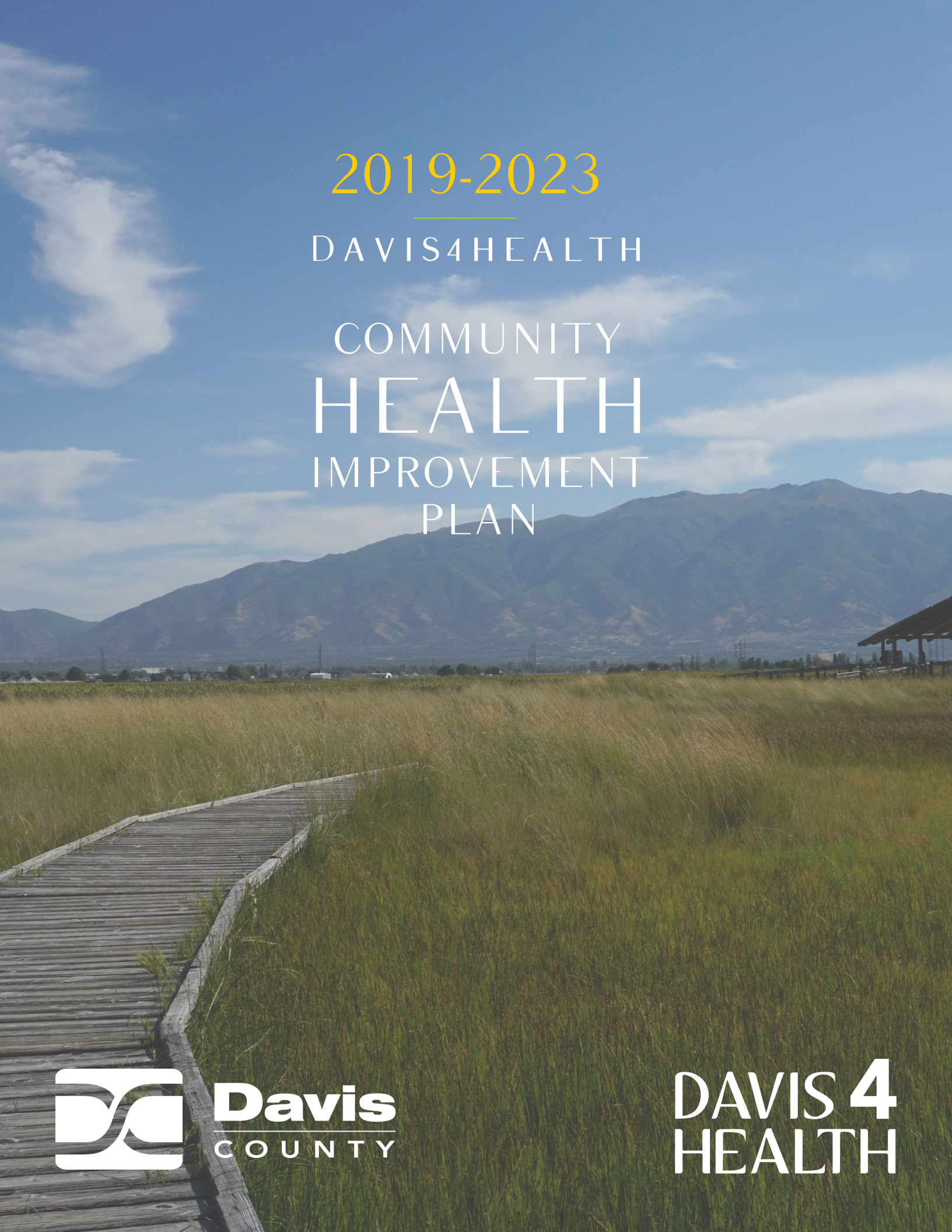


2019-2023

DAVIS4HEALTH

COMMUNITY HEALTH IMPROVEMENT PLAN

Davis COUNTY

DAVIS 4 HEALTH

Acknowledgements

Davis4Health Steering Committee:

- Bountiful Community Food Pantry
- Centerville City
- Clearfield/Syracuse Communities that Care (CTC)
- Davis Behavioral Health
- Davis Chamber of Commerce
- Davis Community Learning Center
- Davis County Domestic Violence Coalition
- Davis County Economic Development
- Davis County Health Department & Board of Health
- Davis County Sheriff
- Davis Head Start
- Davis Hospital
- Davis School District
- Davis Technical College
- Department of Workforce Services
- Elected Officials
- Family Counseling Service of Northern Utah
- Hill Air Force Base
- Intermountain Healthcare
- Lakeview Hospital
- Layton Community Action Council
- Midtown Community Health Center
- Open Doors
- Promise Bountiful
- Safe Harbor
- The Church of Jesus Christ of Latter-day Saints Family Services
- United Way
- USU Extension
- Wasatch Front Regional Council
- Weber State University

Community Coalitions & Workgroups that Provided Valuable Input:

- Davis HELPS
- Davis County Human Services Cabinet
- Davis County Human Services Directors Committee
- Davis County Opioid Prevention Workgroup
- Davis Behavioral Health Network
- Davis County Fire Chiefs Association
- Davis County Law Enforcement Administrators Association
- Davis County Intergenerational Poverty (IGP) Committee

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Executive Summary

Davis4Health is Davis County's health improvement collaboration with partners from many organizations and sectors working together to improve population health in our community. Partners follow the steps of the County Health Rankings & Roadmaps Take Action Cycle, a model to guide community health improvement processes. The five steps are: 1) Assess needs & resources; 2) Focus on what's important; 3) Chose effective policies & programs; 4) Act on what's important; and 5) Evaluate actions.

The 2018 Davis4Health Community Health Assessment was a comprehensive effort to gather data in order to describe the health status of the population. The assessment is foundational for the community health improvement process. In March 2018, the Davis4Health Steering Committee convened for a critical meeting to review the community health assessment and participate in a structured process to evaluate and make recommendations for county health priorities to include in the 2019 Davis4Health Community Health Improvement Plan also known as the CHIP. Three priorities were selected:

1. **Suicide**
2. **Adverse Childhood Experiences & Trauma**
3. **Opioids**

Already existing coalitions and workgroups were identified that would develop a new CHIP with refreshed priorities, strategies, objectives, outcomes, policy changes needed, organizations with responsibility, and timelines.

As draft plans were prepared, the interconnectedness of the three priorities was obvious. There are many overlapping prevention and access strategies for each priority. Partners recommended preparing additional work plans for coordinated **prevention** and improving **access** to behavioral health services. The plans contain strategies that clearly overlap all three priorities.

This document contains five action plans, one for each priority as well as prevention and access. Supporting information for each issue includes:

- ◊ Reasons why the issue is a priority with applicable data
- ◊ Resources & assets available to support the action plan
- ◊ Strategies supported by evidence-based policies & practices
- ◊ Designation of organizations responsible for implementation
- ◊ Measurable objectives & outcomes
- ◊ One page logic model

Partners work together to implement the community health improvement plan. Each year objectives and outcomes are reviewed to determine if any revisions or updates are needed. Progress is monitored throughout implementation and an annual report is prepared to document partners' cumulative effort. Each year a CHIP progress celebration luncheon is held to acknowledge partners for their contributions and recognize community health improvement successes.

Evaluation activities occur throughout the cycle to measure effectiveness, outcomes, and population changes.

Health improvement efforts are coordinated with other agencies that overlap our jurisdiction and participate in similar processes, most significantly, Utah Department of Health and Intermountain Healthcare. Although each agency has different timeframes and requirements there is value in sharing data, holding joint community input meetings, and aligning work to address shared priorities.

Executive Summary

This second Davis4Health CHIP makes significant progress toward addressing health equity and the social determinants of health as well as moving prevention efforts upstream. This is reflected in several new components of the CHIP:

- ◊ Shared Risk & Protective Factors
- ◊ Policy Recommendations for the Alleviation of Health Inequities
- ◊ ACEs & Trauma as a Top Health Issue
- ◊ Coordinated Community Prevention Plan

Together, partners have worked on developing this community health improvement plan for Davis County. It represents a common agenda that any agency in Davis County can become familiar with and align to while supporting their own organization's mission. All have a stake in creating a healthier community and no agency can address complex health priorities alone. Public health partners, community leaders, and citizens can work together to create a healthier place to live, learn, work, and play.





Davis4Health

Davis4Health is the Davis County community health improvement collaborative which began in 2012.

Mission

Improve community health through the power of partnerships, collaboration, and strategic alignment around Davis County's top health priorities.

Vision

Shared commitment toward a culture of health.

Guiding Principles

1. Priorities and strategies are determined based upon the findings of the Davis4Health Community Health Assessment.
2. The process is community driven with significant involvement from a broad set of stakeholders and partners from a variety of community agencies.

Prevention Champions

Davis4Health partners are community prevention champions who:

- ◊ Apply prevention science & advocate for best prevention possible
- ◊ Are data driven & use evidence-based interventions
- ◊ Demonstrate a culture of collaboration & the power of community partnerships
- ◊ Accept shared responsibility—It's what we do together!
- ◊ See potential, opportunities, & needs

Organizational Structure

The Davis County Health Department currently serves as the backbone organization of Davis4Health and provides ongoing support to maintain organizational infrastructure and sustain momentum for moving Davis4Health forward. Partners have significant involvement and contribute staff time; facilitation and leadership; expertise; volunteers; guidance and decision-making; advocacy; data; community connections; in-kind donations (meeting space, food); etc.

Davis4Health Steering Committee

The Davis4Health Steering Committee is made up of partners who represent 30+ different agencies and community groups. Committee members are responsible to guide collaborative health improvement processes that include directing the development and content of the Community Health Assessment and Community Health Improvement Plan. Biannual meetings started in 2016.



Action Cycle

Davis4Health uses the County Health Rankings & Roadmaps (CHR) Take Action Cycle as a model to guide community health improvement processes. It provides steps and a path to keep partners moving with data to action. (countyhealthrankings.org)

Work Together

Working together is at the heart of making meaningful change. Every community is different, and as a result, efforts to improve health will vary. However, there is one constant: people working together with a shared vision and commitment to improve health can yield better results than working alone.

These five steps in the Take Action Cycle mirror other strategic prevention frameworks and models.

1. Assess Needs & Resources

Partners work together to gather data to describe the health status of the population. They identify strengths, assets, resources, challenges, and vulnerable populations. In addition to a comprehensive Community Health Assessment (CHA) every five years, partners work together to identify assessment needs and data gaps. Reports are shared with the community as new data, disparities, and resources are combined to illuminate community issues. Assessment work is continuous.

2. Focus on What's Important

Together, partners decide which problem(s) to tackle. Taking time to set priorities helps direct community resources to the most important issues. Partners re-evaluate chosen health improvement priorities at least every five years.



3. Choose Effective Policies & Programs

Partners select policies and programs that have been shown to work in real life and are a good fit for the community. Partners work together to revise and update the Community Health Improvement Plan (CHIP) annually as needed. A new comprehensive CHIP containing chosen strategies, policies, and programs is completed at least every five years and this document contains these details.

Action Cycle

4. Act on What's Important

Partners work together to implement the Community Health Improvement Plan. Since there are no "one size fits all" blueprints for success, partners build on strengths, leverage available resources, and respond to unique needs as they coordinate actions to improve health. Progress is monitored and an annual report is prepared to document partners cumulative effort. Each year a progress celebration luncheon is held to acknowledge partners for their contributions and recognize community health improvement successes.

5. Evaluate Actions

Evaluating ongoing efforts helps health improvement partners know if what they are doing is working the way it is intended and achieving desired results. Partners use a variety of tools to monitor and measure processes, progress, effectiveness, outcomes, and population changes.

Communicate

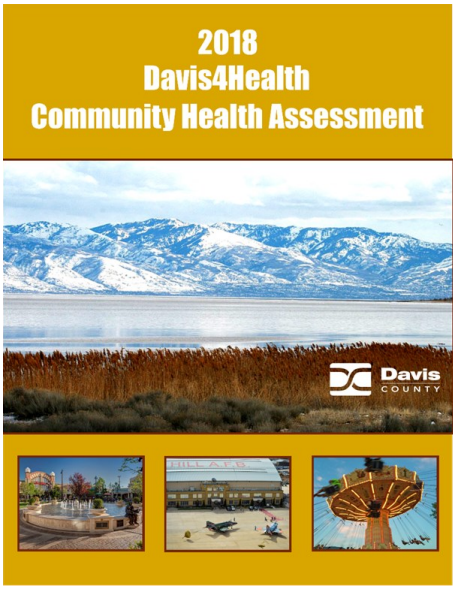
Effective communication throughout each step is essential for health improvement efforts to be successful. What is said and how it is said can motivate the right people to take the right action at the right time. Partners determine how to get the most important messages to the people who influence the work.



Assess Needs & Resources

Davis4Health completed a comprehensive Community Health Assessment (CHA) in 2018. In the second iteration of the CHA, new local data was collected; priority health and human service issues were explored; and, the needs of special populations were assessed. The document provides a much deeper understanding of community health issues; contributing factors; awareness of existing resources and/or lack of resources; and has shed light on existing health inequities. The assessment also includes "community voice," community narratives and perceptions that provide some context for the data.

