both male and female students from all ethnic and socio-economic backgrounds. They will be identified by the school administration and teachers as students needing substance abuse communication skills, behavior management, refusal skills, social skills, etc. information.</p>	<p>The program is implemented in 8th and 10th grade health classes. The program will be held 1x weekly, in a group setting, for 40 minutes at each of the aforementioned schools during the school year. (Dates and times for each will be determined at the beginning of each school year.) Botvin's Life Skills Training will be offered to teach information and strengthen skills for students. This program</p>	<p>By 2023, decrease Attitudes Favorable to Antisocial Behavior from 35.9% (2019) to 33.9%.</p> <p>By 2023, decrease Early Initiation of Drug Use from 21.1% (2019) to 19.1%.</p> <p>By 2023, decrease Low Commitment to School from 48.4% (2019) to 46%.</p>	<p>By 2027, decrease 30-day alcohol use from 7.5% (2019) to 5.5%.</p> <p>By 2027, decrease 30-day marijuana use from 8.7% (2019) to 6.7%.</p> <p>By 2027, decrease 30-day vaping from 15.3% (2019) to 13.3%.</p>

				will also offer a community service.	By 2023, increase Opportunities for Prosocial Involvement (school) from 69.5% (2019) to 67.5%. By 2023, increase Rewards for Prosocial Involvement (school) from 54.7% (2019) to 52.7%.	
Measures & Sources	Tooele City SHARP	Tooele City SHARP	-Pre-Post Test -Class and School Attendance and Grade Records -School behavior records (office visits)	-Pre-Post Test -Class and School Attendance and Grade Records -School behavior records (office visits)	Tooele City SHARP (6-12 th , All)	Tooele City SHARP (6-12 th , All)

Program Name		Cost of Program		Evidence Based: Yes or No		
Guiding Good Choices- Tooele		Block Grant Funds: State General Funds: Discretionary Funds: 2,500 Total: 2,500 Note: Tooele City spends approximately \$150,000 \$171,062 per year to run Tooele CTC programs. The numbers above reflect the Local Authority's contribution based on staff time and youth coalition support		Yes		
Agency/Coalition		Tier Level:				
Tooele City Communities That Care		Blueprints- Certified Promising Program				
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal		Short	Long
Logic	Reduce substance use and misuse among secondary aged youth.	Attitudes favorable to antisocial behavior	Parents and guardians of youth aged 9-14 years old who live in Tooele City or who have children who attend a school that feeds into the Tooele High School	The program will be held 2x yearly within the Stansbury, Lake Point, or Erda communities. It is a	By 2023, decrease Attitudes Favorable to Antisocial Behavior from	By 2027, 30-day alcohol use will decrease from

		Early initiation of drug use	cone. During one of the sessions, youth will attend with their parents/guardians. Classes are held either virtually or in a convenient Tooele City location.	10-hr course that takes place over 5 weeks, with participants meeting once weekly for 2 hrs. It is implemented 2 times in the Spring and 2 times in the Fall.	35.9% (2019) to 33.9%. By 2023, decrease Early Initiation of Drug Use from 21.1% (2019) to 19.1%.	5.6%(2019) to 3.6%. By 2027, 30-day cigarette use will decrease from 1.3% (2019) to 0.7%.
		Poor Family Management			By 2023, Poor Family Management will decrease from 28.4% (2019) to 26.4%.	By 2027, 30-day marijuana use will decrease from 7.5% (2019) to 5.5%.
		Family Conflict			By 2023, Family Conflict will decrease from 34.9% (2019) to 32.9%.	By 2027, 30-day vaping will decrease from 12.7% (2019) to 10.7%.
		Rewards for prosocial involvement (family)			By 2023, Rewards for prosocial involvement in the family will increase from 59.4% (2019) to 61.4%.	
		Family attachment			By 2023, Family Attachment will increase from 68% (2019) to 70%.	
Measures & Sources	Tooele City SHARP (6-12 th , All)	Tooele City SHARP (6-12 th , All)	-Pre-Post Test	-Pre-Post Test	Tooele City SHARP (6-12 th , All)	Tooele City SHARP (6-12 th , All)

Community: Wendover and West Wendover High School Cone

The Wendover community comprises of two municipalities, Wendover Utah and West Wendover Nevada. The coalition was formally established in 2016 and is composed of community members from both cities. Annually, Wendover Prevention Group reorganizes a 3-person leadership team to act as a steering committee behind the coalition objectives. These individuals are selected to represent Wendover, West Wendover, and the community 'at large'.

This year the leadership has a representative from the City of Wendover (Wendover, Ut.) and a former mayor and parent (Community at large). A West Wendover representative has not yet been identified. The local authority has provided a coalition coordinator to facilitate meetings, set agendas, build prevention capacity and mobilize the community. This has

traditionally required 1-2 physical trips to the community per month. In 2021, WPG was awarded a grant funded through a collaboration between Intermountain Healthcare and the former DSAMH. This grant has allowed for a full-time prevention specialist and coalition coordinator to work solely with the Wendover Cone. The specialist lives locally, enabling the coalition to be more active and engaged in the community, bringing more commitment and engagement from key leaders in the community.

Unfortunately, the collaborative "WAIT" (Wendover Against Intoxicated Teens) program has been discontinued since the COVID-19 pandemic. This was brought about through a partnership between the PACE coalition of Nevada and the Elko County Juvenile Probation.

WPG has relied heavily on the discretionary grants offered through the State of Utah. An ongoing funding opportunity has been through Parents Empowered 'community partnership projects' as underage drinking has historically been a prioritized behavior concern. This funding has permitted multiple community engagement opportunities and resources. This year the coalition has partnered with Wendover High School to have messaging installed where parents/sport spectators can view during events.

The State Opioid Prevention grant has continued to support the coalition's visibility and outreach efforts, we hope to continue to see this opioid-specific funding to come to the local level to mobilize prevention. **A reoccurring challenge the coalition faces is these funds come from the State of Utah while only 1/3 of the community resides in Utah.** The local authority's prevention efforts have been subject to criticisms regarding fairness of service delivery to those from either municipality in Wendover, as well as questions to the appropriateness of funds being used toward the benefit of those living in the adjoining state. The partnership with PACE Coalition in Elko County has helped demonstrate collaborative contributions from both Counties. **PACE Coalition has continued to voice their support with providing additional funding as needed to help support Wendover prevention efforts.** Other Nevada-based organizations have offered to donate toward the coalition, however the local authority does not have the ability to act as a fiscal agent for these types of charitable contributions. The coalition may need to become a standalone organization in order to receive the resources it desperately needs and reduce the restrictions due to the state line that divides the community.

