

Form C – Substance use prevention narrative

3 year area plan: FY 2027 – FY 2029

This plan outlines how the LA is utilizing sound prevention science to address substance misuse issues by reducing risk factors and increasing protective factors. The plan illustrates how the LA is supporting Community Centered Evidence Based Prevention (CCEBP) to increase implementation of evidence-based programs, strategies, events, and policies.

LA area plans should be informed by the planning process conducted by community coalitions.

1. Using the table, explain the LA's goals for coalition development over the next 3 years. List all identified communities whether there is a current coalition or not. Put N/A where necessary.

CCEBP community	<u>Current CCEBP rating</u> Provide the rating and description of the rating	List current phase (CTC or SPF) List more than 1 phase where appropriate List how many times the coalition has completed the process through phase 5	LA priority rating for each CCEBP community High/medium/low	Operating system used by the community (CTC, CADCA, etc.)	LA's plan to support this community
Bonneville CTC	F - Established coalition but struggling/stagnant	Phase 5: 6 Phase 3: 54% Phase 4: 61%	Medium	CTC	-Monthly TA sessions with coordinator -Funding to support strategies -Funding for coalition

					facilitator -Staff to lead programs
Morgan CARES	B - A coalition structure exists in community, but status is unknown	Phase 1:	High	CTC	-Monthly TA sessions with coordinator -Funding to support strategies -Funding for coalition facilitator -Staff to lead programs
Ogden City CTC	D7 - coalition in development, initial strategic planning	Phase 3: 37%	High	CTC	-Funding to support strategies -Funding for coalition facilitator -Staff to lead programs
Roy CTC	G - Established coalition	Phase 5: 5 Phase 4: 85%	Medium	CTC	-Monthly TA sessions with coordinator -Staff to lead programs
Weber CTC	F - Establish coalition but struggling/stagnant	Phase 5: 5 Phase 3: 68% Phase 4: 61%	Medium	CTC	-Monthly TA sessions with coordinator -Staff to lead programs
Western Weber CTC	F - Establish coalition but struggling/stagnant	Phase 5: 5 Phase 3: 42% Phase 4: 46%	Medium	CTC	Monthly TA sessions with coordinator -Funding to support strategies -Funding for coalition facilitator -Staff to lead programs

2. Using the table, explain why each program, strategy, event, or policy is being implemented by the LA. Add rows and tables as needed.

- Template for [compliance check action plan](#) if that helps you plan activities for Synar and EASY. Completed template is not required. If the template is used, activities need to be listed in the table below.

Substance: Alcohol				
Risk/protective factor	Program, policy, strategy, or event (one per table box)	Activities (what are you, your contractors, and coalitions doing)	Short term outcomes (risk factors) Make SMART*	Long term outcomes (substance) Make SMART
Availability	EASY	• 1 EASY training this year in Weber County • Stay in contact with Local Law Enforcement Agencies within LA • 2 coalitions participating	Reduce availability of alcohol by 5% by 2029	Reduce 30-Day Alcohol by 1% by 2035 from 7% to 6%.
Prosocial Rewards (family)	Strengthening Families	• LA plus 1 coalition are implementing 3 cohorts (2 English and 1 Spanish) • Youth center is also doing 4 cohorts	Increase prosocial rewards (family) by 5% by 2029	
Poor Family Management			Reduce poor family management by 5% by 2029	
Prosocial Rewards (family)	Guiding Good Choices	• LA plus 3 coalitions are implementing 6 cohorts (5 English and 1 Spanish)	Increase prosocial rewards (family) by 5% by 2029	
Poor Family Management			Reduce poor family management by 5% by 2029	