Four unique and comprehensive assessments were completed to gather information to drive the identification of strategic issues: 1) Community Themes and Strengths Assessment; 2) Community Health Status Assessment; 3) Local Public Health System Assessment; and 4) Forces of Change Assessment. Each assessment yields important information for improving community health. The value of these four assessments is multiplied by considering the findings as a whole. Link to 2018 CHA: https://go.usa.gov/xQ3Cf

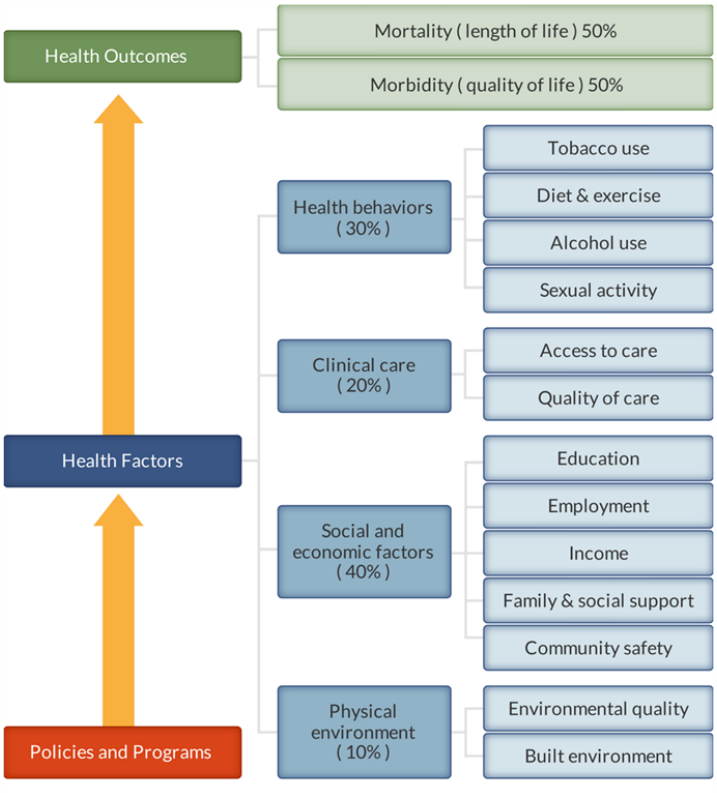


Community Health Status

The County Health Rankings & Roadmaps (CHR) model is used as a framework for assessing the health status of the population. The annual rankings provide a helpful snapshot of how health is influenced by where we live, learn, work, and play. Health report cards and assessments like CHR have guided Davis County's community health improvement efforts.

The 2019 CHRs show Davis County ranked as the 4th healthiest county in Utah and the healthiest county along the Wasatch Front for the 2nd year in a row.

The rank is based on health outcomes (length/quality of life). We are also ranked 3rd healthiest for factors that affect health: behaviors, clinical care, social & economic, and physical environment. The county's greatest strength is in social and economic factors.



County Health Rankings model ©2012 UWPHI

Assess Needs & Resources

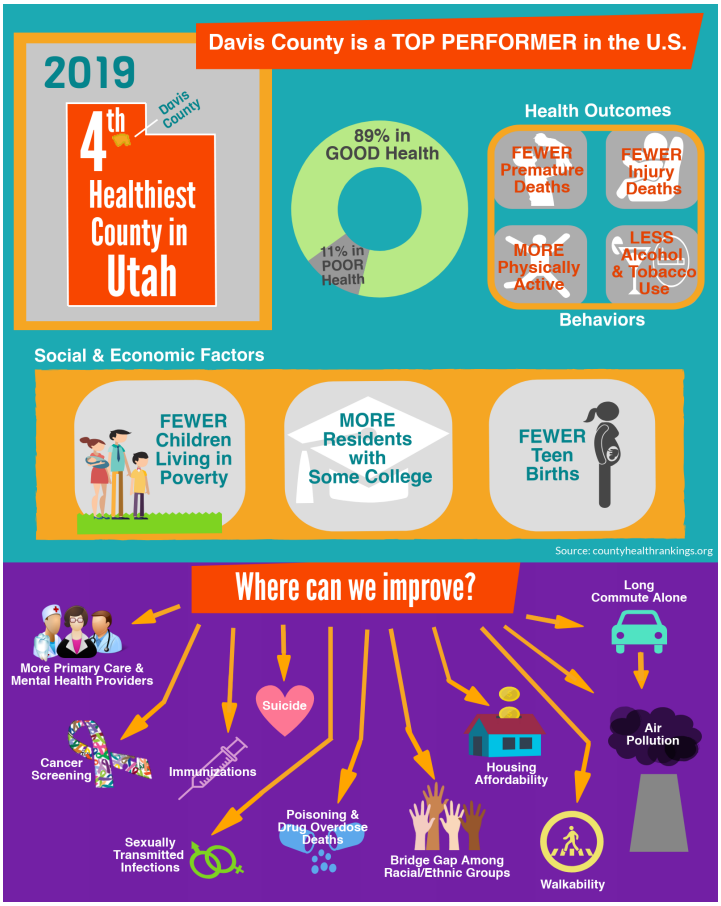
The 2019 CHRs show Davis County is in the top 10% (best) of all counties in the U.S. for many health indicators including: premature death, child mortality, injury deaths, motor vehicle crash deaths, homicide, poor/fair health, frequent physical and mental distress, adult smoking, adult obesity, diabetes prevalence, physical inactivity, access to exercise opportunities, excessive drinking, teen births, preventable hospital stays (Medicare enrollees), some college, children in poverty, children eligible for free or reduced priced lunch, income inequality, children in single-parent households, median household income, and homeownership.

Davis County measures worse than the state average for primary care, dental and mental health provider ratios, social associations, air pollution, driving to work alone, and long commute alone.

Davis County is getting worse for adult obesity and sexually transmitted infections. We also see significant county level differences among different racial and ethnic groups for years of potential life lost, low birth weight, preventable hospital stays, mammography screening, flu vaccination, teen births, children in poverty, and driving to work alone.

The Rankings hit on many of the reasons Davis County is a healthy place to live and show we have room for improvement in some areas.

An annual infographic based on CHRs and other assessment findings is created and shared with partners each year. It shows where Davis County is a top performer in the U.S. and where we can improve. (full size image in **appendix 1**)



Focus on What's Important

In March 2018, the Davis4Health Steering Committee convened for a critical meeting in the community health improvement process. Those in attendance made recommendations for updated county health priorities to include in the 2019 Davis4Health Community Health Improvement Plan. Priorities are reviewed and refreshed at least every five years.

A few extra stakeholders beyond the Steering Committee were invited to ensure good representation from all sectors. Thirty-five partners attended representing 24 agencies and organizations. Participant list is in **appendix 2**.

Participants who were invited to attend the meeting had a good understanding of the health needs of the population in Davis County, were provided a link to review the 2018 Community Health Assessment (CHA) in advance, and were willing to participate in priority setting through discussion and voting.

Review 2018 CHA

An overview of the 2018 CHA was presented during lunch. New data since the release of the CHA was also shared including 2018 CHRs, county measures for Adverse Childhood Experiences (ACEs), updated data on suicide; and racial breakdowns for some measures.

Local, Regional & State Health Priorities

Participants were provided and reviewed a priority matrix detailing county, neighboring county, state, and non-profit healthcare system priorities selected during recent years. The 2019 version of priority matrix can be found in **appendix 3**.



Focus on What's Important

Health Improvement Categories

Handouts with health issues divided among four categories were provided. The four categories were: disease/illness, healthcare and public health system, social determinants of health, and built environment. More than 50 issues were listed due to being a leading cause of death, a community concern, a measure worse than state or national average or trending in the wrong direction, or not meeting a Healthy People 2020 target. Participants reviewed the categories and health issues. It was suggested sexting and pornography were missing from the list. It was agreed they could be added to technology/ screen time concerns. Health improvement categories and lists can be found in **appendix 4**.

Priority Discussion

The group then participated in discussion questions via text-in responses that were shared real-time on screen for those in attendance to see. Detailed results can be found in **appendix 5**.

Priority Discussion Results	
Questions Asked	**Top Response**
Which category of health improvement issues is most important to act on?	Social Determinants of Health
Which issue is most likely to improve with coordinated effort?	Mental Health
Which issue if addressed would result in more affordable healthcare?	Increase healthcare coverage & prevention
Which upstream issue should be addressed because it is a root cause of other health issues?	Mental Health & Adverse Childhood Experiences/ Trauma
In your opinion, what issue is most urgent and/or serious?	Suicide & Mental Health
How many health priorities should be included in the next Davis4Health Community Health Improvement Plan?	3-4

Focus on What's Important

Voting on Priorities

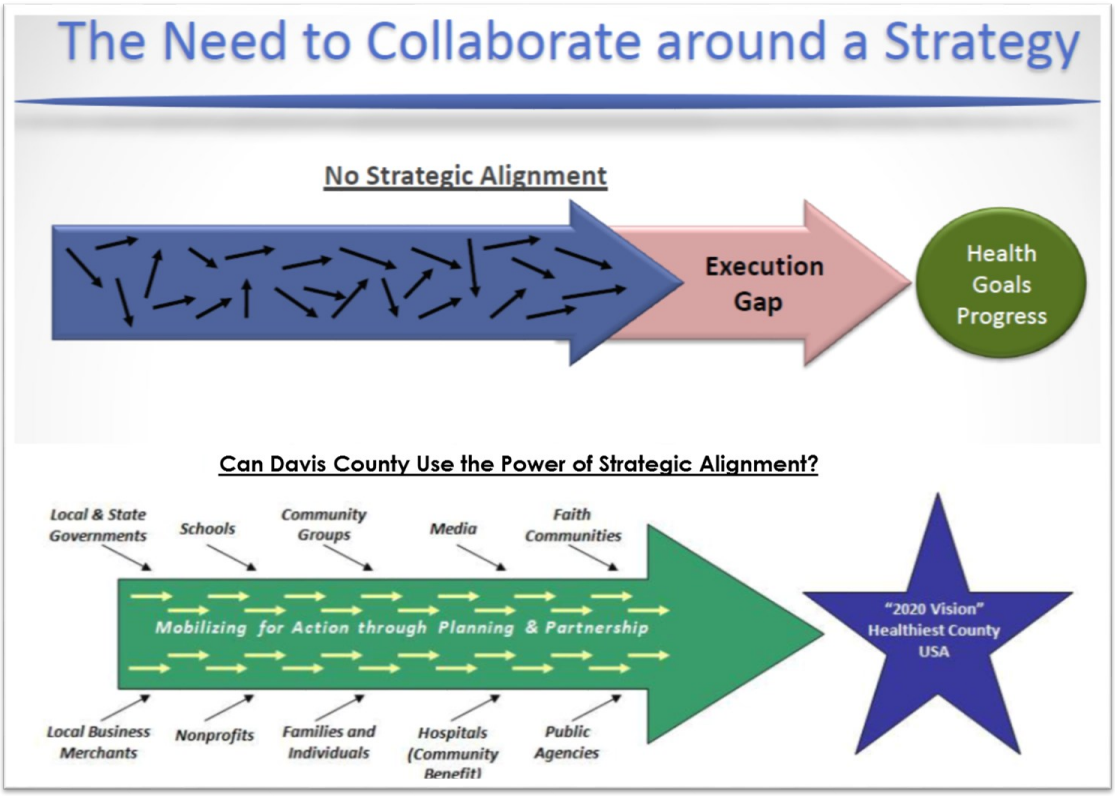
With these results and community feedback in mind, participants were asked if they needed anything else to make an informed choice about Davis County health priorities and if there was any reason the participants in the meeting should not determine health priorities for Davis County. Participants agreed it was time for a vote. Individuals were given three dots that could be used to vote for one, two, or three issues. Dots were placed on large posters that matched categories and issues previously reviewed and added to.

The dot vote was tallied following the meeting. The top three issues voted on by partners were selected.

1. Suicide
2. Adverse Childhood Experiences & Trauma
3. Opioids



Other issues of note included: anxiety/ depression, access to mental health services, screen time/use of tech/sexting/pornography, obesity, social isolation, housing, transportation, air quality, disparities and resources for vulnerable populations, and health insurance coverage.



Adapted from the Public Health Foundation, this image helps depict the purpose & power of the community strategically aligning to address the county's top health priorities.

Choose Effective Policies & Plans

With priorities selected, the next step was to identify already existing coalitions and workgroups addressing the issues. Partners in those collaborations began to develop a new CHIP with refreshed priorities, strategies, objectives, outcomes, policy changes needed, organizations with responsibility, and timelines.

The following community coalitions and workgroups were identified as having primary responsibility for developing, implementing, and monitoring of the CHIP.

