

GOVERNANCE & OVERSIGHT NARRATIVE

Local Authority: Utah County Prevention

Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR 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)?

Utah County aDDAPT does not admit clients with a primary mental health diagnosis, but we have for years provided co-occurring treatment to adults with non-SMI mental health conditions. Adults with SMI mental health conditions with co-occurring SUDs typically contact the public system through Wasatch Mental Health, Mountainlands Community Health, and the Food and Care Coalition. Since about the year 2000 we have partnered with WMH to provide co-occurring SUD/MH treatment via a shared staff arrangement. According to the SAMHSA definitions for dual diagnosis programs, we would consider this arrangement to be "dual diagnosis capable." The partnership with the Mountainlands Community Health Center, Food and Care Coalition, and WMH allows us to provide primary care integration for this client group. It also allows us to target a TAM Medicaid eligible population to extend the reach of this program.

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?

All citizens of Utah County are eligible for treatment through UCaDDAPT programs. Medicaid enrollees from other counties are eligible for admission to treatment through UCaDDAPT, and we coordinate reimbursement, care and transfer with other local authority programs as appropriate. Several programs are funding specific. House of Hope residential treatment and Promise North and South outpatient treatment for women with dependent children use Medicaid, State women's meth funding and SAPT women's set aside. DORA funding serves DORA eligible clients only. Drug Court funding is the same. TAM Medicaid clients may be seen by any willing provider, and we provide a list of private sector providers to TAM eligible individuals leaving the Utah County Jail. Priority populations are identified at the time of intake. Our intake staff have a SAMHSA priority population notice posted at their work stations for clients to see, and to serve as a reminder. Our contract compliance analyst and data manager review a report derived from our EHR to measure average time from intake to treatment monthly and report that performance back to the team.

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

The sliding fee scale policy is assessed for all individuals applying to us for subsidized treatment – proof of income and family size is required to establish the amount of public subsidy. Proof of residence within the borders of Utah County is also required. The sliding fee scale is based on federal poverty guidelines for income and family size, and is a percentage discount off our published fee schedule for services actually delivered. The sliding fee scale was updated in March, 2019 along with renewal of our National Health Service Corps student loan repayment program re-application. Fee Scale URL: <http://addapt.utahcounty.gov/sites/default/files/ORDINANCE%202017%20Effective%2020170718.pdf> Eligibility requirements URL: <Http://addapt.utahcounty.gov/Fees/SlidingScale>

How is this amount of public subsidy determined?

The sliding fee scale to determine public subsidy is based on income, family size, and the most recently

adopted federal poverty guidelines.

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

Information about eligibility and fees is communicated to prospective clients through word of mouth, referrals from other community partners, the County's website, and the staff who greet new clients at the front desk when they arrive for screening and evaluation. Intake staff have the client or parent of a youth client complete a financial application and inform them of their sliding fee scale assessment at the time of their first visit. Additionally, information regarding eligibility for treatment for individuals covered by Medicaid is available to all Medicaid enrollees through the Medicaid Prepaid Mental Health Plan handbook distributed to all new Medicaid enrollees by Medicaid through the US Mail. It is also offered to Medicaid enrollees by Intake staff at the time of their first visit.

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

YES!

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.

We provide consistent oversight of contracted providers to assure quality services. In addition to regular monthly site visits which include participation in staff meetings, we complete a random chart audit annually. We look for an individualized treatment plan based on ASAM criteria that is updated consistently including monthly open case and length of stay review. We also assure that continued stayed reviews are completed in a timely manner consistent with ASAM norms. We contact each contractor monthly to request a current employee roster to ensure that each employee who does any Medicaid services has a current valid NPI number to ensure that providers have no debarred staff. We check annually the System for Award Management (SAM report) for Medicaid assurances. We also require each contractor to produce a current state substance abuse provider license, current liability insurance, and an annual financial audit. All contractors are required to complete annual HIPAA/42 CFR Part 2, sexual harassment, cultural diversity training, and review DHS code of conduct with each employee. We require contract treatment providers to use our EHR so that we have instant access to charts and documentation. Additionally, a clinical staff assigned to program utilization audits treatment documentation and provides QA assistance to contractors on a regular basis and upon contractor's request. Our Contract Compliance Analyst performs contract monitoring functions to review compliance with DSAMH and Medicaid contractual obligations. Annual monitoring of contract treatment providers will mirror the annual DSAMH contract compliance site visits in content and process.

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 Coalition Academy, PROSPER)	Links to community strategic plan
Example: Hurricane	D2	High	Key leader board established, CB Getting ready for readiness assessments		Coordinator has been trained in CADCA Academy and is working w/ CTC Coach	http://washingtonprevention.blogspot.com/p/bylaws-of-washington-county-prevention.html
Utah County	G9	High	Actively working with coalition to complete yearly action planning, members are engaged and SPF process is done on a bi-annual basis.	Policy advocacy, parent resources, drug take back events, Parents Empowered promotion	Coordinator completed National Academy and follows CADCA model	https://drive.google.com/file/d/14rCud8vOHJYK2IG7J3KinNWEJEdiWyEE/view?usp=sharing
American Fork	D5B	Medium	Since Covid mandates, attendance was halted and community support and recruitment need to	Drug Take Back events Parents Empowered promotion	CTC - Coordinator is new to the position as of November 2020. Has completed facilitator training.	

			increase..Key Leaders are still involved.			
Eagle Mountain/Saratoga Springs	F6	Medium	Covid has decreased participation and support. Activities continued through Covid, and KL are still engaged.	Drug Take backs, Family Meals, summer bonding activities Parents Empowered promotion	CTC - Coordinator has been in position for 12 years. Understands CTC, completed trainings and attends ongoing opportunities	
Payson (including Genola, Goshen and Santaquin)	F6	Medium	Covid has impacted the level of involvement but board is still solid and KL continue to support efforts.	Youth Court Mayor recognition awards Drug Take back events Parents Empowered promotion	CTC - Coordinator has been in position for 12 years. Understands CTC, completed trainings and attends ongoing opportunities	
Pleasant Grove	E7	Medium	Covid impacted attendance, but CTC resumed meeting in person for board meetings. Completed trainings for all members. Moving through the phases very well. Has great community support.	Smoking cessation classes Guiding Good Choices Strengthening Families Drug Take back events Parents Empowered promotion	CTC- Coordinator has been in position for just over one year and completed necessary trainings. Is very motivated and engaging.	
Provo	F8	Medium	Coalition coordinator works for school district and has been pulled away from completing CTC tasks, and attendance was down due to social distancing requirements. Need to engage in supporting CTC and movement forward	Mentoring program Youth Court Mayor Youth Awards	CTC- coordinator has moved through all the phases and got stuck at implementation before Covid hit. There is great support for the coalition, but need to allow time and space for CTC to resume.	