While WPG has met monthly since 2016, few evidence-based interventions have been implemented. 2021 was the first year Wendover had a prevention specialist within the community. This consisted of a contracted worker for 6 months, then a full-time employee for approximately 2 months. The community has been without a full-time local coordinator since September 2021. It is anticipated that a new specialist will be onboarded early May 2022. This will provide an opportunity to prepare for and plan more evidenced-based interventions. Since December 2021 the coalition has had a part time contracted prevention specialist to assist with social media and updating the community action plan.

This next year, more time will be dedicated toward the implementation of programs and other evidence-based strategies. While some groundwork has been laid for Botvin's Lifeskills Training in Wendover secondary schools, there has been a lack of capacity for implementation so far. It's anticipated that LST will be implemented in the Wendover High School during the 2022-2023 school year. Conversations have also been had with the principals of the West Wendover High School, Middle School, and Elementary School to provide Botvin Lifeskills Training in the

Nevada schools as well. The coalition will continue to seek out opportunities to raise visibility prevention efforts through events already established in the community, including health fairs, school rallies, celebrations, festivals, high school sports, and charitable events.

A program outline has been drafted to initiate a Wendover Youth Recognition Award to help address the prioritized risk factor - *low neighborhood attachment* and low protective factor - *rewards for prosocial involvement*. Letters to local city officials have been sent with the program outline the coalition has developed. If approved, the Recognition Awards will allow multiple students to be recognized for accomplishing something extraordinary at a city council meeting on a quarterly basis. The implementation timeline would allow for our first round of cognitions to be in August 2022.

A branch of WPG is the Wendover Prevention Youth Group (WPYG) a youth coalition for students grades 8-12 who also use student data to identify key issues to address and advocate for resources. Having a local prevention specialist has led to a more active and engaged youth coalition. The Wendover Youth Prevention Coalition (WYPC) has met twice monthly (every 1st and 3rd Friday) through August 2021. The youth have met less consistently since the resignation of the full-time specialist, however they still are working toward a number of summer projects for FY2023. Currently, the youth coalition is developing a family movie night in a partnership with the local movie theater this summer. Advisors track volunteer/service hours and are recognized at the end of the school year for their involvement and one student is awarded the "Youth Advocate of the Year" at a city council meeting. These students play a key role in executing plans made by the main coalition at the various community events.

A formal readiness assessment has not been done for the Wendover Community. The former Strategic Plan has been converted to a Community Action Plan after the CTC plus model. Once the coalition coordinator position is filled, the prevention specialist will continue to build relationships and connections with local key leaders and increase engagement and attendance to coalition meetings and prevention efforts. They will be trained in SAPST and attend a CTC facilitator training as soon as one becomes available.

In 2019, West Wendover City council approved a zoning request permitting a marijuana dispensary to be built within city limits. Deep Roots Harvest has successfully built and opened a legitimate marijuana dispensary in the community permitted for recreational use THC products. Although the coalition cannot infringe upon the rights of Nevadans who are of legal age, they are concerned about the mixed messaging and low perception of risk received by the youth. These attitudes have already begun to change and are reflected in student data making drug use appear more favorable. It is possible that the presence of the dispensary, although this was not their direct intention, has led to a low perceived risk of drug use, and has started to normalize the use of underage marijuana use. These attitudes are an ongoing challenge and are something that will need to be addressed with the youth, as well as the parents in educating them on the risks of underage marijuana use and drinking and the importance of setting boundaries with their teens.

Student Health and Risk Prevention data has been successfully collected at 6 schools in this community. Elko County School District granted permission to administer the survey to students grades 6-12 in their West Wendover schools in 2017, 2019, and 2021. West Wendover High School, West Wendover Middle School, and the 6th grade students at West Wendover

Elementary School. Tooele County School District also administers the SHARP survey to grades 6-12 in Wendover Utah. After reviewing the 2021 student data, the Wendover Prevention Group prioritized the following factors.

Protective factors needing fortification:

- Prosocial involvement (Individual)
- Interaction with Prosocial Peers
- Rewards for prosocial involvement (Community)

Risk factors include:

- Low Commitment To School
- Low Neighborhood Attachment
- Attitudes favorable to antisocial behavior (Peer and Individual domain)
- Laws and Norms favorable to drug use

Prioritized misused substances: Underage marijuana, alcohol, and vaping use.

Goals and Objectives:*

*Due to challenges brought on by the pandemic and the resignation of the local Prevention Specialist during 2021 many of the Wendover goals set in the FY22 Area Plan for this community will remain the same.

1. Update the Strategic Plan/Community Action Plan for the coalition by August 2022.
 - a. Identify evidence-based strategies to address priority risk and protective factors identified by the Data Workgroup.
 - i. Initiate a Youth Recognition Award in collaboration with local municipal leadership.
 - b. Create a strategic plan for the community, which will be written as a Community Assessment Report.
 - c. Share Community Action Plan with key leaders. Communicate highlights and objectives.
2. Build capacity for prevention services.
 - a. Take 2 coalition members to a prevention conference in FY22.
 - b. Increase attendance at coalition meetings.
 - c. Gain more buy-in from community leaders.
 - d. Strengthen Youth Coalition
 - i. Develop youth-lead strategic plan
3. Adopt and implement a school-based program to address psychosocial factors and social skills that lead to the initiation of substance use.
 - a. Train an employee in Botvin's Lifeskills, so they can help local schools in implementing the program to effectiveness
 - b. Coordinate with principals on the Nevada side to start implementing the program in the Elko County schools, starting with West Wendover Elementary.