- ◊ Davis HELPS (Suicide & Prevention)
- ◊ Davis County Human Services Directors Committee (ACEs & Trauma)
- ◊ Davis County Opioid Prevention Workgroup (Opioids)
- ◊ Davis Behavioral Health Network (Access)

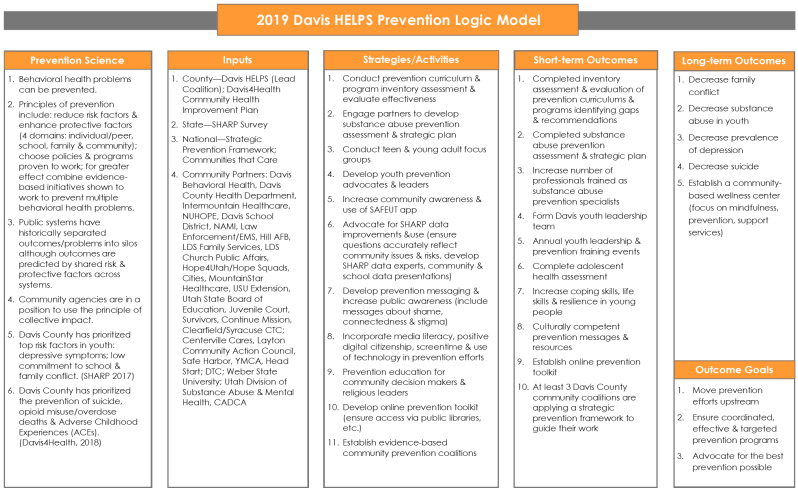
These additional groups were also identified and consulted for feedback as the plan was developed.

- ◊ Davis County Human Services Cabinet
- ◊ Davis County Fire Chiefs Association
- ◊ Davis County Law Enforcement Administrators Association
- ◊ Davis County Intergenerational Poverty (IGP) Committee

Logic Models

Following priority selection, community coalitions began developing logic models for each priority. Each logic model provides details about the situation with data including risk and protective factors, resources/inputs, strategies, short and long term objectives, and outcome goals. These documents keep partners on the same page and provide a high level action plan to work from. As the logic models were developed the interconnectedness of the top priority issues was very apparent. There were many overlapping prevention and access strategies for each priority. Partners recommended developing separate logic models to outline plans for coordinated prevention and increasing access to behavioral health services.

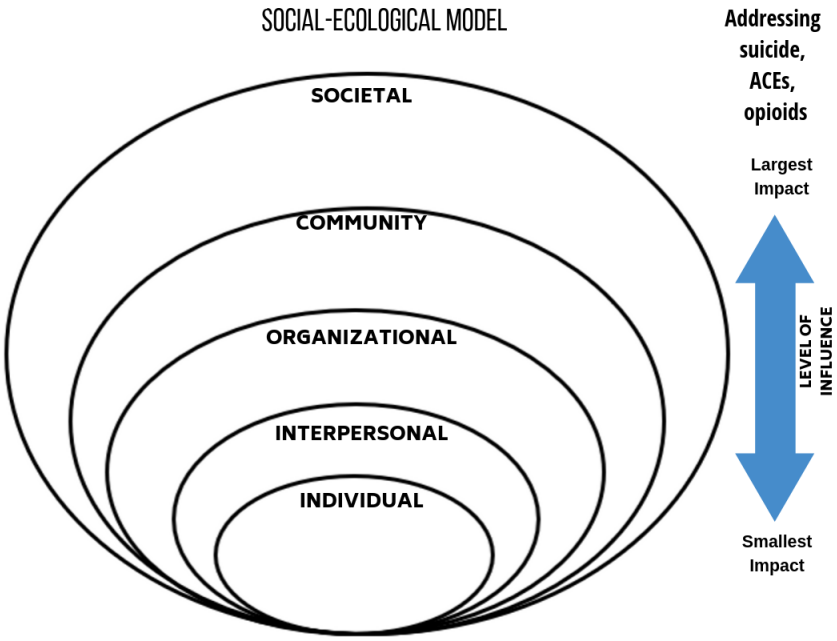
At a subsequent Steering Committee meeting, the five Davis4Health Logic Models were reviewed by small discussion groups. Five group leaders took notes and the logic models were revised with improvements suggested. The Steering Committee felt that the plans were taking work in the right direction and approval was given to proceed with more detailed action plans. Logic models can be found in **appendix 6.**



Choose Effective Policies & Plans

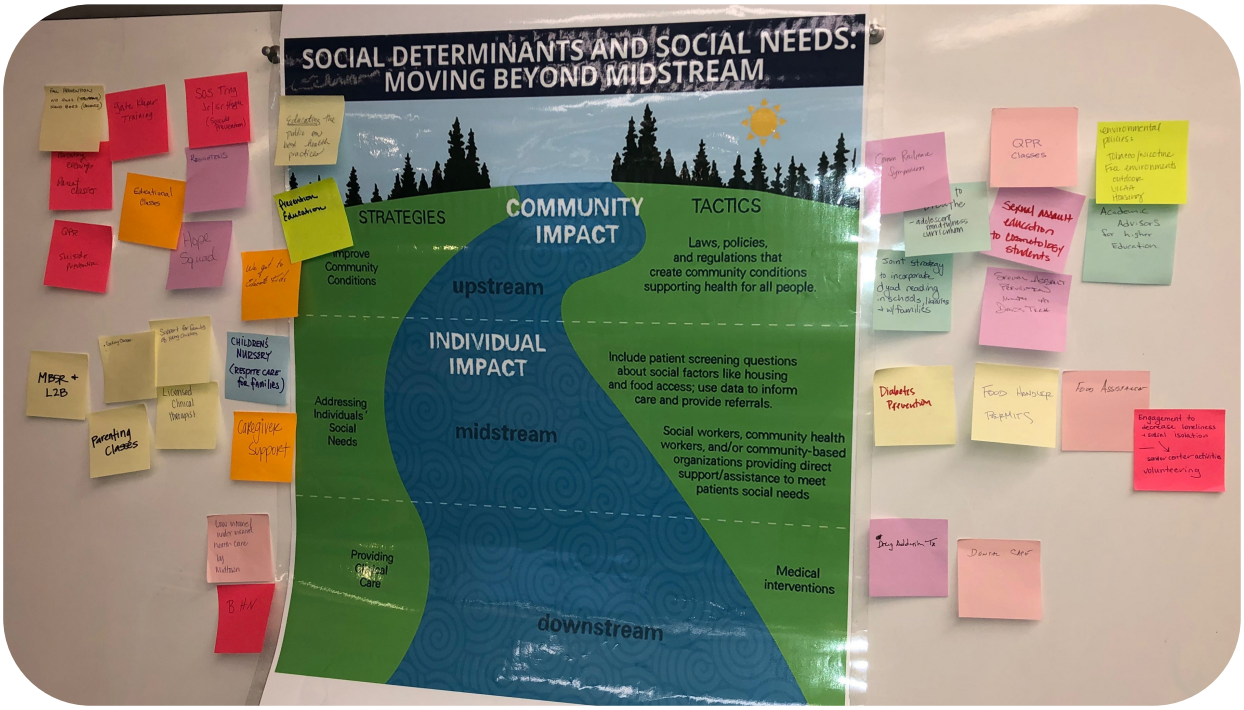
Social Ecological Model

The next time the Davis4Health Steering Committee gathered, they participated in group learning activities and discussions to explore how to better address upstream prevention, social determinants of health, and health equity. The Social Ecological Model was shared to provide understanding about how layers of influence intersect to shape a person's behavior. It shows how various factors influence choices, behavior, access, and ultimately health outcomes.



Upstream Prevention

Each proposed prevention strategy for suicide, ACEs & Trauma, and opioids was evaluated for level of impact in the social-ecological model. Partners looked for opportunities to apply strategies in a way that would be more likely to address the root causes of community health issues and drivers of health, ultimately having a greater impact on improving community health.



Choose Effective Policies & Plans

Agencies Responsible

Agencies participating on the Steering Committee and in other workgroups reviewed the CHIP strategies and placed their name next to those efforts that they can contribute to and share responsibility for. Many agencies see their role in addressing priority issues and have identified areas of influence and responsibility within the CHIP.

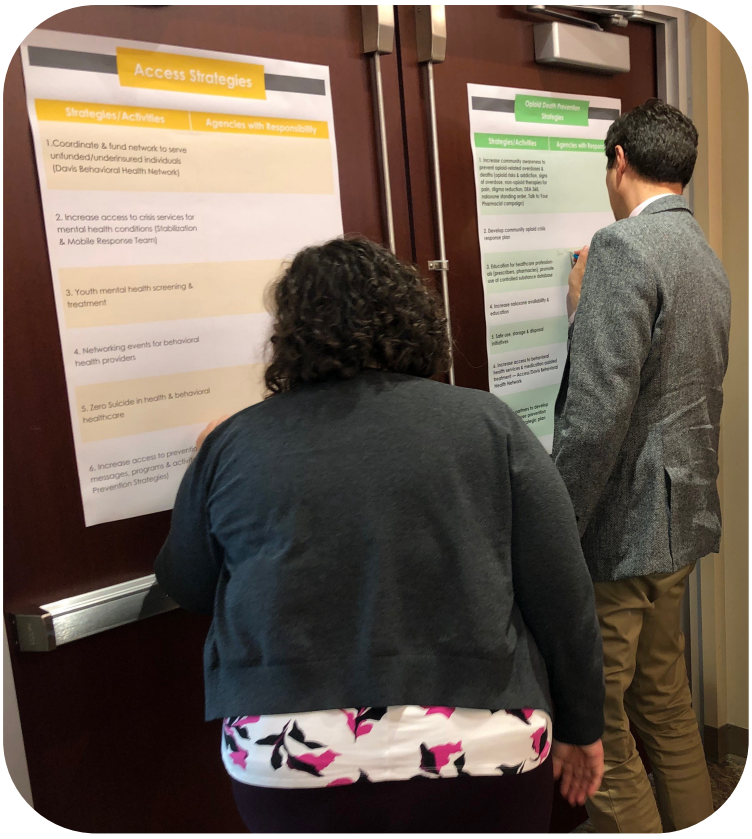


Short & Long-term Objectives & Outcomes

Additional details of the CHIP were developed by engaging workgroups to form measureable short and long-term objectives and select appropriate population outcome measures.

Evidence-base Registries

Partners also helped link strategies to evidence-based registries and practices. (see **appendix 7**)



Action Plans

All these details are included in this document providing a plan of action for community partners. This plan will be used by health, education, and human service agencies in collaboration with community partners to coordinate efforts and designate resources to address the priorities of suicide, ACEs & trauma, and opioids. The ultimate goal of the plan is to improve health in Davis County in a significant way. The details of the five action plans can be found in pages 25-78.

State & Healthcare System Priorities

Davis4Health participates in the Utah Community Health Needs Assessment Statewide Collaborative. The collaborative brings together agencies across the state that are participating in similar health improvement processes and steps. Despite a variety of timelines and cycles, 27 agencies find value in coordinating efforts when possible.

Community Input Meetings

As part of the collaboration's efforts, community input meetings were conducted jointly throughout the state by the Utah Department of Health, Intermountain Healthcare, and local public health departments during 2018. The Davis County community input meeting was held in conjunction with the Davis4Health Steering Committee in September 2018.

The discussion questions highlighted specific issues in the community, concrete examples of challenges, perceptions, and strategies for addressing health needs. Questions varied based on the prioritized health needs of each community and local health district.

Participants at the Davis County Community Input Meeting provided responses to three opinion questions. Feedback was collected via text-in answers. Results were compiled and shared with partners. Some of the top community themes are listed here. More detailed response summaries for each question can be found in **appendix 8**.

Community Input Meeting	
Question Asked	**Community Themes**
In your opinion, how are suicide, opioid misuse & adverse childhood experiences/trauma affecting our community?	Stress, family breakdown, increasing costs of care
In your opinion, what community issues or barriers exist that resulted in suicide persisting as the county's top public health issue?	Stigma, lack of education & access to services, social media culture/expectations, takes time for cultural shift
In addition to suicide, opioids & ACEs, what other important issues are affecting the health of people who live in Davis County?	Unhealthy lifestyle & diet, air quality, cost of housing

State & Healthcare System Priorities

State & Health System Community Health Priorities

After a review of previous work; gathering community input; analyzing data and health outcomes; and going through a rigorous prioritization process; some state-wide agencies have recently updated community health improvement priorities.

Utah Department of Health

The Utah Department of Health announced their Community Health Improvement Priorities for 2020-2022.

- Obesity & related chronic conditions
- Mental health & suicide
- Prescription drug misuse & overdose prevention
- Immunizations

Intermountain Healthcare

Intermountain Healthcare also announced their Community Health Priorities for 2020-2022.

Improve the mental well-being in communities we serve:

- Prevent suicide deaths
- Prevent substance misuse
- Prevent chronic conditions related to unhealthy weight
- Improve immunization rates
- Improve air quality

Aligning efforts around selected priorities should increase partners' ability to effect change because multiple organizations are working together to address the issues. These community priorities and other county, regional, and state priorities are listed in one table to show current alignment, see **appendix 3**.



Shared Risk Factors

As youth grow and develop, there are contextual variables that promote or hinder the process. These are frequently referred to as risk and protective factors. The presence or absence and various combinations of risk and protective factors contribute to a person's health and well-being.

An essential principle of prevention includes efforts to identify and reduce risk factors and enhance protective factors. Identifying community risk and protective factors has guided prevention and intervention strategies that have been selected in this plan.

Public systems have historically separated outcomes and problems into silos although outcomes are predicted by shared risk and protective factors across systems. (see **appendix 9**) Davis4Health partners are interested in working on these together.

Risk factors are characteristics at the biological, psychological, family, community, or cultural level that are associated with a higher likelihood of problems including negative health and social outcomes.