Perceived Risk of Drug Use	CTC Coalitions	- Provide TA to 6 coalitions as they work through the CTC/SPF monthly - Support coalition strategies with funding and staff - Review milestones and benchmarks with coalition coordinators quarterly	Reduce perceived risk to drug use by 5% by 2029	
Prosocial Rewards (family)			Increase prosocial rewards (family) by 5% by 2029	
Poor Family Management			Reduce poor family management by 5% by 2029	
Parental Attitudes Favorable to ASB			Reduce parental attitudes favorable to ASB by 5% by 2029	
Parental Attitudes Favorable to ASB	Parents Empowered Media Campaign	1 media campaign in 1 coalition for the Parents Empowered Community Partnership Project grant	Reduce parental attitudes favorable to ASB by 5% by 2029	

Substance: Vaping - Cannabis				
Risk/protective factor	Program, policy, strategy, or event (one per table box)	Activities (what are you, your contractors, and coalitions doing)	Short term outcomes (risk factors) Make SMART*	Long term outcomes (substance) Make SMART
Opportunities for prosocial	Path to Prevention 5K & Half Marathon	1 coalition implementing - Youth participate in the	Increase opportunities	Reduce 30-Day

involvement (community)		planning and volunteer during race day	for prosocial involvement (community) by 5% by 2029	cannabis by 1% by 2035 from 4.1% to 3.1%
Parental Attitudes Favorable to Drug Use	Talk They Hear You	Provide materials through SAMHSA in race bags on how parents can talk to their kids about cannabis	Reduce parental attitudes favorable to drug use by 5% by 2029	
Family Attachment	Guiding Good Choices	LA plus 3 coalitions are implementing 6 cohorts (5 English and 1 Spanish) **These are not an additional 6 cohorts but the same as above**	Increase family attachment by 5% by 2029	
Availability	Synar Compliance Checks	Weber Morgan Health Dept conducts with support from all coalitions	Reduce access to tobacco/vape (thc) by 5% by 2029	
Perceived Risk of Drug Use	Positive Norms	One coalition using a positive norm campaign to increase perceived risk.	Reduce perceived risk to drug use by 5% by 2029	
Perceived Risk of Drug Use	CTC Coalitions	- Provide TA to 6 coalitions as they work through the CTC/SPF monthly - Support coalition strategies with funding and staff - Review milestones and benchmarks with coalition coordinators quarterly	Reduce perceived risk to drug use by 5% by 2029	
Prosocial Rewards (family)			Increase prosocial rewards (family) by 5% by 2029	
Poor Family Management			Reduce poor family management by 5% by 2029	

Parental Attitudes Favorable to ASB			Reduce parental attitudes favorable to ASB by 5% by 2029	
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3. What is your plan to ensure communities/coalitions follow a strategic planning process (SPF, CTC, etc.)? Provide evidence you will collect to show that this process was followed (CTC worksheets, logic models, etc.).

Our plan to ensure communities/coalitions follow a strategic planning process, such as SPF or CTC, includes providing structured guidance, ongoing technical assistance, and regular progress monitoring throughout each phase of implementation. Coalitions will be supported in reviewing milestones and benchmarks at least quarterly with their coach to ensure program fidelity. Here is the [tool](#) WHS staff will use.

Additionally, we will collect and review a variety of supporting documentation and evidence. This will include completed CTC assessments, logic models, action plans, and other tracking documents. Coalitions will submit these types of documents yearly that allows us to monitor progress, identify areas needing additional support, and ensure coalition activities remain aligned with evidence-based prevention planning practices.

4. How will the LA monitor and support coalitions in developing and utilizing quality logic models?

The LA will monitor and support coalitions in developing and utilizing quality logic models through ongoing coaching sessions, training, and technical assistance opportunities. Coalitions will continue to receive guidance on utilizing logic models that clearly connect identified community needs, risk and protective factors, strategies, and intended outcomes to ensure prevention efforts are strategic and data-driven. Training will be given as needed based on gaps in knowledge.

To ensure logic models remain relevant and effective, the LA will review them annually as part of the coalition monitoring and planning process. Reviews will assess whether logic models are aligned with current community data, action plans, and prevention goals, as well as whether outcomes and strategies are measurable and evidence-based. Feedback

and recommendations will be provided to coalitions to support continuous improvement and strengthen overall prevention planning efforts.