4. (If funding available) Adopt and implement a program to address Poor Family Management risk factor.
- Train an employee in Guiding Good Choices and work to implement that in the community
 - Hire a bilingual employee (English & Spanish) that can be trained in Guiding Good Choices, or a translator that can help to translate the training in Spanish while it is being given to address local language and cultural barriers

Program Name		Cost of Program		Evidence Based: Yes or No		
Communities That Care- Wendover		Block Grant Funds: 15,000 State General Funds: Discretionary Funds: \$70,000		Yes		
		Total: \$85,000				
Agency/Coalition		Tier Level:				
Wendover Prevention Group		Blueprints- Certified Promising Program				
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal		Short	Long
Logic	Reduce Substance Use and Misuse in the Wendover community	<p>Laws and norms favorable to drug use</p> <p>Low neighborhood attachment</p> <p>Perceived Risk of Drug Use</p> <p>Low Commitment to school</p> <p>Poor family management</p> <p>Rewards for prosocial involvement (community)</p> <p>Interaction with prosocial peers</p>	<p>Key leaders of Wendover and West Wendover. This coalition focuses efforts community-wide, including, all ages, socioeconomic status, races, and genders. The Wendover Prevention Group is comprised of approximately 15 agencies throughout Elko County, Nevada, Tooele County, Utah, and Wendover. We have about 15 active coalition members. Prevention staff facilitates meetings and strategic planning sessions, provides prevention training, and coordinates prevention efforts for the coalition in the city.</p>	<p>The WPG meets on the 3rd Tuesday of every month from 12pm-1:00pm at West Wendover City Hall. These meetings aim to increase community readiness and prevention knowledge, as well as plan for program implementation and host various events (Parents Empowered, Family Dinner Night, etc.).</p> <p>Wendover Youth Recognition Award: Quarterly recognition offered at a city</p>	<p>By 2023, Laws and norms favorable to drug use will decrease from 40.9% (2019) to 38.9%.</p> <p>By 2023, Low neighborhood attachment will decrease from 46% (2019) to 44%.</p> <p>By 2023, Perceived risk of drug use will decrease from 59.2% (2019) to 57.2%.</p> <p>By 2023, low commitment to school will decrease</p>	<p>By 2027, 30-day alcohol use will decrease from 7.8% (2019) to 5.8%.</p> <p>By 2027, 30-day marijuana use will decrease from 7.7% (2019) to 5.7%.</p> <p>By 2027, 30-day vaping will decrease from 6.8% (2019) to 4.8%.</p>

				council meeting (both Wendover and West Wendover).	from 51.4% to 49.4%. By 2023, poor family management will decrease from 38.2% (2019) to 36.2%. By 2023, Rewards for prosocial involvement (community) will increase from 33.4% (2019) to 35.4%. By 2023, interaction with prosocial peers will increase from 31.2% (2019) to 33.2%.	
Measures & Sources	Wendover SHARP data	Wendover SHARP data	Meeting minutes Meeting attendance records	Event surveys Event attendance	Wendover SHARP (all grades, West Wendover and Wendover combined profile)	Wendover SHARP (all grades, West Wendover and Wendover combined profile)

Program Name		Cost of Program		Evidence Based: Yes or No		
Botvin's Life Skills Training- Wendover		Block Grant Funds: State General Funds: Discretionary Funds: \$ 12,000 Total: \$12,000		Yes		
Agency/Coalition		Tier Level:				
Wendover Prevention Group and Tooele County School District		Blueprints- Certified Model Program				
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal		Short	Long
Logic	Reduce substance use and misuse among	Attitudes favorable to antisocial behavior	Secondary school-aged students at Wendover High School. This program will focus on both male and	This program will be implemented in health classes each semester.	By 2023, Attitudes favorable to antisocial	By 2027, 30-day alcohol use will decrease

	secondary aged youth.	<p>Early initiation of drug use</p> <p>Low commitment to school</p> <p>Opportunities for prosocial involvement (school)</p> <p>Rewards for prosocial involvement (school)</p>	female students from all ethnic and socio-economic backgrounds.	Initiated by the Wendover Prevention Group	<p>behavior will decrease from 32.3% (2019) to 30.3%.</p> <p>By 2023, Early Initiation of Drug Use will decrease from 29.3% (2019) to 27.3%.</p> <p>By 2023, low commitment to school will decrease from 51.4% (2019) to 49.4%.</p> <p>By 2023, Opportunities for prosocial involvement at school will increase from 63.8% (2019) to 65.8%.</p> <p>By 2023, Rewards for Prosocial Involvement at school will increase from 63.6% (2019) to 65.6%.</p>	<p>from 7.8%(2019) to 5.8%.</p> <p>By 2027, 30-day cigarette use will decrease from 1.4% (2019) to 0.7%.</p> <p>By 2027, 30-day marijuana use will decrease from 7.7% (2019) to 5.7%.</p> <p>By 2027, 30-day vaping will decrease from 6.8% (2019) to 4.8%.</p>
Measures & Sources	Wendover SHARP (all grades, West Wendover and Wendover combined profile)	Wendover SHARP (all grades, West Wendover and Wendover combined profile)	<p>-Pre-Post Test</p> <p>-Class and School Attendance and Grade Records</p> <p>-School behavior records (office visits)</p>	<p>-Pre-Post Test</p> <p>-Class and School Attendance and Grade Records</p> <p>-School behavior records (office visits)</p>	Wendover SHARP (all grades, West Wendover and Wendover combined profile)	Wendover SHARP (all grades, West Wendover and Wendover combined profile)

Program Name		Cost of Program		Evidence Based: Yes or No	
Guiding Good Choices – Wendover (Spanish and English)		Block Grant Funds:		Yes	
		State General Funds:			
		Discretionary Funds: \$2,000			
		Total: \$2,000			
Agency/Coalition			Tier Level:		
Wendover Prevention Group			Blueprints- Certified Promising Program		
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes

			Universal		Short	Long
Logic	Reduce substance use and misuse among secondary aged youth.	Family Conflict Poor Family Management (Low) Perceived risk of drug use Parental attitudes favorable to drug use	Parents and guardians of youth aged 9-14 years old who live in Wendover. During one of the sessions, youth will attend with their parents/guardians. Classes will be held either virtually or in a convenient location within Wendover with at least one session in Spanish and English.	The program will be held 2x yearly within the Wendover, Utah and West Wendover, Nevada communities. It is a 10-hr course that takes place over 5 weeks, with participants meeting once weekly for 2 hrs.	By 2023, Family Conflict will decrease from 28.6% (2019) to 25%. By 2023, Poor Family Management will decrease from 38.2% (2019) to 34%. By 2023, Perceived risk of drug use will decrease from 58.5% (2019) to 54%. By 2023, Parental attitudes favorable to drug use from 16.9% (2019) to 14%.	By 2027, 30-day alcohol use will decrease from 7.8%(2019) to 6.5%. By 2027, 30-day cigarette use will decrease from 1.4% (2019) to 0.9%. By 2027, 30-day marijuana use will decrease from 7.7% (2019) to 6%. By 2027, 30-day vaping will decrease from 6.8% (2019) to 5.8%.
Measures & Sources	Wendover Community SHARP	Wendover SHARP	-Pre-Post Test	-Pre-Post Test	Wendover Community SHARP (All grades)	Wendover Community, (All grades)

Community: Grantsville High School Cone

Grantsville High School's cone includes students living in Grantsville City who attend Grantsville High School, Grantsville Junior High School, and both Grantsville and Willow elementary schools. Grantsville City has been identified as High Priority.