Davis4Health partners have prioritized three risk factors: 1) depressive symptoms, 2) low commitment to school, and 3) family conflict. (DSD SHARP, 2017—see **appendix 11**) These were selected following review of local youth health survey data. While these three factors are of most concern based on youth measures, they are relevant for our entire community.

Risk Factors



Low Commitment to School

- Feeling school work is not meaningful or important
- Feeling school work is not going to be relevant
- Feeling courses are not interesting
- Not enjoying/hating school
- Not trying to do your best work
- Skipping, cutting or missing classes



Depressive Symptoms

- Thinking life is not worth living
- Thinking I am no good at all
- Thinking I am a failure
- Feeling depressed, sad or hopeless most days
- No longer doing usual activities



Family Conflict

- People in family often insult or yell at each other
- Serious arguments
- Arguments about the same things over and over

Shared Protective Factors

Protective factors are conditions or attributes (skills, strengths, resources, supports, or coping strategies) in individuals, families, communities or society that provide some protection from problem behaviors and help people deal more effectively with stress. Protective factors can decrease the likelihood of developing negative health or social outcomes.

Davis4Health partners have identified five shared protective factors that cross cut community priorities. They are: 1) Resilience, 2) Connectedness, 3) Knowledge of Parenting and Child Development, 4) Access to Care & Resources, and 5) Economic Stability. They are described in more detail on the next page.

These were selected by reviewing protective factor frameworks known to partners. These protective factors align well with the Davis School District SHARP Survey protective factors (see **appendix 11**), Davis School District Social and Emotional Learning Competencies (see **appendix 12**), and the Five Protective Factors for Strengthening Families (see page 45 and **appendix 13)**.

Resilience



Connectedness



Knowledge of Parenting & Child Development



Access to Care & Resources



Economic Stability



Shared Protective Factors

Protective Factors



Resilience

- Managing every day stress & significant adversity
- Recognizing emotions, values, strengths, & challenges*
- Managing emotions & behaviors to achieve goals*
- Making ethical & constructive choices about personal & social behavior*
- Seeking help when needed
- Overcoming childhood trauma
- Having a sense of purpose



Connectedness

- Connection to individuals, family, and community
- Strong neighborhood attachment
- Engaged with school, peers, athletics, employment, faith, & culture
- Inclusive environment
- Opportunities & rewards for being involved
- Showing understanding & empathy for others*
- Forming positive relationships, working in teams, & conflict resolution*
- Safe, stable, & nurturing relationships



Knowledge of Parenting & Child Development

- Social & emotional competence
- Bonding with children
- Monitoring, clear rules, & expectations
- Developmentally appropriate actions & expectations
- Being responsive to the signals & needs of children
- Letting children know they are loved through actions, words, time, & attention



Access to Care & Resources

- Services for families in crisis
- Residents have skills to connect to supports
- Coordinated resources & services among providers
- Community capacity to offer services
- Access to social & emotional health services & resources
- Access to substance abuse services
- Community has access to information about services



Economic Stability

- Financial literacy education
- Support for working families
- Increased economic opportunity & living wage jobs
- Affordable childcare
- Access to higher education
- Awareness of community themes (house poor, underinsured, living paycheck to paycheck, keeping up with neighbors, food insecurity, 1 crisis away from broke, & self-reliance)

*Davis School District Social and Emotional Learning Competencies

YOUth Matter! Summit

Davis4Health prevention partners joined together to sponsor the first YOUth Matter: Teen Health Leadership Summit. The free event was for youth entering grades 7-12. The event tag line "Your health. Your voice. Your future." highlighted the goal of the event which was to engage youth in county health improvement efforts and empower them to make a difference in their circles of influence. Up to this point youth had not been specifically engaged in community health improvement processes. Involving young people in health improvement efforts will help ensure measures to address adolescent health will be more effective.

Approximately 250 youth attended the day long health summit on June 12, 2019 to learn about and discuss important issues facing young people in Davis County.

Social Development Strategy

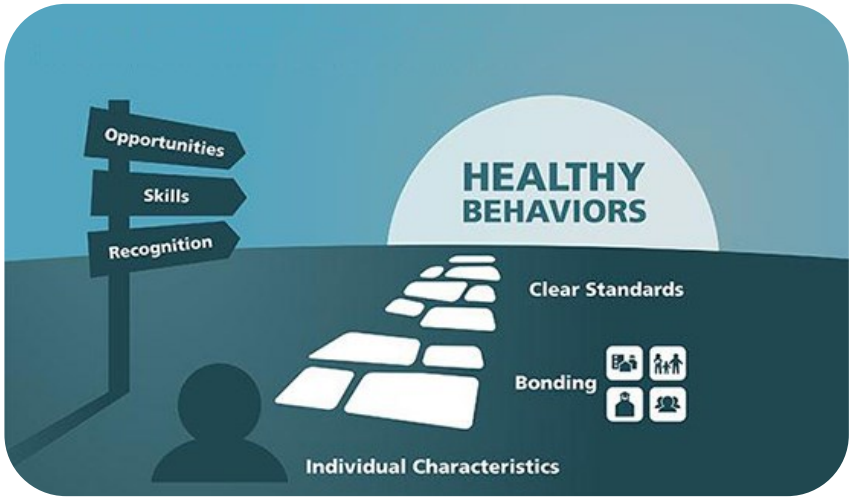
The event applied the social development strategy to provide youth with opportunities, skills, and recognition. Strong bonds with family, friends, school, and community were encouraged. The program contained motivation to have clear standards and choose healthy behaviors.

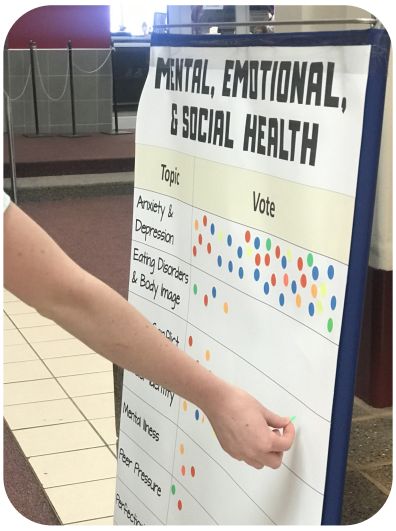
Students were invited to take advantage of the opportunity to learn about important health topics and share their perspective. Students were recognized as advocates for wellness among their family, friends, school, and community.

Health CHAT

Through a presentation titled YOUth Matter Health CHAT (Community Health Assessment for Teens), health data from many sources was shared describing what was known about the health status of the youth in Davis County. An interactive text component was incorporated for youth to participate in the presentation and share their opinions.

After the presentation, attendees had the opportunity to vote on what they thought the most important priorities should be. Topics were divided into 5 categories: Drugs & Alcohol, Lifestyle & Environment, Mental, Emotional, & Social Health, Sexual Health, Violence & Injury, and Other [Write-In]. Each category had between 5-10 specific topics where students could participate in dot voting. Each participant was provided with two dot stickers to place next to one or two topics they felt were most important to address among their peers. The dots were tallied, and the participants were provided the final data at the end of the summit.





YOUth Matter! Summit

Priorities

The following topics had the highest number of votes from the summit participants.

Priority 1: Anxiety & Depression

Priority 2: Screen Time

Priority 3: Sleep

The final session of the day allowed small group discussion for students to reflect on ways they could begin to address these priorities in their own schools and communities.

Speakers & Program

In addition to the Health CHAT and voting on the priorities, the agenda topics were directly related to risk and protective factors that are of most concern for students in Davis County. Keynote speakers and breakout session topics included: Fight For Not With Your Family; Happiness; Effects of Technology on the Brain; Mindfulness & Resiliency/Coping Skills; Tobacco, E-Cigarettes, Nicotine; Substance Abuse/Opioids; and Suicide Prevention.

Youth Leadership Team

The summit also served as a recruitment tool for a revamped Davis County Youth Leadership Team. The council will form to meet regularly to plan initiatives that aim to address youth selected priorities, as well as foster leadership skills, and personal growth. Meetings will begin in fall 2019, with support provided by Davis County Health Department and community partners from six agencies.



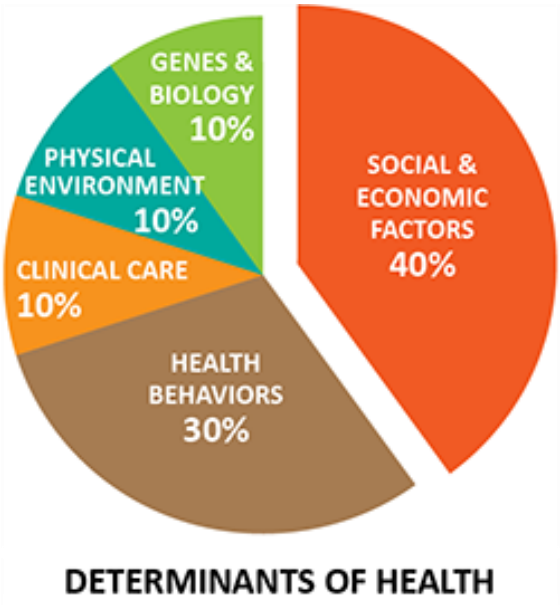


Health Equity

Davis4Health is working to improve health outcomes for all residents and to close health gaps between those with the most and least opportunities for good health. Our intent is for every resident to have fair and just opportunities to be as healthy as possible, regardless of race, ethnicity, gender, income, location, or any other factor.

Health equity is the opportunity for everyone to attain his or her full health potential. An equitable approach to community health includes: selecting population health measures for improvement; examining risky conditions and role of policies and institutions in shaping those conditions; emphasizing creating conditions that promote healthy living; and integrating community-development strategies that influence the determinants of health (e.g. housing, safety, education, access to health care, civic engagement, etc.).

Health inequities are differences in health that are not only unnecessary and avoidable but, in addition, are considered unfair and unjust. Health inequities are rooted in social injustices that make some population groups more vulnerable to poor health than other groups.



DETERMINANTS OF HEALTH

Measuring health inequities illuminates those who are disadvantaged in opportunities and resources. Often times by addressing the social determinants of health we will be addressing the root causes of health inequities.



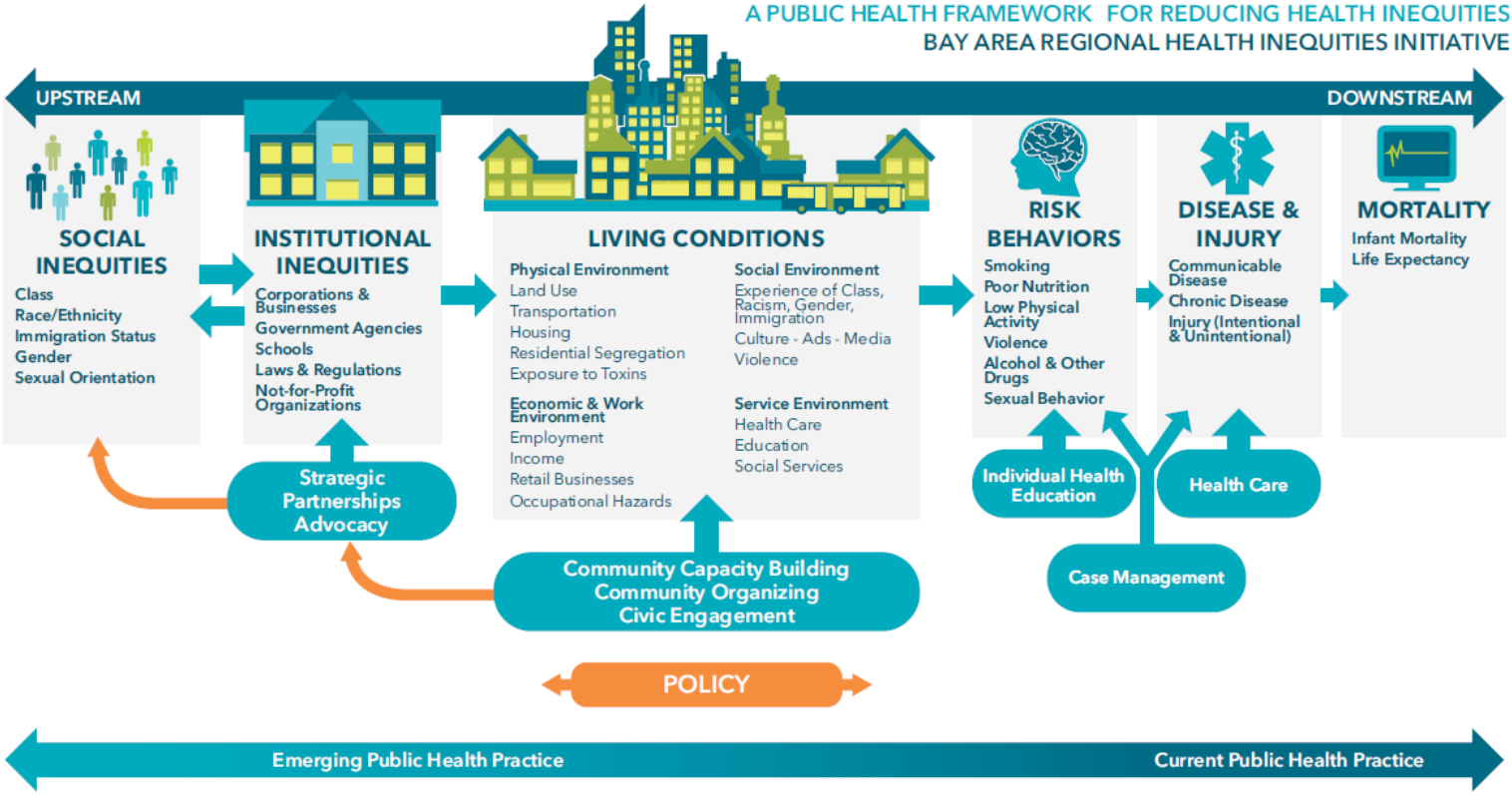
Health Equity

The Davis4Health Steering Committee reviewed the Bay Area Regional Health Inequities Initiative (BARHII) materials to gain greater understanding of issues impacting health and ideas for reducing health inequities (see image below).