Springville, Spanish Fork	C3	Medium	Both cities have a community coalition, Springville began by following CTC model, but did not provide EBP, so partnership was dissolved. Spanish Fork has a wellness coalition but no one has formal training. We tried to collaborate with Spanish Fork several years ago, but city leaders were not interested in matching funds.			
Alpine, Cedar Hills, Highland, Linton, Mapleton - other South County cities, Orem	A4	Low	Do not have capacity to begin addressing prevention efforts in these areas. Not enough funding and lack of personnel to coach coordinators if community was interested in starting a coalition.			

Area Narrative

Community: Utah County

Utah Valley Drug Prevention Coalition (DPC) is a county-wide prevention coalition trained by CADCA to utilize the Strategic Prevention Framework. 13 years in, there is high ownership and accountability for the coalition and members take part in completing annual action items. DPC is recognized and supported by lawmakers and other key leaders at the state and national level.

Community: American Fork

In 2019, A.F. Police Department partnered with our prevention team to implement a Communities That Care coalition. Our team provides support and coaching through University of Washington and Gery S. to meet fidelity requirements. The original coordinator left the position last November and the new coordinator is feeling the effects of the change as well as the impact Covid has had on the coalition's ability to complete benchmarks and milestones. We are now reevaluating and reengaging the board members.

Community: Eagle Mountain/Saratoga Springs

Saratoga Springs and Eagle Mountain CTC has been identified as F6 because it has been through all phases of CTC several times but has suffered due to the Covid pandemic and drastically reduced support. Online events and some summer events still took place. Overall, the coalition is in need of re-engagement now that social distancing requirements are lifting. We will support through CTC coaching and assistance to strengthen the coalition.

Community: Payson

Payson CTC covers Payson, Santaquin, Goshen and Genola and has been functioning since July, 2011. It is established and has moved through all phases several times. During the pandemic the coalition did not meet, but reconvened as of last month. The coalition has support from key leaders, businesses and other agencies who serve on the boards. They provide resources like Youth Recognition Awards, Youth Court, Drug Take Back events, healthy family activities and other opportunities throughout the year. Our department provides technical assistance and CTC coaching as necessary.

Community: Pleasant Grove

Pleasant Grove CTC coordinator is coached by County staff in tandem with Gery S. from U of W. The coordinator is very invested in her community and has the ability to connect with members to ensure strong support. The board has continued to meet virtually through the pandemic and is implementing programs in partnership with Alpine School District and other grant funding.

Community: Provo

Provo CTC has been running for 8 years and continues to cycle through the CTC phases. With the completion of their latest action plan, a mentoring program was created for students in the district. Provo CTC connected with over 2,000 individuals from other agencies and businesses to serve as mentors! Our department has been offering coaching and technical assistance to the coordinator as needed.

Community: Springville

Several years ago, Utah County and Springville worked together to provide CTC to the community. The coordinator began to implement strategies that were not evidence-based. This issue was discussed by the previous County Coordinator, but Springville chose not to implement appropriate programs. Utah County decided to discontinue funding and support for Springville. We will address this in our next needs assessment.

Community: Highland/Alpine, Cedar Hills, Lindon, Mapleton/Elk Ridge/Salem, Orem

The pandemic and social distancing requirements have made data collection almost impossible over the last year, but when considering future partnership efforts for prevention, increased capacity will be necessary. Current funding resources aren't sufficient to support more coalitions. In order to engage cities, there has to be some type of incentive, and what historically has worked is that the city has to come up with some funding, but the County provides a large portion of funding along with training and coaching for the coordinator to ensure fidelity measures are implemented.

Community: Spanish Fork

Spanish Fork created a community coalition but it does not follow an evidence based framework. Spanish Fork has unique needs and has the potential to create a strong EB coalition. Our team will continue to offer support as much as possible, and will work to promote implementation of a CTC coalition in the future.

Create a Logic Model for each program or strategy funded by Block Grant Dollars, PFS, SOR, SPF Rx or State General Funds.

Program Name	Cost of Program	Evidence Based: Yes or No
Overdose Awareness Class w/ Naloxone Distribution	SPF Rx, PFS	Yes

				Total: 35,000		
Agency/Coalition				Tier Level:		
Utah County Health Department						
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
					Short	Long
Logic	<p>Reduce opioid overdose death</p> <p>Increase community awareness and use of naloxone</p>	<p>Low awareness of dangers of use and misuse</p> <p>Limited number of opportunities for patients to receive opioid education</p> <p>High rates of opioid overdose death.</p> <p>Low access to naloxone education and kits</p>	Universal	<p>Provide opioid safety presentations and naloxone training/dispensing.</p> <p>Social media campaign boosting Media promotion through local news sources.</p> <p>Ensure staff competency through ongoing educational opportunities/conferences/workshops/seminars</p>	<p>Increased number of individuals trained to confidently administer naloxone in Utah County.</p> <p>Provide at least 6 naloxone trainings in Utah County and offer kits to attendees</p> <p>Secure naloxone kit availability by purchasing and assembling kits with SPF Rx funds by June 30, 2021.</p> <p>Promote availability of kits by posting at least 12 opioid-related prevention advertisements via social media platforms and newspapers this year</p>	Decrease Opioid Overdose death in Utah County by 5% by 2026
Measures & Sources	Utah Dept. of Health (UDOH)	<p>Use Only AsDirected (UOAD) data</p> <p>UDOH data</p>		<p>Pre/Post-test surveys</p> <p>UCHD Evaluation data</p> <p>Media insights</p>	<p>Pre/Post-Test Surveys Evaluation UOAD data</p>	pre/ Post-Test Surveys UDOH