As Grantsville City is part of the Tooele County School District, Botvin's Life Skills is being taught by teachers at Grantsville High School and Grantsville Middle School. While the Local Authority is not directly involved in the implementation of Botvin's Life Skills, nor has any financial responsibility for said program, we fully support those teachers who implement the program and make efforts where possible to promote the Life Skills curriculum. Due to some controversy surrounding Social Emotional Learning Curriculums, it is unknown the level of fidelity regarding the implementation of LifeSkills or Second Step in the school district. Further investigation will take place as needs warrant. ~~The Local Authority does teach additional Life Skills training to a selective group of students throughout the county who are referred to the class due to anger management, low self-esteem, family drug abuse, and more. Typically, these groups are held during the Spring semester when possible.~~

In terms of Second Step, we are working with Tooele City CTC to recognize teachers and school staff who have implemented Second Step in their schools. School staff are nominated by their principals, and staff members are recognized with a certificate, a Walmart gift card, and an in-class and social media ceremony of sorts. Unfortunately, we are unsure whether Second Step is being taught to fidelity, but teachers are recognized not only for teaching the curriculum when known, but also are recognized as part of PBIS.

Two coalition members from Grantsville City Communities that Care received the Guiding Good Choices facilitator training and will offer the Guiding Good Choices class to residents of Grantsville City beginning May 2022.

In August 2019, Local Authority staff began a community coalition in Grantsville city (Grantsville City Communities that Care). The coalition coordinator is trained as a Communities that Care facilitator. Key leaders have been identified, and a Key Leader Orientation was conducted in January 2020. A data workgroup revealed the following risk and protective factors through an analysis of the available data (SHARP).

Protective factors that need bolstering

- Peer-Individual- Interaction with Pro-Social Peers
- Peer-Individual- Prosocial Involvement

Risk Factors that need to be addressed

- Community- Low neighborhood attachment
- School- Low commitment to school
- Peer-Individual- Depressive symptoms
- Peer-Individual- Perceived risk of drug use
- Family- Parental attitudes favorable to antisocial behavior
- Community- Perceived availability of handguns (as there is a high number of gun owners in Grantsville, all strategies surrounding this risk factor will focus on safe gun handling, suicide warning signs, gatekeeper suicide prevention, etc.)

Substances to be targeted

E-cigarettes, Marijuana, Alcohol

Grantsville City Communities that Care will utilize the Strategic Prevention Framework to assess needs, build capacity, implement strategies, and otherwise execute each component of the Strategic Prevention Framework. This will be accomplished as follows.

- a. Hold regular data workgroup meetings (every other year) in which SHARP and other data (IBIS) will be analyzed to determine risk and protective factors.
- b. Build capacity in coalition members by providing trainings, encouraging attendance at conferences and summits, etc.
- c. Identify evidence-based strategies to address risk and protective factors.
- d. Develop goals and objectives for each strategy.
- e. Implement each strategy.
- f. Evaluate each strategy and modify as needed.

Goals and Objectives:

1. Grantsville City will begin anew the Youth Awards beginning Fall Semester 2021.
 - a. Nominees will be selected and recognized quarterly by ~~school staff, counselors, educators, etc.~~ community members via in-person and online nomination.
2. Grantsville City CTC will offer one Guiding Good Choices ~~course in 2021, then two courses in 2022 and beyond.~~ Two courses of Guiding Good Choices beginning May 2022.
3. Grantsville City CTC will host/attend community prevention events.
4. Obtain and utilize existing funding for the Grantsville coalition to assist with implementing the selected strategies.
 - a. Identify potential funding opportunities.
 - b. Apply for grant funding where needed. EMOD funding was obtained which will support the coalition through June 2022. Additionally, the Prevention By Design grant was awarded which will sustain the coalition through March 2023.
5. Build capacity within the Grantsville community.
 - a. Take at least 2 coalition members to a prevention conference. This was accomplished with the "Fallback Conference" in 2020 and the Bryce Canyon Virtual Summit in 2021.
 - b. Increase attendance at coalition meetings. Attendance has grown in the Grantsville City Communities that Care Coalition and averages between 8 and 10 participants from different sectors each meeting.
6. Formalize the Grantsville coalition.
 - a. ~~Create a logo with community input for the coalition that can be used for marketing the coalition and the services/programs/strategies provided.~~ Roles will be formalized and established in the coalition based on the suggested workgroups as listed in the Communities that Care benchmarks and milestones.
7. Grantsville City Communities that Care will adapt the existing RAD-PAC coalition model and branding into a new youth-focused coalition.
 - a. The existing Prevention Club at Grantsville Junior High School will become part of the RAD-PAC coalition in the form of doing exchanges quarterly.
 - b. A Prevention Club will be formed at the High School to create a seamless transition for students who were formerly in the Prevention Club.