The BARHII framework illustrates the connection between social inequalities and health, and focuses attention on measures which have not characteristically been within the scope of public health improvement.

BARHII focuses its efforts upstream, specifically in areas of living conditions, institutional inequities, and social inequities.

Partners applied these principles to the CHIP and discussed how our work could move to more upstream prevention and be more likely to address the root causes of community health issues and drivers of health, ultimately having a greater impact on improving community health.



Health Equity

In the past, community health improvement efforts have been focused on risk behaviors, disease and injury, and mortality. This iteration of the Davis4Health CHIP makes significant progress toward addressing health equity. This is reflected in several new components of the CHIP:

- ◊ Shared risk & protective factors
- ◊ Policy recommendations
- ◊ ACEs & trauma as a top health issue
- ◊ Coordinated community prevention plan

Our community health improvement initiatives still have work to do to begin addressing living conditions, institutional inequities, and social inequities. Partners are beginning to think about current policies that affect community conditions for optimal health.

Focusing on drivers of health is the key to addressing root causes of health inequities. Working to improve community conditions and health also contributes to a prosperous community, thriving economy, and high quality of life which are important to community leaders and residents of Davis County.



Source: BARHII

Policy Recommendations

In addition to planned efforts to address the county's top health priorities, the Davis4Health Steering Committee and workgroups recommended policy work in four areas for the alleviation of health inequities. These policy issues are extremely intertwined.

1. Housing Affordability & Support Services

- ◊ Policies promoting housing affordability
- ◊ Transitional, respite & permanent supportive housing is needed for: families, individuals coming out of jail, prison, or substance abuse treatment, youth, & LGBTQ community
- ◊ Repeal & replace city ordinances that refuse housing to vulnerable populations
- ◊ More representative Metropolitan Statistical Area (MSA) designated by federal government (Davis County is currently in an MSA with Ogden leading to estimating Fair Market Rent assistance rates that are not realistic for the community.)
- ◊ Resources unencumbered by federal restrictions
- ◊ Public education to address community push back, "not in my backyard" mentality

2. Medicaid Expansion & Services for Uninsured/Underinsured

- ◊ Support full Medicaid expansion & addressing related behavioral health cuts
- ◊ Address the needs of many who are uninsured & underinsured (high deductible plans)
- ◊ Expansion of behavioral health providers that insurance companies contract with
- ◊ Access to affordable dental care

3. Substance Abuse Diversion Program

- ◊ Develop partnerships to allow law enforcement & treatment providers to work together to provide resources & treatment to addicts rather than charging them criminally for possessing & using substances
- ◊ Identify facilities, staff, sustainable funding, & policies needed

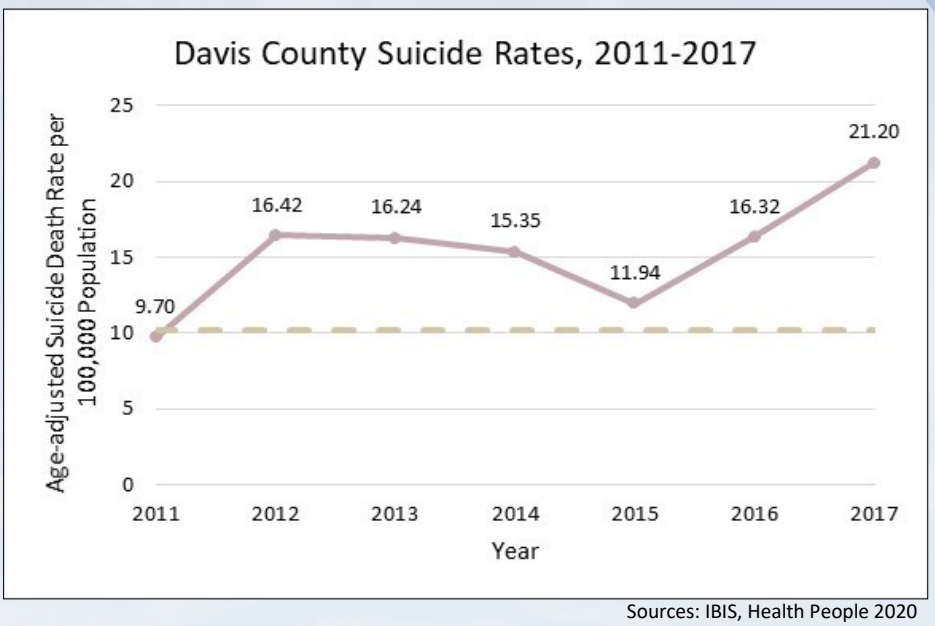
4. Intergenerational Poverty (IGP)

- ◊ Improve assistance for people who are employed but unable to qualify for help to meet basic needs
- ◊ Support living wage employment
- ◊ Access to affordable childcare, transportation, financial literacy education, and post-secondary education

Priority 1: SUICIDE

What We Know

Suicide was selected by community partners and leaders as the top health issue in Davis County for the second time, first in 2013 and again in 2018. Suicide is viewed as the most serious and urgent health issue. It is a leading cause of mortality and morbidity; an indicator where Davis County is higher than the U.S. average; and an indicator where Davis County is not meeting the Healthy People 2020 target.

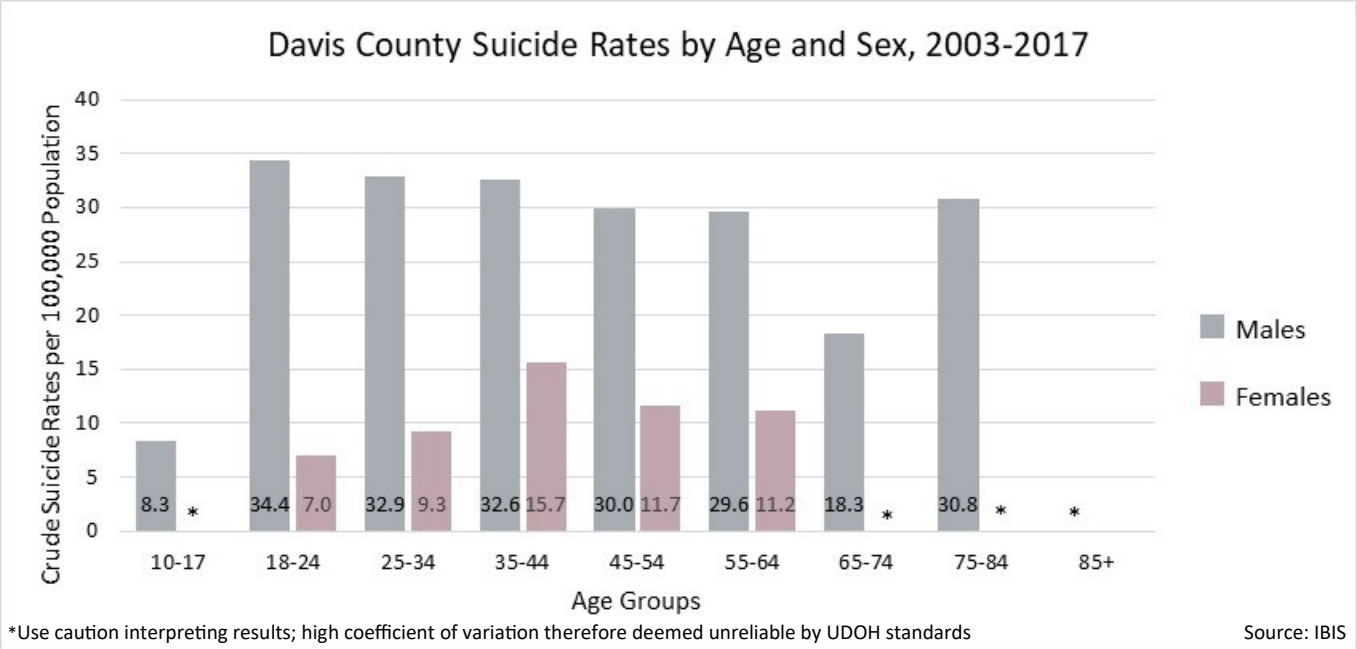


Sources: IBIS, Health People 2020

Suicide is the 8th leading cause of death in the county with 21.20 deaths per 100,000 population in 2017.

All ages, from teens to seniors, experience high suicide rates. Males account for 2 out of every 3 suicides in Davis County and 3 out of every 4 in Utah. (2015-2017, IBIS) Females have a significantly higher self-harm emergency department (ED) visit rate compared to males. (2012-2014, IBIS)

Suicide prevention and mental health have been prioritized by the Utah Department of Health, Intermountain Healthcare, Davis4Health and other state and local agencies as a result of community health assessments and health improvement initiatives. In January 2018, Utah's Governor, Gary Herbert announced a new Suicide Task Force.



*Use caution interpreting results; high coefficient of variation therefore deemed unreliable by UDOH standards

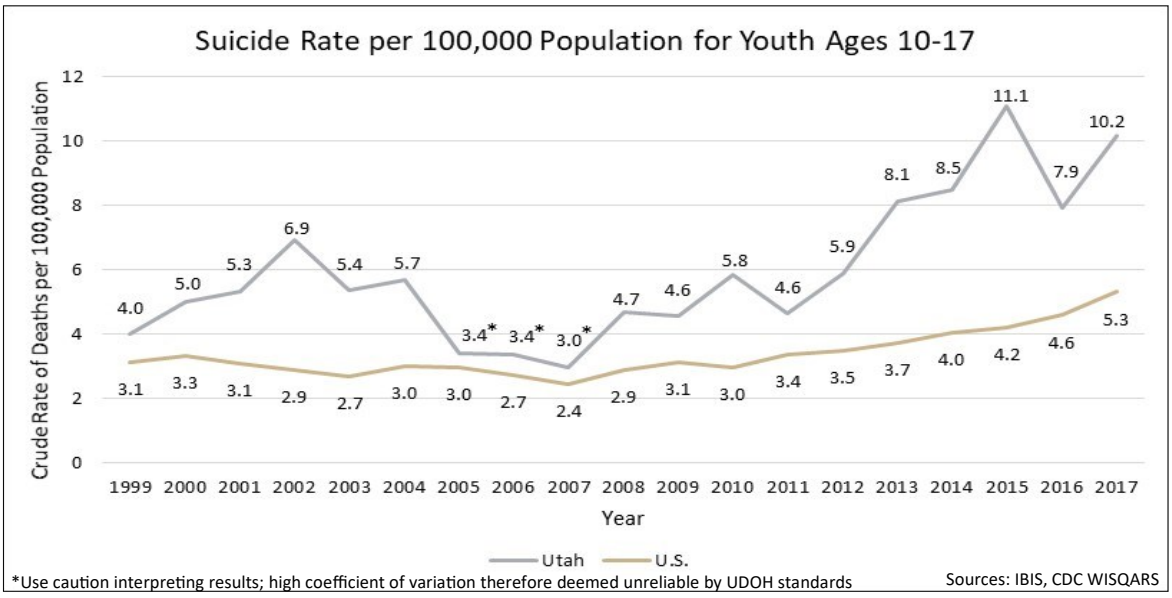
Source: IBIS

Youth Suicide

Suicide is the leading cause of death among youth ages 10-17 in Utah. The Utah Department of Health (UDOH) observed a 141.3% increase in suicides among Utah youth aged 10-17 from 2011 to 2015, compared to an increase of 23.5% nationally. Suicidal ideation and attempts among Utah youth also increased during this time period. Source: Utah Youth Suicide Study

From 2011 to 2015, 150 Utah youth aged 10-17 died by suicide, the majority of which were aged 15-17 years (75.4%), male (77.4%), and non-Hispanic white (81.3%). More than a third (35.2%) of youth who died by suicide had a mental health diagnosis and nearly a third (31.0%) were depressed at the time of their death.

In addition to mental health concerns, family relationship problems, other forms of violence such as bullying at school and electronic bullying, substance use, and psychological distress were common risk factors in youth suicides. However, supportive family, community, and peer environments were protective against suicidal ideation and suicide attempts.



*Use caution interpreting results; high coefficient of variation therefore deemed unreliable by UDOH standards

Sources: IBIS, CDC WISQARS

Additional findings showed that among those youth who died by suicide:

- 55.3% experienced a recent crisis within two weeks of the death (family relationships and dating partner problems were the most common recent crisis)
- 23.9% disclosed their intent to die within one month prior to their death
- 12.6% experienced family conflicts as a result of restriction to technology use or that resulted in a restriction to technology, such as having a mobile phone, tablet, laptop, or gaming system being taken away
- 20.5% had a history of cutting or had evidence of recent cutting

Of the 40 cases that had information on the decedent's sexual orientation, six (15.0%) were identified as sexual minorities.