Program Name			Cost of Program	Evidence Based: Yes or No		
Rx Medication Education and Disposal			SPF Rx, PFS	Yes		
			Total: 20,000			
Agency/Coalition			Tier Level:			
Utah County Health Department						
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
					Short	Long
Logic	<p>Increase opioid education and safety to ensure knowledge of safe use and disposal techniques</p> <p>Increased use of drop boxes</p>	<p>Low awareness of dangers of use, misuse, and improper disposal</p> <p>Limited number of opportunities for patients to receive opioid education</p> <p>Little education on proper opioid disposal</p>	Universal	<p>Provide opioid safety presentations</p> <p>Prescription drug take-back events.</p> <p>Social media campaign boosting.</p> <p>Media promotion through local news sources.</p> <p>Permanent drop box promotion</p> <p>Ensure staff competency through ongoing educational opportunities/conferences/workshops/seminars</p>	<p>Increase education opportunities to at least 6 trainings per year.</p> <p>Promote safe use and disposal by posting at least 12 opioid-related prevention messages via social media platforms and newspaper ads per year.</p>	Decrease Opioid Overdose death in Utah County by 5% by 2026
Measures & Sources	Utah Dept. of Health (UDOH)	<p>Use Only As Directed (UOAD) data</p> <p>UDOH data</p>		<p>Pre/Post-test surveys</p> <p>UCHD</p> <p>Evaluation data</p> <p>Media insights</p>	<p>Pre/Post-Test Surveys</p> <p>Evaluation and UOAD data</p>	<p>pre/ Post-Test Surveys</p> <p>UDOH</p>

Name of Program:			Cost of Program	Evidence Based: Yes		
Eliminating Sales to Youth			Block Grant and Beer Tax funds	Yes		
			\$30,000			
Agency/Coalition			Tier Level:			
Utah County Health Department			1			
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
					Short	Long
Logic	Reduce underage Drinking Reduce possession or consumption	Community laws and norms favorable towards alcohol use. Availability of alcohol	Universal	Coordinate quarterly compliance checks with law enforcement officers and underage buyers for Utah County grocery and convenience stores. Provide EASY training for clerks at business locations.	Maintain an alcohol compliance rate of 90% or higher in Utah County among off-premise retailers. Maintain alcohol possession and consumption citations for youth less than 300 through 2025.	Maintain underage consumption of alcohol rates below 8% for all grades through 2030
Measures & Sources	4th District Court records Student Health and Risk Prevention Survey (SHARP) survey	SHARP Survey		Utah County program records. Utah County compliance check records.	Dept of Alcohol and Bev. Safety Annual Report	SHARP Survey 2031.

Program Name			Cost of Program	Evidence Based: Yes or No		
Communities That Care: American Fork Eagle Mountain/Saratoga Springs Payson/Genola/Goshen/Santaquin Pleasant Grove Provo			PFS	Yes		
			\$150,000			
Agency/Coalition			Tier Level:			
Utah County Health Department			1			
	Goal	Factors	Focus Population:	Strategies	Outcomes	
					Short	Long
Logic	Reduce ATOD use in communities through implementation of Communities That Care coalitions across Utah County	Low Commitment to School Depressive Symptoms Parental Attitudes favorable to Anti-Social Behavior	Universal	Provide funding coaching and technical assistance to coordinators and coalitions.	Decrease parental ASB from 33.2% in 2019 to 32% in 2023.	Maintain past 30-day alcohol use rates for all grades at 3.% from 2019 through 2029 Maintain past 30-day marijuana use rates for all grade below 4%
Measures & Sources	SHARP Survey	SHARP Survey		DUGS entries, meeting minutes, contract compliance	SHARP Survey	SHARP Survey

Program Name			Cost of Program	Evidence Based: Yes		
Communities That Care: Capacity Building			\$25,000	Yes		
Agency			Tier Level:			
Utah County Health Department			1			
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
					Short	Long
Logic	Reduce ATOD use in communities through implementation of Communities That Care coalitions across Utah County	Underage alcohol use, vaping, substance misuse	Universal	Community readiness surveys Determine at least 1 priority city based on readiness and need Determine champion in each city	Number of CTC coalitions increased by one in 2023 to increase prevention saturation in Utah County	Maintain past 30 day use of alcohol for all grades at 3% through 2029 Maintain past 30 days use of marijuana for all grades at 4% through 2029.
Measures & Sources	SHARP Survey	SHARP Survey		DUGS entries, meeting minutes, contract compliance	SHARP Survey	SHARP Survey

Program Name			Cost of Program	Evidence Based: Yes		
School District Prevention Services for Alpine, Nebo and Provo School Districts			Block Grant/PFS \$125,000	Yes		
Agency			Tier Level:			
Utah County Health Department			1			
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
					Short	Long
Logic	Reduce risk factors leading to substance use/misuse in youth	Low commitment to school Depressive Symptoms Parental Attitudes Favorable to ASB	Universal	Provide funding and support to Alpine School district including Student Assistance Programs- Social/Emotional Wellness contacts, Why Try, Love and Logic Provide funding and support for Nebo School District to provide Prevention Dimensions, Student Assistance Programs, Why Try, Love and Logic, First Offender PRI, Steve James concerts	Parental Attitudes Favorable to ASB will be reduced from 34.2% to 33% in 2023.	Maintain past 30 day use of alcohol for all grades at 3% through 2029 Maintain past 30 days use of marijuana for all grades at 4% through 2029.
Measures & Sources	SHARP Survey	SHARP Survey			SHARP Survey	SHARP Survey

				Provide funding and support for Provo School District to provide Second Steps, Student Assistance Programs, Why Try, First Offender PRI, Steve James concerts		
--	--	--	--	---	--	--

Program Name				Cost of Program	Evidence Based: Yes	
Parents Empowered				\$5,000	Yes	
Agency				Tier Level:		
Utah County Health Department				1		
	Goal	Factors	Focus Population: U/S/I	Strategies	Outcomes	
					Short	Long
Logic	Prevent and reduce underage drinking	Parental Attitudes Favorable to ASB	Universal	Parents Empowered collateral items distributed at community events: middle and high school, community classes, and worksite promotions.	Parental Attitudes Favorable to ASB will be reduced from 34.2% to 33% in 2023.	Maintain past 30 day use of alcohol for all grades at 3% through 2029
Measures & Sources	SHARP Survey	SHARP Survey			SHARP Survey	SHARP Survey