5. How will the LA ensure programs are evidence-based for substance use prevention?

The LA will ensure that substance use prevention programs are evidence-based by requiring coalitions to select strategies and programs from nationally recognized evidence-based registries and clearinghouses, such as Blueprints, or through the Evidence-based Workgroup. Programs and practices will be reviewed to ensure they align with identified community needs, target populations, and desired prevention outcomes. Technical assistance and guidance will also be provided to help coalitions select and implement programs with fidelity..

In addition, ongoing evaluation measures will be used to assess program effectiveness and implementation quality. Coalitions will collect and review evaluation data, including participation numbers, pre- and post-surveys, outcome measures, and implementation feedback, to determine whether programs are achieving intended outcomes. Evaluation findings will be used to guide continuous quality improvement and inform future prevention planning and funding decisions.

6. How are programs/strategies monitored for implementation fidelity?

Programs and strategies will be monitored for implementation fidelity through ongoing oversight and support provided by the Program Manager. Regular check-ins, site visits, and progress reviews will be conducted to ensure programs are being implemented as intended and in alignment with approved plans, timelines, and evidence-based practices. The Program Manager will work closely with coalitions to address challenges, provide technical assistance, and support continuous quality improvement throughout implementation.

Implementation fidelity will also be assessed through the use of fidelity checks and supporting documentation. This may include reviewing attendance records, program observations, and fidelity checklists to verify that core program elements are being delivered consistently and accurately. Information gathered through these monitoring activities will be used to identify areas needing additional support and to ensure programs maintain effectiveness and alignment with prevention goals.

7. What is your plan to increase collaboration across the behavioral health continuum? In what ways may your strategies impact mental or physical health?

Weber Human Services Prevention works with the Mental Health team and USARA on a monthly basis to ensure evidence based strategies are offered to parents and youth. Leadership cross train and meet monthly to see where gaps can be addressed. With our Suicide Prevention Coordinator housed within Prevention, we are working across the continuum. This includes working with community partners, faith leaders, health clinics, libraries, and the Mobile Crisis Outreach Team (MCOT).

The administration at WHS supports integrating prevention into other discipline areas, such as offering a parenting course for parents of youth in services.

8. How will you provide services to all prevention populations (universal, selective, and indicated)? Or what are you going to do to increase the reach of your prevention services to include all prevention populations?

At this point in time, we have limited readiness for selective and indicated services. During the FY2026, we trained facilitators in an indicated service and two selective services. We have struggled to get referrals from partners and from WHS Intake.

The services are not included in the plan until more readiness is built and the community and partners see it as valuable.

9. Explain your sustainability plan for prevention funding. If you do not have a sustainability plan explain why, and tell us how you will meet this requirement by the next area plan due date.

- Link to a [sustainability plan template](#). The template is not required to complete. If the template is complete we still need question 9 answered in narrative form.

With the sudden change in funding from Opioid Prevention Grant (OPG), we shifted staff to Block Grant dollars. As for Partnership for Success, that position will be sustained by Block Grant dollars after September 2028.

This is the last year of State Opioid Prevention dollars. We are actively looking for longer term grants to support the work of Bonneville CTC. This includes applying for the CARA Grant (federal, 5 years) and E-Cigarette funds.

We also have the Drug Free Communities (DFC) grant for Western Weber CTC. This coalition is applying for local E-Cigarette funds.

Bonneville and Western Weber CTC's have both acquired and sustained city monies to pay for strategies.

Additionally, the county anted up funding for our Ogden and Morgan coalitions.

Long term, we are aiming to work with state legislators to build a program that funds the coalition coordinators, allowing the coalitions to then focus on identifying funding opportunities for evidence based strategies.

*SMART Goals are Specific, Measurable, Achievable, Relevant, and Time-bound.