A three page summary report of the findings is available at: https://ibis.health.utah.gov/ibisph-view/pdf/opha/publication/hsu/SE04_SuicideEpiAid.pdf.

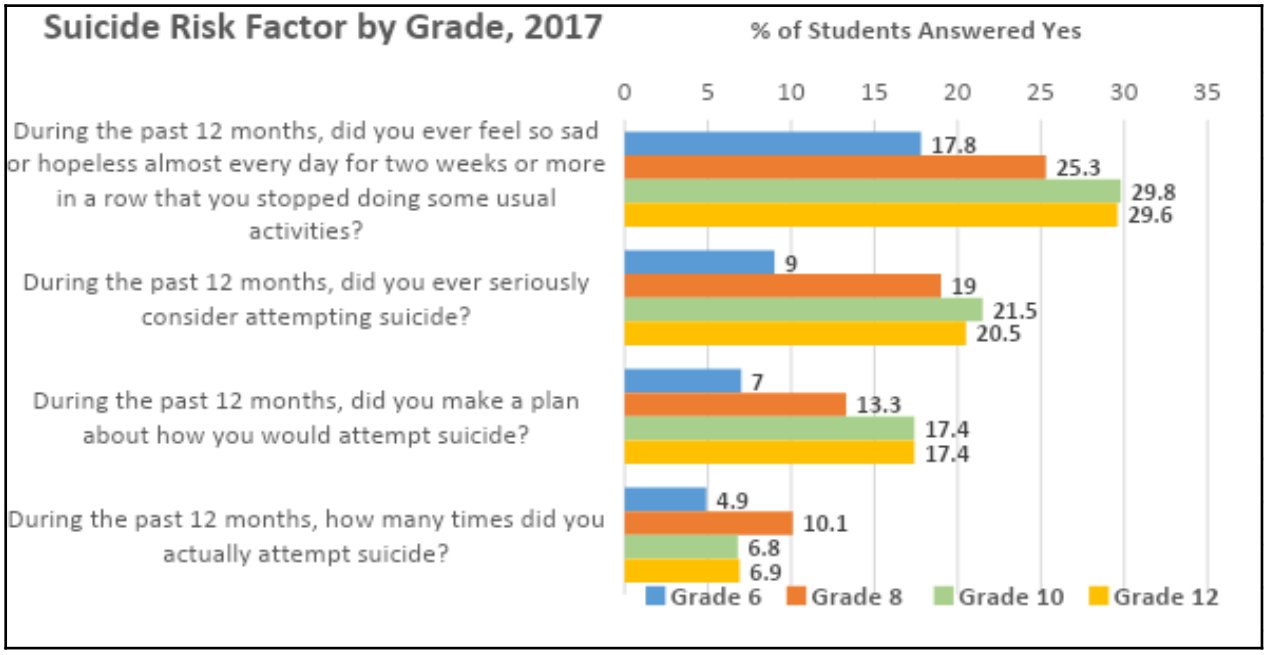
The complete CDC investigation report is available at: https://health.utah.gov/wp-content/uploads/Final-Report-UtahEpiAid.pdf.

Youth Suicide

Suicide is a complex behavior with multiple risk and protective factors. Supportive social environments were found to be protective for suicide ideation and attempts. The CDC made the following recommendations based on the study findings:

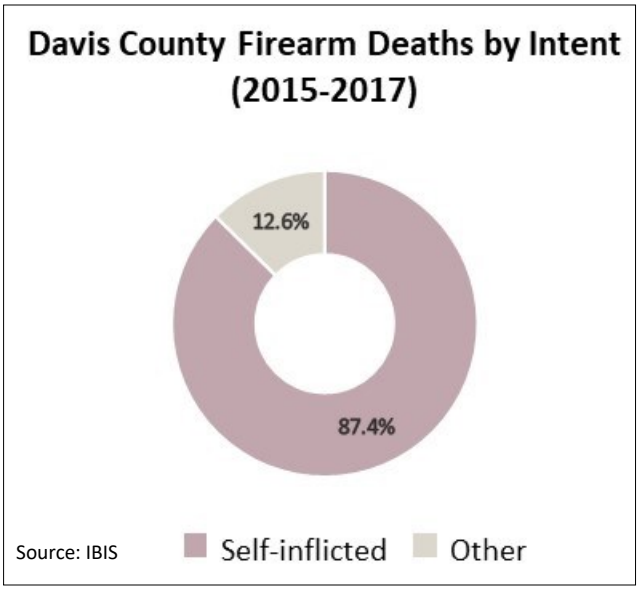
- ◊ Increase access to evidence-based mental health care for youth
- ◊ Strengthen family relationships
- ◊ Promote connectedness within the home, peer, school, and community environments Identify and provide support to youth at risk of suicidal behaviors
- ◊ Prevent other forms of violence among youth
- ◊ Teach coping and problem solving skills
- ◊ Consider comprehensive and coordinated suicide prevention programs that address multiple risk and protective factors simultaneously
- ◊ Reduce access to lethal means
- ◊ Conduct ongoing comprehensive evaluation of suicide prevention programs

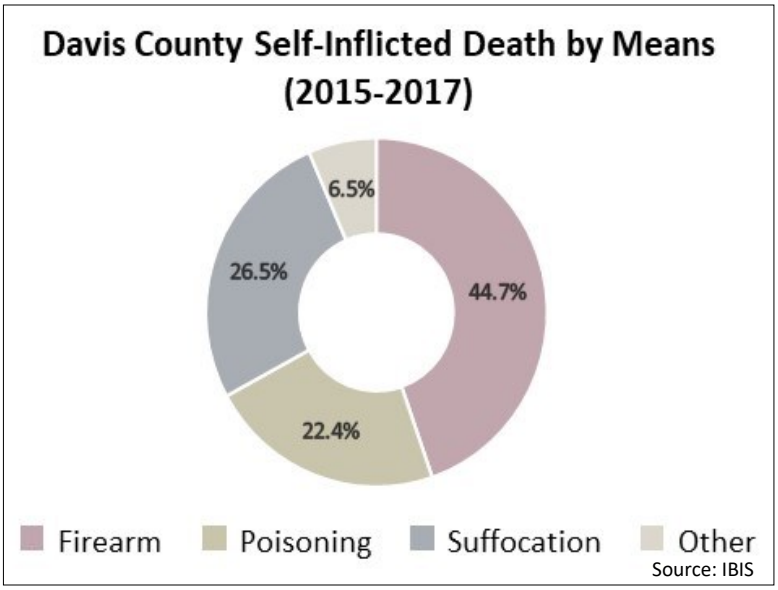
County youth suicide risk factor data can be found in the Student Health and Risk Prevention (SHARP), Prevention Needs Assessment Survey (PNA) results reports. The SHARP survey is conducted during odds years while the PNA is conducted every three years. Measures of students who felt sad or hopeless and had suicide ideation, plans, and attempts have been trending up each year for all grades. Source: https://dsamh.utah.gov/reports/sharp-survey.



Fire Arms/Lethal Means

Eighty-seven percent of firearm deaths in Davis County are suicides. Firearms are the leading method of suicide in Davis County and Utah.
Source: IBIS



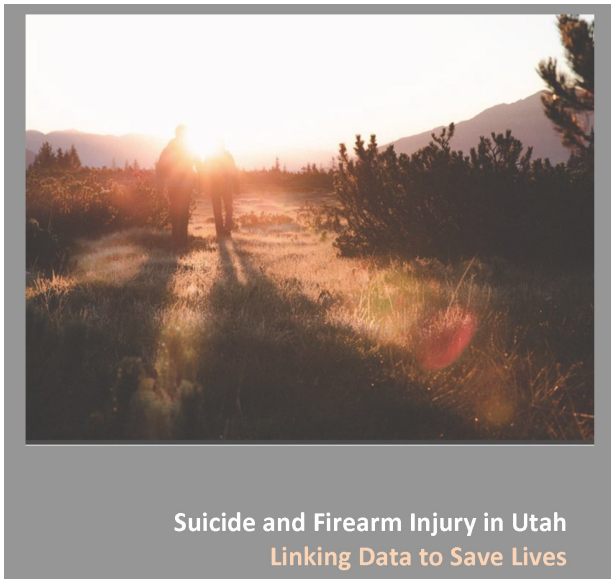


Suicide & Firearm Injury in Utah

Suicide and Firearm Injury In Utah: Linking Data to Save Lives is a recent report highlighting that suicides make up 85% of firearm deaths in Utah. Fifty percent of all suicide deaths in Utah utilize a gun. Suicides by firearm outnumber firearm homicides 8-to-1 in Utah.
Source: Utah Department of Human Services

Link to Report Summary:
https://go.usa.gov/xPAue

Link to Full Report:
https://go.usa.gov/xPAuM



Davis HELPS

Davis Health Education and Law Enforcement ProgramS (HELPS) is a coalition dedicated to helping Davis County be a healthy place to live. This long standing coalition takes the lead on coordinating prevention throughout the county. The coalition has a current focus on preventing suicide. Davis County Health Department and Davis Behavioral Health provide administrative support to the coalition. The group meets on the first Thursday of the month in Farmington.

Outcome Goal

Reduce suicide deaths in Davis County from 14.5 (2014-2016) deaths per 100,000 to 10.2 deaths per 100,000 by the year 2020. (National Healthy People 2020 Target)

Community Partners

- Davis County Health Department
- Davis Behavioral Health
- Intermountain Healthcare
- Davis School District
- USU Extension
- Hill Air Force Base
- The Church of Jesus Christ of Latter-day Saints Public Affairs
- MountainStar Healthcare
- Juvenile Court
- Continue Mission
- Clearfield/Syracuse CTC
- Centerville Cares
- Layton Community Action Council
- Safe Harbor
- Live Strong House
- YMCA
- Head Start
- Sheriff's Office
- Children's Service Society
- Survivors

Funding

There are some small funding sources to address suicide prevention in Davis County. DCHD has funding from the Utah Department of Health, Violence and Injury Prevention Program (VIPP) that can be used for activities in this plan. Davis School District has received funding for HOPE Squads from the Utah State Board of Education. USU Extension has funding used for Youth Mental Health First Aid (SAMSHA) and the Well-Connected Communities Council (National 4-H Council). Davis Behavioral Health has NAMI Prevention by Design funding to work on education for suicide prevention among men.



National Suicide Prevention

National Suicide Prevention

Suicide Prevention Resource Center: Federally-funded Suicide Prevention Resource Center promotes a public health approach to suicide prevention. One resource they provide is the Best Practices Registry (BPR). Its purpose is to disseminate information about best practices that address specific objectives of the National Strategy for Suicide Prevention. QPR (Question, Persuade, and Refer) Gatekeeper Training for Suicide Prevention is an evidence-based program found in the registry that is used in Davis County. QPR is an educational program designed to teach the warning signs of a suicide crisis and how to respond by following three steps: (1) Question the individual's intent regarding suicide, (2) Persuade the person to seek and accept help, and (3) Refer the person to appropriate resources.

Suicide Prevention Resource Center: https://www.sprc.org/

U.S. Substance Abuse and Mental Health Services Administration (SAMHSA): Administrator for the National Registry of Evidence-based Programs & Practices (NREPP) is a searchable online database of mental health and substance abuse interventions. Mental Health First Aid (MHFA) and Youth Mental Health First Aid (YMHFA) are evidence-based programs found in the registry that are used in Davis County. MHFA and YMHFA programs teach how to help someone who is developing a mental health problem or experiencing a mental health crisis. Participants learn to identify, understand, and respond to individuals who are experiencing one or more acute mental health crises (suicidal thoughts and/or behavior, acute stress reaction, panic attacks, etc.) or are in the early stages of one or more chronic mental health problems. (ie., depression, anxiety, substance abuse, etc.)

SAMHSA Strategic Plan 2019-2023: https://www.samhsa.gov/about-us/strategic-plan

National Action Alliance for Suicide Prevention: Developed The National Strategy for Suicide Prevention which is a call to action intended to guide the nation's suicide prevention efforts. Released by the U.S. Surgeon General and the Action Alliance, the National Strategy presents 13 goals and 60 objectives for suicide prevention and describes the role that each of us can play in preventing suicide and reducing its impact on individuals, families, and communities.