FY21 Substance Abuse Prevention Area Plan & Budget													Local Authority: Utah County Department of Drug and Alcohol Preve		Form C	
		State Funds		County Funds												
FY2021 Substance Abuse Prevention Revenue		State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Prevention Revenue	Partnerships for Success PFS Grant	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	TOTAL FY2021 Revenue			
FY2021 Substance Abuse Prevention Revenue							\$562,799	\$22,500	\$184,389		\$200	\$56,000	\$825,888			
		State Funds		County Funds												
FY2021 Substance Abuse Prevention Expenditures Budget		State Funds NOT used for Medicaid Match	State Funds used for Medicaid Match	County Funds NOT used for Medicaid Match	County Funds Used for Medicaid Match	Federal Medicaid	SAPT Prevention Revenue	Partnerships for Success PFS Grant	Other Federal (TANF, Discretionary Grants, etc)	3rd Party Collections (eg, insurance)	Client Collections (eg, co-pays, private pay, fees)	Other Revenue (gifts, donations, reserves etc)	Projected number of clients served	TOTAL FY2021 Expenditures	TOTAL FY2021 Evidence-based Program Expenditures	
Universal Direct							\$197,771	\$10,415	\$68,819					\$277,005	\$277,005	
Universal Indirect							\$257,849	\$12,125	\$5,246		\$200	\$56,000		\$411,419	\$411,419	
Selective Services							\$82,616		\$24,494					\$107,110	\$107,110	
Indicated Services							\$24,563		\$5,830					\$30,393	\$30,393	
FY2021 Substance Abuse Prevention Expenditures Budget		\$0	\$0	\$0	\$0	\$0	\$562,799	\$22,500	\$184,389	\$0	\$200	\$56,000	0	\$825,888	\$825,888	
SAPT Prevention Set Aside		Information Dissemination	Education	Alternatives	Problem Identification & Referral	Community Based Process	Environmental	Total								
Primary Prevention Expenditures		\$94,640	\$82,616	0	27538.75	\$247,849	\$110,155	\$562,799								
Cost Breakdown		Salary	Fringe Benefits	Travel	Equipment	Contracted	Other	Indirect	Total FY2021 Expenditures							
Total by Expense Category		215000	100000	35,000		274787	100000	101101	\$825,888							

**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 2022 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) # 2020 - 518, the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

LOCAL AUTHORITY: Utah County Prevention

DocuSigned by:
By: William C. Lee
(Signature of ~~authorized~~ Local Authority Official, as provided in Utah Code Annotated)

PLEASE PRINT:

Name: william c. Lee
Title: Commissioner
Date: 5/6/2021

MANDATORY PROJECT NARRATIVE YEAR 2020-21

1. Description and explanation of changes, if any, made during this budget period affecting the following:

a) Goals and objective

There were no changes made to goals. The only changes made to objectives were dates and data projections.

b) Projected time line for project implementation

There have been no changes made to the projected time line.

c) Approach and strategies proposed in the initially approved and funded application

Small changes have been made to a few strategies in the action plan. We have added a strategy to Increase community partner interests in adult and youth coalition by presenting to local city council and local county commissioners quarterly about the KCC and KCYC's goals, objectives, and achievements. To target use and perception among youth the KCC will implement the Social Norms Approach/Alcohol Education Project in the local high school. We will support local businesses by developing and delivering a flyer to all businesses that sell tobacco, educating them on the new age 21 law to ensure they are not selling to anyone underage. We will influence policy by providing information to local policy makers about the benefits of keeping the legal smoking age at 21. We will also provide information to policy makers about the needs for stricter electronic cigarette regulation. Lastly the KCC will we will educate local policy makers to inspire them develop a ban on flavored e-cigarettes. **Changes are highlighted in action plan below.**

2. Report on progress relative to approved objectives, including progress on evaluation activities

Goal 1: strengthen coalition collaboration

- Objective 1: increase by 4 agencies. Community partner agencies were increase by two, law enforcement and juvenile justice.
- Objective 2: add 2 new Key Leader members. Coalition collaboration was increase by 1 new Key leader member.
- Objective 3: add 2 new community board members. Community collaboration increase with the addition of 2 new community board members.
- Objective 4: increase youth membership by 4. Youth coalition membership has increase from 30 to 45 members.
- Objective 5: increase prevention knowledge and skills by 10%.

Goal 2: Reduce substance abuse

- Objective 1: Decrease youth alcohol consumption by 1%. Alcohol consumption was reduced by 1.7%.
- Objective 2: Decrease youth 30-day electronic cigarette use by 1.4%. 30-day use among 9th-12th increased by 1.8% but decrease by .2% for 6th-8th graders.

- Objective 3: Increase perception of risk of marijuana by 2%. Perception of risk increased among 9th-12th graders but decreased by 2% among 6th-8th graders.
- The KCC partnered with the Kane County school district to conduct student the PNA surveys in spring of 2019.
- Former member and current member surveys were conducted.
- Community surveys were conducted at our annual Family Fun Night regarding alcohol prevention.
- Adult marijuana surveys are being conducted in fall on 2019 and spring of 2020.
- We will be conducting a social norms survey in spring of 2020 in preparation to implement the Social Norms Approach Campaign in our High School.

3. Summary of key program accomplishments to date and list progress.

- The Kane Community Coalition (KCC) worked with and supported the Kanab High School in conducting the SHARP (PNA) Survey. The KCC developed a parent permission form that could be signed electronically to allow for ease of access. We also developed a way that the survey can be taken electronically for ease of access.
- The Kane Community Coalition was able to increase community partnerships by recruiting a retired police officer and a juvenile probation officer to join the coalition.
- The KCC worked with school counselors, principals, and the school district to identify key youth in the community to join the Kane Community Youth Coalition(KCYC). The KCYC now has 45 active youth members. The youth coalition is holding monthly meetings and has been trained on the strategic prevention framework, prevention science, how to create data driven strategies, and from this has made an action plan for the year.
- The KCC and KCYC have selected 7 youths and 4 adults to attend this year's CADCA youth leadership forum. The coalitions have scheduled appointments to meet with both senators and representatives for the state of Utah.
- The KCC presented a poster presentation and the 2019 CADCA forum.
- The KCC has met with Law Enforcement about increase party patrol around community events and holidays.
- The KCC assisted local law enforcement in implementing an annual Rx take back day.
- The KCC and KCYC met with one Utah Representative, 1 Utah Congressmen, and two Utah Senators to educate them on local issues regarding tobacco, alcohol, and marijuana.
- The KCYC has met with local commissioners to update them on our progress.
- The KCC and KCYC have participated in over 18 community events and trainings. These include 6 local events, state and local youth trainings, assemblies, parent education nights, the great American smoke out, threw with chew week, drug facts week, red ribbon week, kick butts day, etc.
- The KCC as placed our "no smoking" signs at all large community events. Community event holders noticed a significant decrease in public smoking since the signs have been displayed.