Program Name	Cost of Program	Evidence Based: Yes or No
Communities That Care- Grantsville	Block Grant Funds: State General Funds: Discretionary Funds: \$60,000	Yes
	Total: \$60,000	
Agency/Coalition	Tier Level:	
Grantsville Communities That Care	Blueprints- Certified Promising Program	

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	Reduce substance use and misuse among secondary aged youth in Grantsville	<p>Low commitment to school</p> <p>Perceived availability of handguns</p> <p>Depressive symptoms</p> <p>Perceived risk of drug use</p> <p>Low neighborhood attachment</p>	<p>Universal in the sense that it is designed to benefit residents of all ages and grades within Grantsville city, but more specific interventions carried out by coalition members may cross over into selective or indicated territory depending on the tools used as deemed appropriate by the coalition.</p>	<p>At minimum, the coalition will meet once per month for 1 to 1.5 hours either virtually or in-person (where and when applicable). In addition, with the data workgroup and other workgroups who are formed, meetings will be held according to the specifications and recommendations of the CTC model.</p> <p>As with Tooele City's CTC, Grantsville CTC provides a variety of services including: -Second Step teacher recognition-teachers in TCSD are recognized for their passion for implementing the Second Step prevention curriculum in their classrooms. Teachers are selected on a monthly basis and are celebrated at their schools and in their classrooms. -Mayor's Youth Award-each month teachers select students on the quarter, with citizens nominating youth possessing qualities of good citizenship, character, and service to be</p>	<p>By 2023, decrease Low Commitment to School from 47.2% (2019) to 45%.</p> <p>By 2023, perceived availability of handguns will decrease from 40.8% (2019) to 38%</p> <p>By 2023, depressive symptoms will decrease from 38.3% (2019) to 35%</p> <p>By 2023, perceived risk of drug use will decrease from 38.0% (2019) to 35%.</p> <p>By 2023, low neighborhood attachment will decrease from 34.0% (2019) to 32%.</p>	<p>By 2027, decrease 30-day alcohol use from 7.0% (2019) to 5.0%.</p> <p>By 2027, decrease 30-day marijuana use from 8.9% (2019) to 6.5%.</p> <p>By 2027, decrease 30-day vaping from 14.9% (2019) to 12.0%.</p>

				<p>recognized in front of the city council.</p> <p>-QPR: an evidence- based suicide prevention curriculum, Question. Persuade. Refer. It is provided in Tooele City for public and private groups upon request.</p> <p>-RAD-PAC Youth Coalition gives an opportunity for youth to get involved in substance abuse prevention. Meetings are held at least once a month and youth participate in a variety of activities and advocacy opportunities (Capitol Hill Day, Legislative Dinner, Take Down Tobacco Day).</p>		
Measures & Sources	Grantsville cone SHARP	Grantsville cone SHARP		<p>Meeting minutes</p> <p>Meeting attendance records</p>	Grantsville cone SHARP	Grantsville cone SHARP

Program Name	Cost of Program	Evidence Based: Yes or No
Botvin's Life Skills Training- Grantsville	<p>Block Grant Funds:</p> <p>State General Funds:</p> <p>Discretionary Funds: \$2,000</p> <hr/> <p>Total: \$2,000</p>	Yes
Agency/Coalition	Tier Level:	

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	Reduce substance use and misuse among secondary aged youth in Grantsville.	<p>Attitudes favorable to antisocial behavior</p> <p>Perceived risk of drug use</p> <p>Low commitment to school</p> <p>Interactions with prosocial peers (school)</p> <p>Rewards for prosocial involvement</p>	<p>Selective secondary school aged students at Grantsville High School and Grantsville Jr High School. Classes are to be held at their respective schools. This program will focus on both male and female students from all ethnic and socio-economic backgrounds. They will be identified by the school administration and teachers as students needing substance abuse communication skills, behavior management, refusal skills, social skills, etc. information.</p> <p>This universal curriculum is to be taught as part of the health class curriculum in the middle schools.</p>	<p>The program will be held 1x weekly, in a group setting, for 40 minutes at each of the aforementioned schools during the school year. (Dates and times for each will be determined at the beginning of each school year.) Botvin's Life Skills Training will be offered to teach information and strengthen skills for students. This program will also offer a community service.</p> <p>This universal curriculum is to be taught as part of the health class curriculum in the middle schools.</p>	<p>By 2023, attitudes favorable to antisocial behavior will decrease from 30.2% (2019) to 28.0%</p> <p>By 2023, perceived risk of drug use will decrease from 38.0% (2019) to 36.0%.</p> <p>By 2023, low commitment to school will decrease from 47.2% (2019) to 45%.</p> <p>By 2023, interaction with prosocial peers will increase from 56.5% (2019) to 59%</p> <p>By 2023, rewards for prosocial involvement will increase from 67.7% (2019) to 70%.</p>	<p>By 2027, 30-day alcohol use will decrease, from 7.0% (2019) to 5.0%</p> <p>By 2027, 30-day cigarette use will decrease from 2.3% (2019) to 0.5%.</p> <p>By 2027, 30-day marijuana use will decrease from 8.9% (2019) to 6.5%.</p> <p>By 2027, 30-day vaping will decrease from 14.9% (2019) to 12.0%.</p>

Measures & Sources	Grantsville cone SHARP	Grantsville cone SHARP	-Pre-Post Test -Class and School Attendance and Grade Records -School behavior records (office visits)	-Pre-Post Test -Class and School Attendance and Grade Records -School behavior records (office visits)	Grantsville cone SHARP	Grantsville cone SHARP
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Program Name	Cost of Program	Evidence Based: Yes or No
Guiding Good Choices	Block Grant Funds: State General Funds: Discretionary Funds: \$16,000	Yes
	Total: 16,000	
Agency/Coalition	Tier Level:	
Grantsville City Communities that Care	Blueprints- Certified Model Program	

	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal/Selective/Indicated		Short	Long
Logic	Reduce substance use and misuse among secondary aged youth.	Attitudes favorable to antisocial behavior Early initiation of drug use Poor Family Management Family Conflict Rewards for prosocial involvement (family) Family attachment	Parents and guardians of youth aged 9-14 years old who live in Grantsville City or feed into the Grantsville cone. During one of the sessions, youth will attend with their parents/guardians. Classes will be held either virtually or in a convenient location within Grantsville city.	The program will be held 2x yearly within the Grantsville community. It is a 10-hr course that takes place over 5 weeks, with participants meeting once weekly for 2 hrs.	By 2023, Attitudes favorable to antisocial behavior will decrease from 36.2% (2019) to 34.2%. By 2023, early initiation of drug use will decrease from 14.7% (2019) to 12.7%. By 2023, Poor Family Management will decrease	By 2027, 30 day alcohol use will decrease from 5.6%(2019) to 3.6%. By 2027, 30 day cigarette use will decrease from 1.3% (2019) to 0.7%. By 2027, 30 day marijuana use will decrease from 7.5%

					<p>from 25.3% (2019) to 23.3%.</p> <p>By 2023, Family Conflict will decrease from 31.5% (2019) to 29.5%.</p> <p>By 2023, Rewards for prosocial involvement in the family will increase from 62.9% (2019) to 64.9%.</p> <p>By 2023, Family Attachment will increase from 70.4% (2019) to 72.4%.</p>	<p>(2019) to 5.5%.</p> <p>By 2027, 30 day vaping will decrease from 12.7% (2019) to 10.7%.</p>
Measures & Sources	Grantsville SHARP	Grantsville SHARP	Pre-Post Test	Pre-Post-Test	Grantsville SHARP	Grantsville SHARP

Community: Stansbury High School Cone

The Stansbury High School cone includes elementary and secondary schools which students living in Stansbury Park, Lake Point, and Erda attend. This community has been identified as a high priority, with a coalition status of E7. A Community Readiness Assessment has been completed along with a Strategic Plan, which will be updated in 2022.