National Strategy for Suicide Prevention Goals and Objectives: https://theactionalliance.org/our-strategy/national-strateg/2012-national-strategy

State & Regional Suicide Prevention

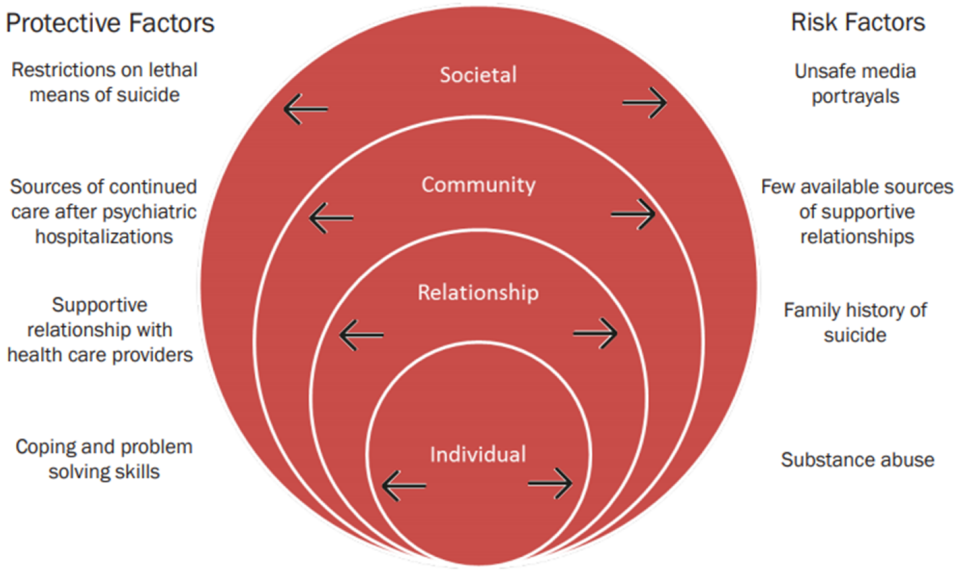
Utah Suicide Prevention Coalition: A partnership of community members, suicide survivors, service providers, researchers, and others dedicated to saving lives and advancing suicide prevention efforts in Utah. https://utahsuicideprevention.org/

The Utah Suicide Prevention Coalition, Suicide Prevention Plan 2017-2021, https://www.health.utah.gov/vipp/pdf/Suicide/SuicidePreventionCoalitionPlan2017-2021.pdf

Utah Health Improvement Plan 2017-2020, https://ibis.health.utah.gov/ibisph-view/pdf/opha/publication/UHIP.pdf

NUHOPE: Northern Utah Hope task force, NUHOPE, is an active coalition of mental health/social service providers, educators, survivors, law enforcement, veteran's advocates, and concerned citizens working together to increase suicide awareness and prevention. Spearheaded by Intermountain McKay-Dee Hospital, the task force provides suicide prevention training to local students and community members, holds an annual suicide awareness walk, and works with survivors to facilitate healing and remembrance of those they have lost. They primarily serve Weber County but do outreach in Davis County as well. https://nuhopeutah.org/

HOPE4UTAH: Works with school advisors to train students who have been identified by their classmates as trustworthy peers to serve as Hope Squad members. Through evidence-informed training modules, Hope Squad members are empowered to seek help and save a life. They are comprised of students who are trained to watch for at-risk students–provide friendship, identify warning signs, and seek help from adults. Hope4Utah: hope4utah.com



Social Ecological Model from Utah Suicide Prevention Plan

American Foundation for Suicide Prevention (AFSP): A voluntary health organization that gives those affected by suicide a nationwide community empowered by research, education and advocacy to take action against this leading cause of death.

AFSP is dedicated to saving lives and bringing hope to those affected by suicide. AFSP creates a culture that's smart about mental health by engaging in the following core strategies: Funding scientific research; Educating the public about mental health and suicide prevention; Advocating for public policies in mental health and suicide prevention; Supporting survivors of suicide loss and those affected by suicide.

American Foundation for Suicide Prevention Utah Chapter https://afsp.org/chapter/afsp-utah/

American Foundation for Suicide Prevention Three Year Strategic Plan 2019-2022 https://chapterland.org/wp-content/uploads/sites/13/2019/07/13961_AFSP_Strategic_Plan_d11.pdf

Suicide Prevention Strategies

Suicide is a complicated issue that requires comprehensive solutions. Effective solutions incorporate multiple approaches across many sectors. After five years of working together to reduce suicide, suicide rates continue to rise, leading to a critical approach to reevaluate chosen strategies. Effective prevention programs and policies stress the importance of wellness, hope, resiliency, and protective factors. Effective early intervention and postvention programs address risk factors, mental health and substance abuse services, and crisis response for those who are struggling with suicidal behaviors. Partners will place greater emphasis on firearm safety. Effective support programs are also required for those who have been touched by suicide or suicidal behavior. These components are addressed in this plan to prevent suicide in Davis County.

1. Maintain capacity/trainers to offer evidence-based suicide prevention programs in the community.

Through the previous CHIP Davis County providers and partners developed capacity to offer evidence-based suicide prevention and postvention programs. Partners intend to maintain capacity to offer training for the following programs within the community.

QPR	Question. Persuade. Refer. Three steps anyone can learn to help prevent suicide.	https://qprinstitute.com/research-theory
SafeTalk	A 4-hour workshop on how to prevent suicide by recognizing signs, engaging someone, & connecting to an intervention resource for further support.	https://www.livingworks.net/safetalk
Working Minds	This 2-hour training gives participants the skills & tools to appreciate the critical need for suicide prevention while creating a forum for dialogue & critical thinking about workplace mental health & promote help-seeking & help-giving.	https://www.sprc.org/resources-programs/working-minds-suicide-prevention-workplace
Connect	A comprehensive model for planning & implementing suicide prevention & postvention practices. Helps participants collaborate across systems to create an integrated community response.	https://theconnectprogram.org/
ASIST	A 2-day workshop for recognizing signs, providing a skilled intervention, & developing a safety plan.	https://www.sprc.org/resources-programs/applied-suicide-intervention-skills-training-asist
Mental Health First Aid	MHFA teaches how to identify, understand & respond to signs of mental illness & substance use disorders.	https://www.mentalhealthfirstaid.org/
Youth Mental Health First Aid	YMHFA is primarily designed for adults who regularly interact with young people. It is designed to teach how to help an adolescent who is experiencing a mental health or addiction challenge or is in crisis.	https://www.mentalhealthfirstaid.org/take-a-course/course-types/youth/

Evidence base: Best Practices Registry for Suicide Prevention & National Registry of Evidence Based Programs & Practices

Suicide Prevention Strategies

2. School-based suicide prevention efforts

Partners want to ensure that school-based suicide prevention is the best fit for our students and that resources are being used for programs that are effective and have an evaluation component. Some school based programs are listed here.

SOS	The Signs of Suicide program serves middle and high school students through discussion students learn to identify warning signs of suicide and depression. Students complete a seven question screening for depression to further encourage help seeking and connect students at risk with trusted adults. The curriculum raises awareness about behavioral health and encourages students to ACT (Acknowledge, Care, Tell) when worried about themselves or their peers.	https://www.mindwise.org/what-we-offer/suicide-prevention-programs/
Botvin LifeSkills Training	The program learning objectives include: Personal Self-Management Skills – Students develop skills that help them enhance self-esteem, develop problem-solving abilities, reduce stress and anxiety, and manage anger; General Social Skills – Students gain skills to meet personal challenges such as overcoming shyness, communicating clearly, building relationships, and avoiding violence; Drug Resistance Skills – Students build effective defenses against pressures to use tobacco, alcohol, and other drugs. (Legislation) Evidence based: Blue Prints for Healthy Youth Development	https://www.lifeskillstraining.com/?gclid=EAIaIQobChMIi8mz28XJ5AIVk6_sCh1bAQf4EAAYASAAEgKJ7vD_BwE
Mindful Schools	Youth benefit from learning mindfulness in terms of improved cognitive outcomes, social-emotional skills, and well being. In turn, such benefits may lead to long-term improvements in life.	https://www.mindfulschools.org/
Learning to Breathe	This curriculum is intended to strengthen attention and emotion regulation, cultivate wholesome emotions like gratitude and compassion, expand the repertoire of stress management skills, and help participants integrate mindfulness into daily life.	https://learning2breathe.org/
Hope Squads	Peer-to-peer training of students to recognize warning signs in depressed or suicidal peers, and to empower them to report those signs to an adult.	https://hope4utah.com/hope-squad/

Evidence base: Utah's Registry for Prevention Programs; Best Practices Registry for Suicide Prevention

Suicide Prevention Strategies

3. Reduce access to lethal means

Most firearm deaths in Utah are suicides and firearms are the most common method of suicide. Since firearms are valued in many Utah homes, stakeholders want to emphasis firearm safety messages that are responsive to local values of those most affected by firearm suicides: gun owners and their families. Source: Utah Department of Human Services

There are several existing firearm safety campaigns. Partners want to share this type of training and targeted messaging with healthcare professionals, human services organizations, and faith leaders, any who are in a position to council those they serve on access to lethal means.

Is Your Safety On?	Utah Suicide Prevention Coalition explains why safe firearms storage matters for all Utah families.	https://utahsuicideprevention.org/firearmsafety
Utah Suicide Prevention Coalition Firearm Safety Videos	The Utah Suicide Prevention Coalition produced short videos dedicated to saving lives through education and awareness.	https://vimeo.com/utahsuicideprevention
CALM-UT	Provided by Intermountain Healthcare, Counseling on Access to Lethal Means (CALM) will teach how to ask a suicidal client or patient about their access to lethal means, while working with the patient and families to reduce their access.	https://www.train.org/utah/course/1081014/
Own it? Respect it. Secure it.	This initiative, created by the National Shooting Sports Foundation, has been developed to give industry members an ongoing platform to promote and encourage firearm safety and storage.	https://www.nssf.org/safety/own-it-respect-it-secure-it/
Project ChildSafe	Program of the National Shooting Sports Foundation to promote firearms safety and education. They are committed to promoting genuine firearms safety through the distribution of safety education messages and free firearm safety kits to communities across the U.S.	https://www.projectchildsafe.org
American Foundation for Suicide Prevention (ASFP)	Firearms and Suicide Prevention Program, Protecting Yourself and Those Around You, Responding to Suicide: For Ranges and Retailers	https://afsp.org/about-suicide/firearms-and-suicide-prevention/
Project 2025	ASFP's nationwide initiative to reduce the annual rate of suicide in the U.S. 20 percent by 2025.	https://project2025.afsp.org/

Evidence base: National Strategy for Suicide Prevention

Suicide Prevention Strategies

4. Healthy relationships initiatives

Several partners teach healthy relationship curriculum and sponsor healthy relationship programs. There is need for an assessment to determine which courses are being offered, which agencies are participating, which demographics are being reach, and if programs are supported by research to effectively reduce family conflict and other negative outcomes. Some local initiatives are listed here.



Shifting Boundaries	An evidence-based prevention program for middle school students. The lessons on relationships have been proven to: reduce bullying, reduce peer and dating violence, reduce sexual harassment and promote healthy relationships.	https://safeharborhope.org/services/prevention-education/
Bystander Intervention/ Upstanding	Designed by the Utah Department of Health, identifies stereotypes that promote violence and provides tools to effectively intervene.	https://safeharborhope.org/services/prevention-education/
Healthy Relationships/ Safe Dates	Curriculum for adolescents teens to learn about healthy relationships, choices, and communication., addresses attitudes, opinions, and behaviors related to dating abuse.	https://safeharborhope.org/services/prevention-education/
Smart Dating	Teaches singles what to look for in a healthy relationship, and how to identify key markers of an unhealthy relationship.	http://healthyrelationshipsutah.org/class_descriptions/smart-dating-class-description
Fatherhood Initiative	Educating, equipping, and engaging communities to increase father involvement in children's lives.	https://www.fatherhood.org

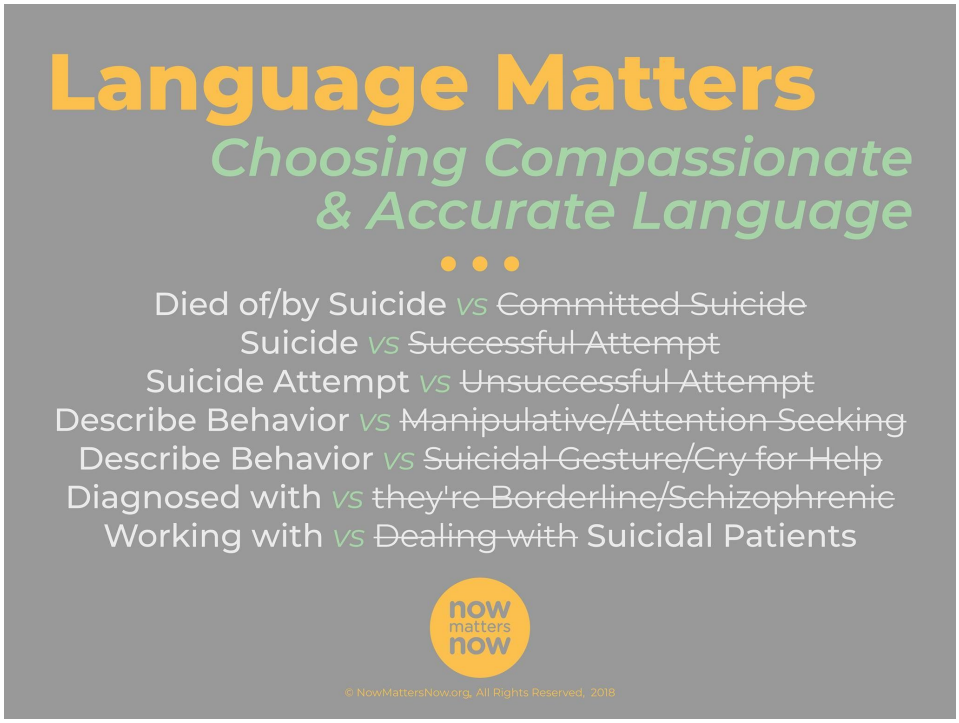
Evidence base: Healthy People 2020 Evidence-Based Resource Tool; Winnable Battles; County Health Rankings & Roadmaps, The Community Guide

Suicide Prevention Strategies

5. Safe messaging to promote hope & healing & reduce shame. Targeted messaging for high risk populations.

Partners plan to explore suicide prevention messages and platforms for men. Partners would like some universal prevention messages to increase connection and resilience and decrease shame and stigma. Progress can be made to teach residents how to safely talk about suicide, and by taking these issues from private family burdens to community concerns communicated about with compassion.