- The KCC has designed and printed all new county “no smoking” permanent signs that will be placed on all county properties. These signs now include vaping as the old ones did not.
- The KCC held 3 mini events and one large family night. Family fun night was centered on family bonding and family mealtime to prevent underage drinking. Coalition members interacted one on one with parents teaching them how to prevent underage drinking. The activity included opportunities and resources to increase bonding. Participation in this yearly event has risen significantly, in 2014 (year one) we had 350 participants, for this year’s event we had over 900 participants. That is almost ¼ of Kanab population. We also use this event to continue the KCC family mealtime campaign, which rewards families for eating dinner together at least 8 times a month. This year we had 3 radio stations present at the event broadcasting all over the state of Utah.
- The KCC as purchased the Social Norms Approach/Alcohol education project. A social n norms survey will be conducted in spring of 2020 and the program will start shortly after.

4. Description of difficulties/problems encountered in achieving planned goals and objectives including:

a) Barriers to accomplishment and

One Barrier that the Kane Community Coalition experienced was the follow-through of our community partners. We have meet numerous times with local Law Enforcement to encourage and support them in doing more shoulder tap stings, compliance checks, and party patrols. They expressed to us that they do not have the time to increase all of these things. They did however do a few extra party patrols around the holidays.

Secondly, we are in the process of increasing our Key Leader board in both participation and membership. We will be assessing the current board and either replacing or adding members. We have seen the participation of the Key Leader Board greatly decrease over the past two years and feel it a high priority that needs to be addressed.

The third barrier we have experienced is pushback from our local school district in continuing to conduct the SHARP (PNA) survey. In early 2019 the Kane County school district expressed some concerns with administering the SHARP survey. This survey has been administered for over 10 years and is the source of all of our baseline data. We are in the process of getting another survey approved. We will be conducting the Social Norms Approach survey this spring.

b) Actions to overcome difficulties

To overcome our fist barrier, was difficult and we are still working on it. We increased meetings and planning with law enforcement. Last year, instead of asking them to increase all of the strategies listed we focused on one, party patrols. We chose one holiday and one community event for law enforcement to focus on. This year we plan to increase that number. We have also planned to invite a member of law enforcement to be a key leader in the hopes that it will increase participation.

To overcome barrier two we will follow the process laid out in our by-laws. We will accept nominations for that spots and fill it the by a board member vote. We will also follow the steps laid out in our action plan.

To overcome the third barrier in 2019, we had numerous meetings with the school board, superintendent, and principals. The KCC developed a parent permission form that could be signed electronically to allow for ease of access. We also created an electronic version of the survey that can be done in school on provided electronic devices. This year has been much more difficult. We have met with the superintendent and the school board and have addressed all of their concerns. We have developed a new parent permission form addressing some of their additional concerns. We foresee that this will be a barrier in future years and are making plans now to ensure the process is easier. Because of the lessons learned with the PNA survey; we are using said strategies to get the Social Norms survey approved. Surveys should be conducted this spring.

5. Report on milestones anticipated with the new funding request

The Kane Community Coalition is excited to meet new milestones and goals. One goal we anticipate maintaining is an increased collaboration and relationships with the local law enforcement, the Kane County School district, local businesses, and the two New County commissioners. The new funding requested will allow the KCC to increase collaboration with these organizations by providing support, creating a greater means of access, and increase knowledge. We also anticipate meeting all of our objectives laid out in our action plan. We anticipate increased knowledge from the community regarding prevention and our coalition.

6. Key staff changes.

No key staff changes have been made or are anticipated.

12-MONTH COALITION ACTION PLAN

KCC Goal One: 1. Establish and strengthen collaboration among communities, public and private non-profit agencies, as well as federal, state, local, and tribal governments to support the efforts of community coalitions working to prevent and reduce substance abuse among youth.

Objective 1: By September 29, 2021, increase the number of community partners by 2 agencies that are partnering with the coalition as evident by agency MOU's.

Strategy 1: Provide information to community agencies on substance abuse prevention

Activity	Who is responsible?	By when?
----------	---------------------	----------

Activity	Who is responsible?	By when?
Increase community partner interests in KCC by providing pamphlets, flyers, and web-based information to schools, law enforcement, local government, tribal government, and non-profit agencies on substance use prevention, booth at back to school nights, parent nights and other events where community partners are present.	Program Director, Project Coordinator, Public relations rep of each Committee.	February 28, 2021
Increase community partner interests in KCC and KCYC by presenting to local city council and local county commissioners quarterly about KCC and KCYC's goals, objectives, and achievements.	Project Coordinator, Public relations rep, coalition involvement rep, youth coalition.	September 29, 2021

Strategy 2: Enhance the skills and knowledge of coalition members and local agencies about the positive impact of prevention practices.

Activity	Who is responsible?	By when?
Provide Training on the Strategic Prevention Framework, prevention science and current substance trends for coalition members.	Coalition members, Program Director, Project Coordinator	August 30, 2021

Strategy 3: The Kane Community Coalition will provide support by helping other agencies with their prevention activities and events.

Activity	Who is responsible?	By when?
Assist local law enforcement in their annual Rx take back day with advertisement, collection, surveys, and providing free lock boxes to participants.	Program Director, Project Coordinator, Coalition members	March 30, 2021
Provide training and information on local substance use trends to Kane County School District for their annual parent prevention night.	Program Director, Project Coordinator, Coalition members	September 29, 2021
Assist Kane County School District with administering their SHARP (PNA) Survey.	Bach Harrison (independent evaluator) Evaluation member from each committee	March 30, 2021

Objective 2: By September 29, 2021, increase coalition collaboration by adding/rotating 2 new members to the Kane Community Coalition Key Leader Board, evidenced by administrative records and increases of total meeting attendance from past meeting minutes.

Strategy 1: Recruit Key Leaders to enhance collaboration among agencies represented on the 12 sectors.

Activity	Who is responsible?	By when?
Use the CTC and/or CADCA Tools for identifying member representative gaps during a coalition meeting, to identify any community agencies or individuals or leaders that should be a part of the coalition but are not.	Coalition Involvement Committee	November 30, 2020

Strategy 2: Increase skills (including leadership, management, board structure, recruitment, and resource attainment) by providing workshops/trainings to the key leaders to enhance investment.

Activity	Who is responsible?	By when?
Conduct key leader meetings/trainings semiannually, to update key leaders on activities and progress of the coalition, to keep them invested, and gain support on coalition needs for the completion of activities.	Committee chair's (Underage drinking, Electronic Cigarettes, Marijuana)	March 30, 2021

Objective 3: By September 29, 2021 increase coalition collaboration and participation in the coalition by 2 new community board members as evident by activity involvement and past meeting minutes.