Botvin's Life Skills Training is currently taught by teachers at schools throughout the county, including in the Stansbury community. The Local Authority does not fund or have direct involvement with the implementation of the universal curriculum but is supportive of Tooele County School District implementing this evidence-based program. ~~Local Authority staff does,~~

~~however, teach additional Life Skills Training to a selective group of students at Stansbury High School and Clarke N. Johnsen Jr. High School (as well as other secondary schools in the district). These students are selected and referred based on their higher risk due to anger management issues, low self-esteem, family drug abuse, etc. These groups are held weekly during the Spring semester of school.~~

Guiding Good Choices is an evidence-based parenting class. It has been implemented by Tooele City Communities That Care for several years and is mostly attended by parents in Tooele City, but occasionally residents of Stansbury, Erda, and Lake Point attend as well. In early 2021, two coalition members in the Stansbury area- including a Local Authority staff member- were trained to be GGC facilitators and ~~will be able to~~ are now offering the class to local families in Stansbury, Erda, and Lake Point.

In August 2019, Local Authority staff began a community coalition in the Stansbury area, encompassing the communities of Stansbury, Lake Point, and Erda. As of March 2021, the coalition is called North Valley Communities That Care. The coalition coordinator has been trained as a Communities That Care Facilitator. Key leaders have been identified and completed Key Leader Orientation in January 2020. Since the KLO, more community leaders have been identified and contacted. Efforts are ongoing to gain their buy-in and active participation. ~~A data workgroup was assembled in May 2020 to review the Stansbury Cone 2019 SHARP data and identified the following priority risk and protective factors.~~ A data workgroup was assembled in March 2022 to review the Stansbury Cone 2021 SHARP data and identified the following priority risk and protective factors

Risk Factors:

- School: Low Commitment to School
- Peer-Individual: Depressive Symptoms
- Peer-Individual: Attitudes Favorable to Antisocial Behavior
- ~~Peer-Individual: Rewards for Antisocial Behavior~~ Family: Parent Attitudes Favorable to Antisocial Behavior
- Community: Low Neighborhood Attachment

Protective Factors:

- Family: Rewards for Prosocial Involvement
- Community: Rewards for Prosocial Involvement
- Peer-Individual: Interaction with Prosocial Peers

Prioritized misused substances: Underage alcohol, e-cigarette, and marijuana use.

Having identified these factors and substances, the coalition was able to move forward with conducting a Community Readiness Assessment as well as develop a Strategic Plan. The following goals and objectives have been set to improve community-centered evidence-based prevention in the Stansbury and surrounding communities:

Goals and Objectives:

- ~~1. Implement strategies outlined in the North Valley Communities That Care Strategic Plan by December 2021.~~
 - a. ~~Implement Youth Recognition Awards.~~ Implemented in August 2021
 - b. Attend and/or host community events centered around prevention.

- i. ~~The coalition will host Family Dinner Night in Fall 2021. Completed September 2021~~
 - ii. ~~The coalition will host a Community Talks underage drinking event in Fall 2021. Completed November 2021~~
- e. ~~Implement the Guiding Good Choices parenting course.~~
 - i. ~~One course will be taught in 2021 and at least two per year will be offered starting in 2022. One course was held in October 2021, and another course began in April 2022~~
- 2. ~~Obtain funding for the coalition to assist with implementing the selected strategies.~~
 - EMOD funding was obtained which will support the coalition through June 2022. Additionally, the Prevention By Design grant was awarded which will sustain the coalition through March 2023.
 - a. ~~Identify potential funding opportunities.~~
 - b. ~~Apply for grant funding.~~
- 3. Build capacity within the North Valley Communities That Care coalition.
 - a. Increase attendance and engagement from community members in Lake Point. Connections have been made, however there is still low engagement from Lake Point.
 - b. Increase attendance and engagement from community members in Erda. This has not been met. There is still low engagement from Erda.
 - c. Continue outreach to community members, businesses, key leaders, etc. through social media, in-person meetings, phone calls, and email. This is ongoing.
 - d. ~~Create a logo for the coalition that can be used for marketing services/programs/strategies that are sponsored or provided by the coalition. Completed July 2021.~~
 - e. ~~Take two coalition members to a prevention conference in 2021. Two coalition members did register for virtual conferences in 2021.~~
- 4. Update the Strategic Plan when 2021 SHARP data becomes available.

Goals and Objectives

- 1. Update the Strategic Plan by July 1, 2022.
 - a. Send the updated plan to community leaders and stakeholders.
- 2. Obtain funding for sustainability of coalition strategies beyond March 2023.
 - a. Identify potential funding opportunities.
 - b. Apply for grant funding.
- 3. Build capacity within the North Valley Communities That Care coalition.
 - a. Increase attendance and engagement from community members in Lake Point.
 - b. Increase attendance and engagement from community members in Erda.
 - c. Continue outreach to community members, businesses, key leaders, etc. through social media, in-person meetings, phone calls, and email.
 - d. Create a community campaign to increase awareness of and engagement in the coalition by December 2022.
 - e. Create a Social Marketing Strategy for the coalition by December 2022.