Strategy 1: Solicit ongoing, formal feedback from members and collaborated agencies on their experience with the coalition and to identify areas that need improvement to better provide support to the community as a prevention resource.

Activity	Who is responsible?	By when?
Conduct a Coalition member and former member survey to assess the needs of the coalition and identify areas of the coalition that can be enhanced.	Bach Harrison (independent evaluator) Evaluation member from each committee	August 30, 2021

Strategy 2: Strengthen the process by which new members join the coalition to enhance the coalition's ability to complete the action plan and to better support the community as a prevention resource.

Activity	Who is responsible?	By when?
Assign new members a mentor and subcommittee, and conduct a new member survey to facilitate their integration into the coalition and answer questions, and get them involved in a specific coalition activity or decision within two months of joining to facilitate their capital investment in the group.	Program Director, Project Coordinator, Coalition involvement Committee.	September 29, 2021 (ongoing)

Activity	Who is responsible?	By when?
Implement a new member packet to educate new members on the history of the coalition, as well as goals, objectives and strategies. This will give new members an outline of their job description and expectations as a coalition member, and will improve membership capacity and prevention knowledge of new member	Program Director, Project Coordinator, Coalition involvement Committee, Chairs of each Committee.	December 30, 2020 (ongoing)

Objective 4: By September 29, 2021 increase youth membership and collaboration in the coalition by 4 as evident by activity involvement and past meeting minutes.

Strategy 1: Increase youth involvement in the Kane Community Coalition to provide support and collaboration of coalition activities as outlined in the action plan.

Activity	Who is responsible?	By when?
Work with school counselors, principals, and School District to identify key youth in the community to invite to join the Youth Committee/Coalition.	Project Coordinator, Youth Sector Rep., Youth Coalition	October 30, 2020
Address school officials in making the KCYC an official school club.	Project Coordinator, Youth Sector Rep., Youth Coalition	October 30, 2020

Objective 5: By September 30, 2021, increase by 10% the prevention knowledge and skills for the youth coalition members and local agencies as evident by pre-post-tests of trainings.

Strategy 1: Enhance the skills and knowledge of youth coalition members.

Activity	Who is responsible?	By when?
Hold monthly meetings and trainings for the youth coalition to teach them the Strategic Prevention Framework, build leadership skills, learn prevention science, how to create data-driven strategies, and begin action planning	Project Coordinator, Youth Sector Representative, Youth Coalition	February 28, 2021 (ongoing)
Members of the Youth Coalition attend CADCA youth Leadership Forum designed to increase the knowledge and skills of members to implement the Strategic Prevention Framework. (youth 12-17yrs)	Project Coordinator, Youth Sector Rep., and Youth Sector Coalition members	January 30, 2021

Activity	Who is responsible?	By when?
Create an opportunity for youth to collaborate and network with other youth coalitions by implementing an annual youth training and strategic planning training that focuses on prevention science and evidence-based strategies to enhance skills of the youth coalition members (youth 12-17yrs)	Project Coordinator, Youth Sector Representative, and Youth Sector Coalition members	July 30, 2021

KCC Goal Two: Reduce substance abuse among youth and, over time, reduce substance abuse among adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse.

Objective 1: Decrease youth alcohol consumption by 1% for all grades (6th-12th) for 30-day use (currently 2%) by September 29, 2021 as measured by the Prevention needs assessment survey – Utah’s Student Health and Risk Prevention Survey.

Strategy 1: Provide information to families and community members on the dangers of underage drinking and current local data

Activity	Who is responsible?	By when?
We will provide information by maintaining a youth implemented media campaign through social media, radio, ads, you tube, local advertisement, toilet talks, mailers, and school media.	Youth Coalition, Youth Sector Rep., Underage Drinking/alcohol Committee, Project Coordinator,	May 30, 2021 (ongoing)
We will provide information by presentations, trainings, and setting up booths at local events such as public events like local fairs, health fairs, take back days, back to school nights, community family night, religious services, to provide information and education materials.	Underage Drinking/alcohol Committee, coalition members, Project Coordinator, Project Director,	February 28, 2020, August 30, 2021
We provide information by creating posters, parent letters, social media posts, and town hall meetings to remind adults about the laws (social host, minor consumption, etc.) and consequences of providing alcohol to minors.	Underage Drinking/alcohol Committee, Project Coordinator, Program Director,	May 30, 2021

Strategy 2: Enhance and build skills of families and community members that reduce risk and increase protection for youth alcohol use.

Activity	Who is responsible?	By when?
----------	---------------------	----------

Activity	Who is responsible?	By when?
We will build skill by holding quarterly events for families to enhance their bonding, boundaries, and monitoring, and expectations with their children using the statewide Utah Parents Empowered Media Campaign (an underage drinking prevention campaign, which educates parents on the risks associated with drinking)	Underage Drinking/ alcohol Committee, Project Coordinator, Program Director,	September 29, 2021
Using the statewide Utah Parents Empowered Media campaign (Underage Drinking campaign, which educates parents on the risks associate with drinking) encouraging local business to participate in the campaign, and Support Parents Empowered month, community events.	Underage Drinking/ Alcohol Committee Project Coordinator,	September 29, 2021

Strategy 3: The KCC will increase incentives and disincentives to reduce alcohol use among youth.

Activity	Who is responsible?	By when?
We will create incentive by providing positive acknowledgment for agencies/business after positive compliance checks, and we'll promote them in a news article.	Underage Drinking/ alcohol Committee, Project Coordinator, Project Director,	March 30, 2021
The KCC will implement the Social Norms Approach/Alcohol Education Project in the local high school.	Underage Drinking/ alcohol Committee, Project Coordinator, Project Director,	September 29, 2021

Strategy 4: We will provide support to local agencies working to reduce alcohol use among youth.

Activity	Who is responsible?	By when?
We will educate city council and law enforcement regarding underage drinking laws and encourage them to enforce and promote the civil penalties which exist.	Underage Drinking/ alcohol Committee, Project Coordinator, Project Director,	April 30, 2021

Activity	Who is responsible?	By when?
We will support law enforcement by contracting with them to do more social host laws, compliance checks, and party patrols.	Underage Drinking/ alcohol Committee, Project Coordinator, Project Director,	January 30, 2021
We will provide local alcohol retailers with I.D. Checking guides and conduct short staff trainings on proper I.D. checking.	Underage Drinking/ alcohol Committee, Project Coordinator, Project Director,	March 30, 2021

Strategy 5: Our coalition will change physical design at local community events involving alcohol.

Activity	Who is responsible?	By when?
The KCC will ensure local events with beer gardens are cordoned off and properly signed by providing signage and assistance in blocking off area, as well as proper patrol.	Underage Drinking/ alcohol Committee, Project Coordinator, Project Director,	June 30, 2021

Objective 2: *Decrease youth 30-day electronic cigarette use for all grades (9-12th grader) by 1.7% from 9.2% (2019) to 7.5% by September 29, 2021 as measured by 30-day use on the Prevention needs assessment survey- Utah's Student Health and Risk Prevention Survey.*

Strategy 1: Provide information to families and community members on the dangers associated with Electronic Cigarettes use.

Activity	Who is responsible?	By when?
Provide information through pamphlets at public events like local fairs, health fairs, take back days, back to school nights, community family night, presentations, and businesses	Electronic Cigarette Committee, Project Coordinator, Project Director,	February 28, 2021, August 30, 2021
Provide information by maintaining a youth implemented educational media campaign through social media, radio, ads, you tube, local advertisement, toilet talks, mailers, and school media.	Youth coalition, Youth Sector Rep., E-Cigarette Committee, Project Coordinator,	May 30, 2021 (ongoing)

Strategy 2: Enhance and build skills of families and community members that reduce risk and increase protection for Electronic Cigarettes use.

Activity	Who is responsible?	By when?
----------	---------------------	----------

Activity	Who is responsible?	By when?
We will build skill by training local law enforcement, health professionals, youth, school officials, parents, and the general public, about electronic cigarettes once yearly. All trainings will be free and will be conducted at their facility for ease of access.	Electronic Cigarette Committee, Project Coordinator, Project Director,	August 30, 2021
We will build skill by training retailers about electronic cigarette laws, marketing, and harms once yearly. All trainings will be free and will be conducted at their facility for ease of access.	Electronic Cigarette Committee, Project Coordinator, Project Director,	August 30, 2021

Strategy 3: The KCC will provide support to local agencies to reduce electronic cigarette use among youth.

Activity	Who is responsible?	By when?
We will discuss with city council and Law Enforcement the laws and norms associated with e-cig use to encourage them to enforce and promote the civil penalties that already exist.	Electronic Cigarette Committee, Project Coordinator, Project Director,	April 30, 2020
We will support the Kane County School district in implementing an Electronic Cigarette Prevention curriculum in all health classes and for youth cited for use.	Electronic Cigarette Committee, Project Coordinator, Project Director,	August 20, 2020
The KCC will develop and deliver a flyer to all businesses that sell tobacco, educating them on the new age 21 law to ensure they are not selling to anyone underage.	Electronic Cigarette Committee, Project Coordinator, Project Director,	October 30, 2020

Strategy 4: Decrease the probability of electronic cigarette use among youth by changing physical design associated with electronic cigarette use.

Activity	Who is responsible?	By when?
We will change physical design by working to maintain proximity signs and policy signs in all areas with smoking restrictions, and make sure all zoning ordinances are on signage.	Electronic Cigarette Committee, Project Coordinator, Project Director,	July 30, 2021 (ongoing)

Strategy 5: The Kane Community Coalition will change policy regarding electronic cigarettes

Activity	Who is responsible?	By when?
The KCC will provide information to local policy makers about the benefits of keeping the legal smoking age at 21.	E-Cigarette Committee Project Coordinator, Project Director, Youth	January 30, 2021
The KCC will provide information to policy makers about the needs for stricter electronic cigarette regulation.	E-Cigarette Committee Project Coordinator, Project Director, Youth	February 28, 2021
The KCC will We will educate local policy makers to inspire them develop a ban on flavored e-cigarettes.	E-Cigarette Committee Project Coordinator, Project Director, Youth	February 28, 2021

Objective 3: Increase Perception of risk of youth using marijuana in 9th - 12th Kanab High School grades by 2%, from 70% to 72% by September 29, 2021 as measured by the Prevention needs assessment survey- Utah’s student Health and Risk Prevention Survey.

Strategy 1: Provide information to families and community about the dangers associated with marijuana use.

Activity	Who is responsible?	By when?
We will provide information by distributing pamphlets and reports at public events like local fairs, health fairs, take back days, back to school nights, community family night, presentations, and at local businesses.	Marijuana Committee, Project Coordinator, Project Director,	February 28, 2021, August 30, 2021
We will provide information by maintaining a youth implemented educational media campaign through social media, radio, ads, you tube, local advertisement, and school media.	Youth coalition, Youth Sector Rep., Marijuana Committee, Project Coordinator,	May 30, 2021

Strategy 2: Enhance and build skills to families and community members on Marijuana that reduce risk and increase protection.