4. Hold a CTC Community Board Orientation for the coalition members, key leaders, and stakeholders before December 2022.

Program Name		Cost of Program		Evidence Based: Yes or No			
Botvin's Life Skills Training- Stansbury		Block Grant Funds:		Yes			
		State General Funds:					
		Discretionary Funds:					
		Total:					
		Tooele County School District funds the implementation of this program.					
Agency/Coalition		Tier Level:					
Tooele Prevention Unit Tooele County School District		Blueprints- Certified Model Program					
	Goal	Factors	Focus Population: U/S/I		Strategies	Outcomes	
			Selective	Universal		Short	Long
Logic	Reduce substance use and misuse among secondary aged youth.	<p>Attitudes favorable to antisocial behavior</p> <p>Early initiation of drug use</p> <p>Low commitment to school</p> <p>Opportunities for prosocial involvement (school)</p> <p>Rewards for prosocial involvement (school)</p>	<p>Selective Secondary school-aged students at Clarke N Johnsen Jr High School and Stansbury High School. Classes are to be held at their respective schools. This program will focus on both male and female students from all ethnic and socio-economic backgrounds. They will be identified by the school administration and teachers as students needing substance abuse communication skills, behavior management, refusal skills, social skills, etc. information.</p>		<p>The program is implemented in 8th and 10th grade health classes.</p> <p>The program will be held 1x weekly, in a group setting, for 40 minutes at each of the aforementioned schools during the school year. (Dates and times for each will be determined at the beginning of each school year.) Botvin's Life Skills Training will be offered to teach information and strengthen skills for students. This program will also offer a community service.</p>	<p>By 2023, Attitudes favorable to antisocial behavior will decrease from 36.2% (2019) to 34.2%.</p> <p>By 2023, early initiation of drug use will decrease from 14.7% (2019) to 12.7%.</p> <p>By 2023, Low commitment to school will decrease from 47.4% (2019) to 45.4%.</p> <p>By 2023, Opportunities for prosocial involvement at school will increase from 73.7% (2019) to 75.7%.</p> <p>By 2023, Rewards for prosocial</p>	<p>By 2027, 30-day alcohol use will decrease from 5.6%(2019) to 3.6%.</p> <p>By 2027, 30-day cigarette use will decrease from 1.3% (2019) to 0.7%.</p> <p>By 2027, 30-day marijuana use will decrease from 7.5% (2019) to 5.5%.</p> <p>By 2027, 30-day vaping will decrease from 12.7% (2019) to 10.7%.</p>

					involvement at school will increase from 56.2% (2019) to 58.2%.	
Measures & Sources	Stansbury SHARP	Stansbury SHARP	-Pre-Post Test -Class and School Attendance and Grade Records -School behavior records (office visits)	-Pre-Post Test -Class and School Attendance and Grade Records -School behavior records (office visits)	Stansbury SHARP (All grades)	Stansbury SHARP, (All grades)

Program Name		Cost of Program		Evidence Based: Yes or No		
Communities That Care- North Valley		Block Grant Funds: \$20,000 State General Funds: Discretionary Funds: \$40,000 Total: \$60,000		Yes		
Agency/Coalition		Tier Level:				
North Valley Communities That Care		Blueprints- Certified Promising Program				
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal		Short	Long
Logic	Reduce substance use and misuse among secondary aged youth in Stansbury, Lake Point, and Erda.	Low commitment to school Depressive symptoms Attitudes favorable to antisocial behavior Low neighborhood attachment Rewards for antisocial behavior Rewards for prosocial involvement (family)	All residents of Stansbury Park, Lake Point, and Erda. This coalition will focus efforts to all age populations, both male and female, from all socio-economic and ethnic backgrounds. Tooele Prevention staff run this coalition and will provide training opportunities for members when available.	This coalition will use the CTC framework to reduce substance use and problem behaviors within the community. The coalition will meet once a month for 1-hour, with additional workgroup meetings as needed. Priority risk and protective factors were identified in May 2020, and strategies to target those factors will be selected. Strategies include: -Guiding Good Choices- 5 weekly	By 2023, Low commitment to school will decrease from 47.4% (2019) to 45.4%. By 2023, Depressive symptoms will decrease from 41% (2019) to 39%. By 2023, Attitudes favorable to antisocial behavior will decrease from 36.2% (2019) to 34.2%. By 2023, Low neighborhood	By 2027, 30-day alcohol use will decrease from 5.6%(2019) to 3.6%. By 2027, 30-day cigarette use will decrease from 1.3% (2019) to 0.7%. By 2027, 30-day marijuana use will decrease from 7.5% (2019) to 5.5%.

		Interaction with prosocial peers		<p>2-hr workshops for families with children 9-14 years old. This improves family management, bonding, and rewards for prosocial involvement at the family level. This will be was implemented in 2021.</p> <p>-Second Step teacher recognition- teachers in TCSD are recognized for their passion for implementing the Second Step prevention curriculum in their classrooms. Teachers are selected monthly and are celebrated at their schools and in their classrooms. This addresses low commitment to school.</p> <p>-Youth Recognition Awards- youth will be selected based on their achievements, character, good citizenship, and service to be recognized by the coalition and community leaders. This will improve neighborhood attachment and rewards for prosocial involvement. This will be was implemented in 2021.</p> <p>-QPR (Question, Persuade, Refer.) suicide prevention courses will be taught to youth and adult groups to help address mental health needs.</p> <p>-Ongoing collaboration to</p>	<p>attachment will decrease from 34.5% (2019) to 32.5%.</p> <p>By 2023, Rewards for antisocial behavior will decrease from 33.3% (2019) to 31.3%.</p> <p>By 2023, Rewards for prosocial involvement in the family will increase from 62.9% (2019) to 64.9%.</p> <p>By 2023, Interaction with prosocial peers will increase from 57.7% (2019) to 59.7%.</p>	<p>By 2027, 30-day vaping will decrease from 12.7% (2019) to 10.7%.</p>
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				implement community-wide events that strengthen neighborhood attachment, encourage family bonding, and bring awareness to local prevention efforts.		
Measures & Sources	Stansbury SHARP	Stansbury SHARP	Meeting minutes Meeting attendance records	Meeting minutes Meeting attendance records Pre/post-tests	Stansbury SHARP (all grades)	Stansbury SHARP (all grades)

Program Name		Cost of Program		Evidence Based: Yes or No		
Guiding Good Choices		Block Grant Funds: State General Funds: Discretionary Funds: \$12,000 Total: \$12,000		Yes		
Agency/Coalition		Tier Level:				
North Valley Communities That Care		Blueprints- Certified Promising Program				
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Universal		Short	Long
Logic	Reduce substance use and misuse among secondary aged youth.	Attitudes favorable to antisocial behavior Early initiation of drug use Poor Family Management Family Conflict Rewards for prosocial involvement (family)	Parents and guardians of youth aged 9-14 years old who live in Stansbury Park, Lake Point, or Erda, or attend a school that feeds into the Stansbury High School cone. During one of the sessions, youth will attend with their parents/guardians. Classes will be held either virtually or in a convenient location within Stansbury Park, Erda, or Lake Point.	The program will be held 2x yearly within the Stansbury, Lake Point, or Erda communities. It is a 10-hr course that takes place over 5 weeks, with participants meeting once weekly for 2 hrs.	By 2023, Attitudes favorable to antisocial behavior will decrease from 36.2% (2019) to 34.2%. By 2023, early initiation of drug use will decrease from 14.7% (2019) to 12.7%. By 2023, Poor Family Management will decrease	By 2027, 30-day alcohol use will decrease from 5.6%(2019) to 3.6%. By 2027, 30-day cigarette use will decrease from 1.3% (2019) to 0.7%. By 2027, 30-day marijuana use will