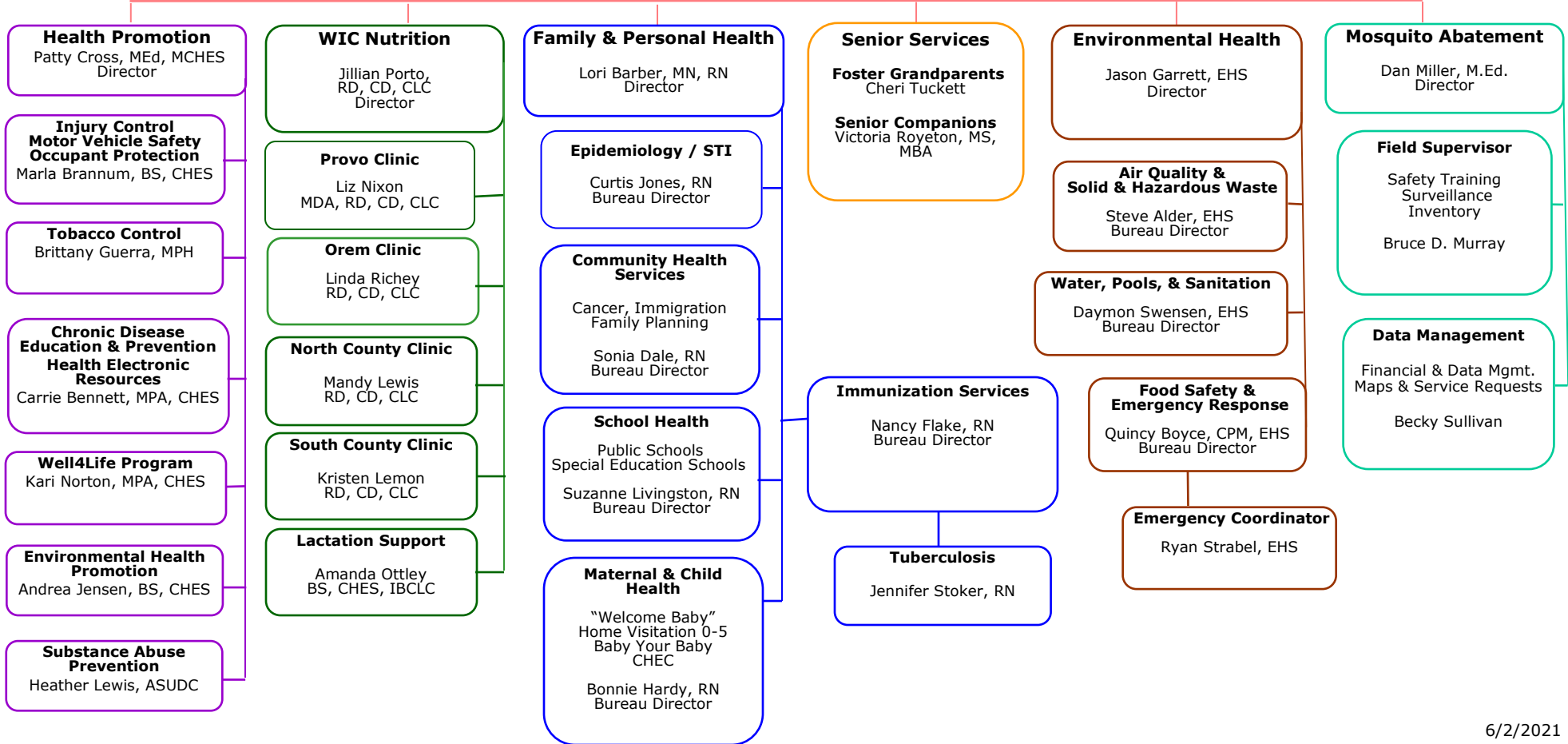
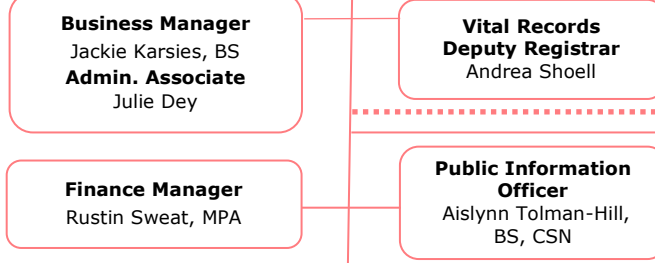
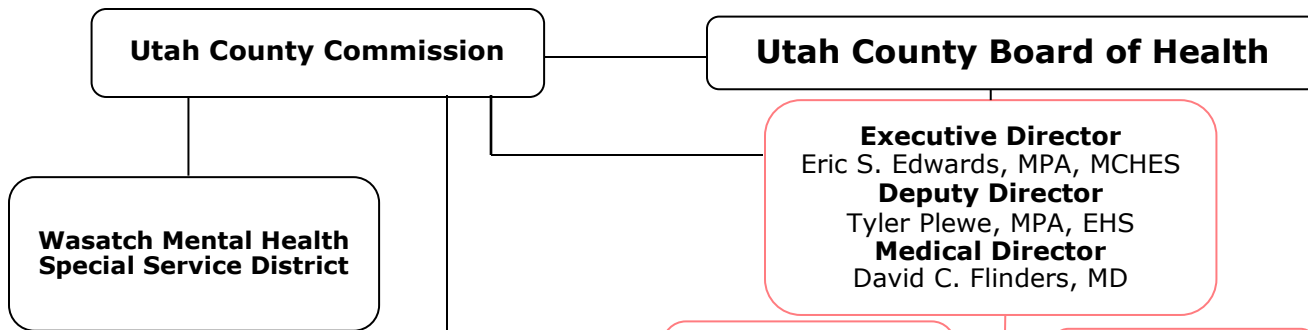
Activity	Who is responsible?	By when?
We will build skill by training local law enforcement, youth, health professionals, school officials, parents, retailers and general public about Marijuana once yearly. All trainings will be free and will be conducted at their facility for ease of access.	Marijuana Committee, Project Coordinator, Project Director,	August 30, 2021

Strategy 3: The KCC will increase incentives and disincentives to reduce Marijuana use among youth.

Activity	Who is responsible?	By when?
We will get with city council to remind law enforcement of the criminal penalties associated with marijuana use, and encourage them to enforce those laws.	Marijuana Committee, Project Coordinator, Project Director,	April 30, 2021

Strategy 4: The Kane Community Coalition will change policy regarding Marijuana to decrease perception of risk and lower youth use rates.

Activity	Who is responsible?	By when?
We will work with local businesses to strengthen their drug free workplace policies.	Marijuana Committee, Project Coordinator, Project Director,	May 30, 2021
We will educate local policy makers on marijuana to inspire them to develop a ban on the legalization of recreational marijuana in Kane County	Marijuana Committee, Project Coordinator, Project Director,	October 29, 2021
We will educate local policy makers to inspire them develop a ban on medical marijuana dispensaries in Kane county.	Marijuana Committee, Project Coordinator, Project Director,	October 29, 2021



Our Vision

Healthy People in Healthy Communities

Our Mission

**Promote health and prevent avoidable disease and injury
by monitoring the health of our community, responding to public health emergencies,
and assuring conditions in which people can be healthy**

Our Values

- Careful, open and fair consideration of the concerns and cultural values of all people;
- Excellence in science, communications, collaboration, and operations;
- Timely, effective, professional, and confidential customer service;
- Wellness, healthy lifestyles, and a safe and healthful environment; and
- Partnerships with private and other public organizations within our community

The Ten Essential Public Health Services

1. Monitor community health status to identify health problems;
2. Diagnose and investigate health problems and health hazards in the community;
3. Inform, educate, and empower people about health issues;
4. Mobilize community partnerships to identify and solve health problems;
5. Develop policies and plans that support individual and community health efforts;
6. Enforce laws and regulations that ensure safety;
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable;
8. Assure a competent public health and personal health care work force;
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services; and
10. Research for new insights and innovative solutions to health problems.