		Family attachment			<p>from 25.3% (2019) to 23.3%.</p> <p>By 2023, Family Conflict will decrease from 31.5% (2019) to 29.5%.</p> <p>By 2023, Rewards for prosocial involvement in the family will increase from 62.9% (2019) to 64.9%.</p> <p>By 2023, Family Attachment will increase from 70.4% (2019) to 72.4%.</p>	<p>decrease from 7.5% (2019) to 5.5%.</p> <p>By 2027, 30-day vaping will decrease from 12.7% (2019) to 10.7%.</p>
Measures & Sources	Stansbury SHARP	Stansbury SHARP	-Pre-Post Test	-Pre-Post Test	Stansbury SHARP (All grades)	Stansbury SHARP, (All grades)

Community: Stockton, Vernon, and Rush Valley.

Stockton and Vernon maintain the structure of a municipal city. Rush Valley is considered unincorporated Tooele County. All three feed students to Tooele High School. While youth and families in these areas may have opportunities to benefit from programs implemented by Tooele City CTC and Tooele County School District, there is currently very little outreach to these communities due to lack of capacity and distance.

Community: Ibapah and Dugway

Ibapah is an unincorporated community in far western Tooele County and is mostly inhabited by Goshute natives. Secondary-aged students from Ibapah attend Wendover High School. Though initial outreach has been made to leaders in Ibapah, there are no active prevention efforts currently underway within that community.

Dugway is considered a census-designated place in southeastern Tooele County, and is located within the U.S. Army's Dugway Proving Ground. There are designated military personnel for prevention within the community and they have been in touch with the Local Authority to share

information and resources. They are aware of some of the substance abuse prevention efforts and direct services being offered by the Local Authority. However, due to lack of capacity and distance, little has been done to actively engage the community in substance abuse prevention efforts. There is potential for collaboration in the future as capacity continues to increase.

Other programs offered by the Local Authority prevention team:

Program Name		Cost of Program		Evidence Based: Yes or No		
Prime for Life 21+		Block Grant Funds: \$2,000 State General Funds: Discretionary Funds: \$2,000 Total: \$4,000		Yes		
Agency/Coalition		Tier Level:				
Tooele Prevention Unit		Listed as evidence-based on NREPP (discontinued)				
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
			Indicated		Short	Long
Logic	Reduce Substance Use and Misuse in Tooele County	Attitudes favorable to drug use Parent attitudes favorable to drug use	Adults (18+) in Tooele County referred by court due to DUI or alcohol related offense	Teach 4 three -four-hour classes and 4 four -hour class (16 hours total) in a group setting. The session topics will be taught as follows: 1. Preventing alcohol or drug use from taking control 2. Reflecting on choices and consequences. 3. Protecting what 'I' value 4. Making a plan to succeed Participants will take a post-test, with information shared with the referring agency and therapist on interaction with individuals throughout the course.	By 2023, Attitudes favorable to drug use will decrease from 20.9% (2019) to 18%. By 2023, parent attitudes favorable to drug use will decrease from 12.7% (2019) to 10%.	By 2027, 30-day alcohol use will decrease from 5.4% (2019) to 3%. By 2027, 30-day marijuana use will decrease from 6.4% (2019) to 4.5%.
Measures & Sources	LSAA SHARP (All grades)	LSAA SHARP (All grades)	Court referral Attendance records	Pre/Post-test	LSAA SHARP (All grades)	LSAA SHARP (All grades)

Program Name			Cost of Program		Evidence Based: Yes or No		
Prime for Life-Under 18			Block Grant Funds:		Yes		
			State General Funds:				
Agency/Coalition			Discretionary Funds: \$1,000				
			Total: \$1,000				
Tooele Prevention Unit			Tier Level:				
			Listed as evidence-based on NREPP (discontinued)				
	Goal	Factors	Focus Population: U/S/I		Strategies	Outcomes	
			Indicated			Short	Long
Logic	Reduce youth substance use and misuse among youth.	Attitudes Favorable toward drug use.	Youth under 18 in Tooele County referred by court due to DUI, alcohol, or THC-related offense.		<p>Teach 4 two-hour classes in a group setting. The session topics will be taught as follows:</p> <ol style="list-style-type: none"> 1. Preventing alcohol or drug use from taking control 2. Reflecting on choices and consequences. 3. Protecting what 'I' value 4. Making a plan to succeed <p>Participants will take a post test, with information shared with the referring agency and therapist on interaction with individual throughout the course.</p> <p>There is also an option for students to complete an online version of the course, which is often more feasible when we don't have enough participants to hold a class.</p>	By 2023, Attitudes favorable to drug use will decrease from 20.9% (2019) to 18%.	By 2027, 30-day alcohol use will decrease from 5.4% (2019) to 3%. By 2027, 30-day marijuana use will decrease from 6.4% (2019) to 4.5%.
Measures & Sources	LSAA SHARP (All grades)	LSAA SHARP (All grades)	Attendance records		Pre/Post-test	LSAA SHARP (All grades)	LSAA SHARP (All grades)

Summary

Prevention efforts have been able to expand and move forward in Tooele County with four coalitions, strong community partnerships, and several self-sustaining strategies. While capacity has been strengthened due to a number of discretionary grants, there is concern for future sustainability. Many of the current strategies are being funded by the Partnership For Success grant that will expire in ~~two~~ one year. There is a need to secure funding that will allow these efforts to be sustainable. Additional funding will also be needed to mobilize existing coalitions and build capacity. There are several cities and communities in Tooele County that we have not had the capacity to serve but are also deserving of prevention efforts. Further funding and resources are needed to expand to those communities so all Tooele County residents can benefit from substance abuse prevention.