National Action Alliance for Suicide Prevention, Safe Messaging: https://theactionalliance.org/messaging Evidence Based: National Strategy for Suicide Prevention



6. Increase access to quality behavioral health services & treatment

It is important that those who are struggling with mental health concerns or are in mental health crisis have access to services. Strategies to increase access to services and treatment are described in the access section. The Davis Behavioral Health Network is taking the lead on implementation. See pages 71-78.

Evidence-base: National Strategy for Suicide Prevention

7. Zero Suicide in health and behavioral healthcare

Zero Suicide work is described in the access section as well. The Davis Behavioral Health Network is taking the lead on implementation which occurs in healthcare and behavioral health settings. See page 74 and zerosuicide.sprc.org.

Evidence base: Suicide Prevention Resource Center

Partner Responsibility for Suicide Strategies

Strategies/Activities	Agencies with Responsibility
1. Maintain capacity/trainers to offer evidence-based suicide prevention programs in the community (QPR, SafeTalk, Working Minds, Connect, ASIST, YMHFA, MHFA)	Davis Behavioral Health, Davis County Health Department, Davis HELPS, Davis School District, Davis Technical College, Intermountain Healthcare, USU Extension
2. School-based suicide prevention efforts (SOS, Botvin LifeSkills Training, Mindful Schools, Learning to Breathe, Hope Squads)	Centerville Cares, Davis Behavioral Health, Davis Education Foundation, Davis Head Start, Davis School District, Intermountain Healthcare, NUHOPE, YMCA
3. Reduce access to lethal means (prescription drug take back events, safe storage of firearms).	Centerville Cares, Davis Behavioral Health, Davis County Health Department, Davis Head Start, Davis HELPS, Davis School District, Intermountain Healthcare, NUHOPE
4. Healthy relationships initiatives (bullying prevention, bystander intervention, smart dating, relationship attachment model)	Davis HELPS, Davis School District, Davis Technical College, Layton Community Action Council, Livestrong House, Open Doors, Protective Factors for Utah Families, Safe Harbor, USU Extension, YMCA
5. Safe messaging to promote hope & healing & reduce shame. Targeted messaging for high risk populations	Centerville Cares, Davis Behavioral Health, Davis County Health Department, Davis HELPS, Davis School District, Davis Technical College, Hill Air Force Base, Layton Community Action Council, Open Doors, YMCA,
6. Increase access to quality behavioral health services & treatment (See Access Strategies)	Davis Behavioral Health Network, Davis County Health Department, Davis Technical College, Intermountain Healthcare, Lakeview Hospital, Davis School District, Livestrong House, YMCA
7. Zero Suicide in health & behavioral healthcare—continuous quality improvement initiative to prevent suicides for individuals under the care of health & behavioral health systems (See Access Strategies)	Centerville Cares, Davis Behavioral Health, Davis Behavioral Health Network, Davis County Health Department, Davis School District, Intermountain Healthcare, Lakeview Hospital, Livestrong House

Suicide Prevention Objectives

Suicide Prevention Objectives & Outcomes	
Short-term Objectives	**Target Date**
Maintain database to track evidence based suicide prevention courses and trainers.	Annually
Implement Botvin LifeSkills curriculum in DSD secondary health classes.	12/31/2019
Identify LifeSkills champions in the DSD and the community that can share success stories.	12/31/2021
Complete Hope Squad evaluation.	12/31/2021
Promote Counseling on Access to Lethal Means (CALM) training to at least 200 Davis County Healthcare professionals.	12/31/2019
All Davis County Human Services providers offering in-home services will be informed about appropriate Firearm Safety Campaigns to implement within their agency.	12/31/2020
Conduct a healthy relationship initiative assessment to identify evidence-based curriculum and programs be implemented and which Davis County agencies are involved. (Use findings to establish baselines and set targets for healthy relationship programs).	12/31/2020
Pilot a public education campaign (online print ads) targeting suicide prevention in men.	12/31/2019
Conduct focus groups or use other methods to gather feedback from men to guide suicide prevention efforts.	12/31/2020
Addition of podcasts to the public education campaign targeting men.	12/31/2020

Suicide Prevention Objectives

Suicide Prevention Objectives & Outcomes

Long-term Objectives	Target Date
15% increase in DSD school and student participation in mindfulness initiatives.	12/31/2023
Review the state suicide Postvention Toolkit helping to ensure quality care for our community and serve as a pilot community to share and distribute the toolkit.	12/31/2022
Advocate for funding for the assessment/evaluation and parent components of Botvin LifeSkills program in schools.	12/31/2023
Decrease prevalence of depression in Davis County. (Establish baseline & target)	12/31/2023
Decrease the percent of students that experience family conflict in Davis County from 30.5% (2017) to 27.45%**. (SHARP)	12/31/2023
Decrease bullying in Davis County. (Establish baseline & target)	12/31/2023
Decrease the percent of youth suicide attempts in Davis County from 7% (2017) to 6.3%**. (SHARP)	12/31/2023
Decrease adult suicide attempts in Davis County. (Establish baseline & target)	12/31/2023
Outcome Goal	**Target Date**
Reduce suicide deaths in Davis County from 14.5 (2014-2016) deaths per 100,000 to 10.2* deaths per 100,000 by the year 2020. (IBIS)	12/31/2030

*Healthy People 2020 Target
**A 10% reduction from baseline

SUICIDE PREVENTION RESOURCES

DAVIS BEHAVIORAL HEALTH 24-HOUR CRISIS RESPONSE LINE:

801-773-7060 —dbhutah.org

NATIONAL SUICIDE PREVENTION HOTLINE:

1-800-273-TALK (8255) —A free 24-hour service, connects individuals to trained crisis workers from the University of Utah Neuropsychiatric Institute. suicidepreventionlifeline.org

SAFE UT

The SafeUT Crisis Text and Tip Line service provides real-time crisis intervention to youth through texting and a confidential tip program right from a smartphone. Download the App.

healthcare.utah.edu/uni/clinical-services/safe-ut



COMMUNITY SUICIDE PREVENTION TRAINING

www.dbhprevention.org/trainings

MAN THERAPY CAMPAIGN

mantherapy.org

NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) UTAH

801-323-9900 —Free education classes and peer support for those who struggle with mental illness, and separate education and peer support for family members. www.namiut.org

AMERICAN FOUNDATION FOR SUICIDE PREVENTION (AFSP)

Resources for those who have lost a loved one to suicide. Training for survivors who wish to facilitate survivor support groups or to get involved in education and advocacy. www.afsp.org

THE TREVOR PROJECT

1-866-488-7386 —This free 24-hour service is geared toward LGBT teens in crisis. thetrevorproject.org

THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS

Suicide Prevention and Ministering, churchofjesuschrist.org/get-help/suicide

Priority 2: ADVERSE CHILDHOOD EXPERIENCES & TRAUMA

What We Know

Adverse Childhood Experiences (ACEs) are major childhood traumas that occur before age 18, including neglect, abuse, and household challenges. This trauma causes toxic stress which disrupts a child's developing brain and can lead to risky health behaviors, chronic health conditions, low life potential, and early death. Toxic stress is extreme, frequent or extended activation of the body's stress response.

In 1998, the Centers for Disease Control (CDC) and Kaiser Permanente conducted the Adverse Childhood Experiences Study where ten types of childhood trauma were identified and linked to poor physical, mental, emotional, and social health outcomes. https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/about.html

The 10 ACEs are:

1. **Emotional abuse:** A parent, stepparent or adult living in your home swore at you, insulted you, put you down, or acted in a way that made you afraid that you might be physically hurt
2. **Physical abuse**: A parent, step parent or adult living in your home pushed, grabbed, slapped, threw something at you, or hit you so hard that you had marks or were injured.
3. **Sexual abuse:** An adult, relative, family friend or strange who was at least 5 years older than you ever touched or fondled your body in a sexual way, made you touch his/her body in a sexual way, or attempted to have any type of sexual intercourse with you.
4. **Emotional neglect:** No one in your family loved you or thought you were important or special. Your family didn't look out for each other, feel close to each other or support each other.
5. **Physical neglect:** You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you. Your parents were too drunk or high to take care of you or take you to the doctor if you needed it.
6. **Mother treated violently:** Your mother or stepmother was pushed, grabbed, slapped, had something thrown at her, kicked, bitten, hit with a fist, hit with something hard, repeatedly hit for over at least a few minutes, or ever threatened or hurt by a knife or gun by your father (or stepfather) or mother's boyfriend.
7. **Household substance abuse:** A household member was a problem drinker, alcoholic, or used street drugs.
8. **Household mental illness:** A household member was depressed, mentally ill, or attempted suicide.
9. **Parents separated or divorced:** Your parents were ever separated or divorced.
10. **Household member incarcerated:** A household member went to prison.

The original study revealed that ACEs are common. In the U.S., 61.2% of adults have at least one ACE. (https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/ace-graphics.html) In Davis County, 45.6% of adults have at least one ACE and 14.6% have four or more. Verbal abuse is the most common type of abuse, which occurred in 32.9% of residents. Mental illness, parents being divorced/separated, and substance abuse are the top three household challenges in Davis County. (IBIS, 2013 & 2016, see **appendix 14,** Adverse Childhood Experiences, Davis County)

ACEs & Trauma

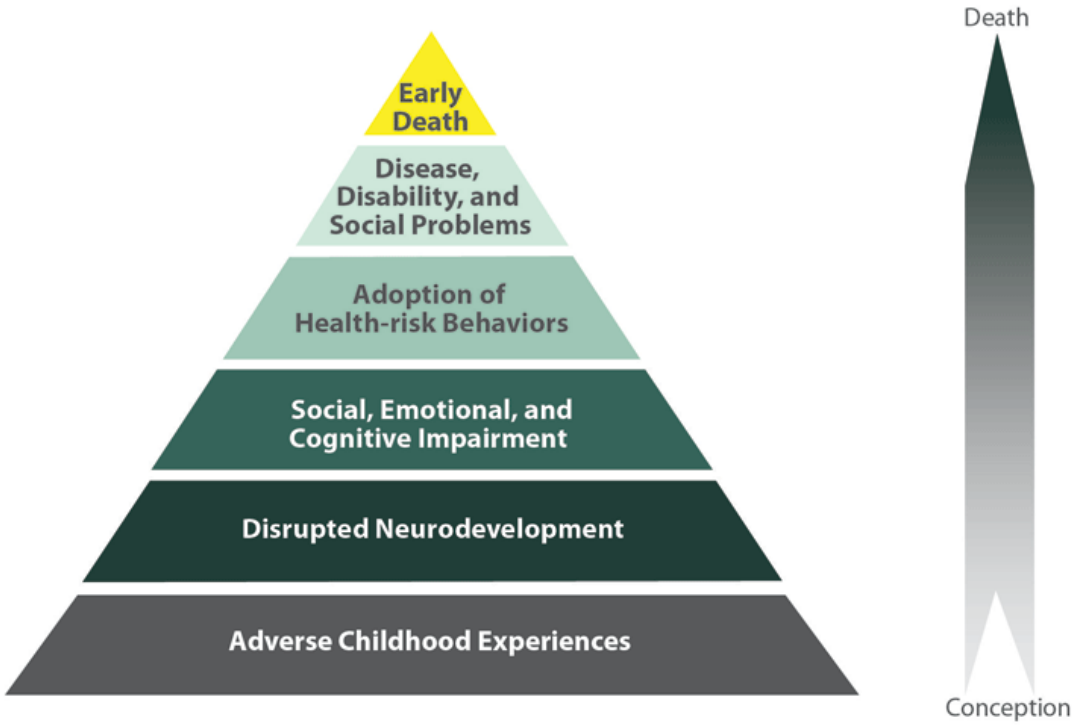
As the number of ACEs increases, so does the risk for poor health outcomes. People with four or more ACEs are more likely to experience diabetes, heart disease, cancer, stroke, morbid obesity, and depression. People with six or more ACEs die almost 20 years earlier than those who have no ACEs (ACEs Study).

ACEs are a major public health issue in the 21st century because of the impact on health, longevity and the lifelong costs associated with child maltreatment that amount to $124 billion in productivity loss, healthcare, special education, child welfare, and criminal justice. https://vetoviolence.cdc.gov/apps/phl/images/ACE_Accessible.pdf

Preventing ACEs

ACEs are preventable. Individuals and communities can prevent abuse and neglect from occurring. Many organizations have made strong recommendations on how to prevent ACEs. The CDC provides these five recommendations: https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/ace-graphics.html

1. Strengthen economic supports to families
2. Change social norms to support parents and positive parenting
3. Provide quality care and education early in life
4. Enhance parenting skills to promote healthy child development
5. Intervene to lessen harms and prevent future risk



Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

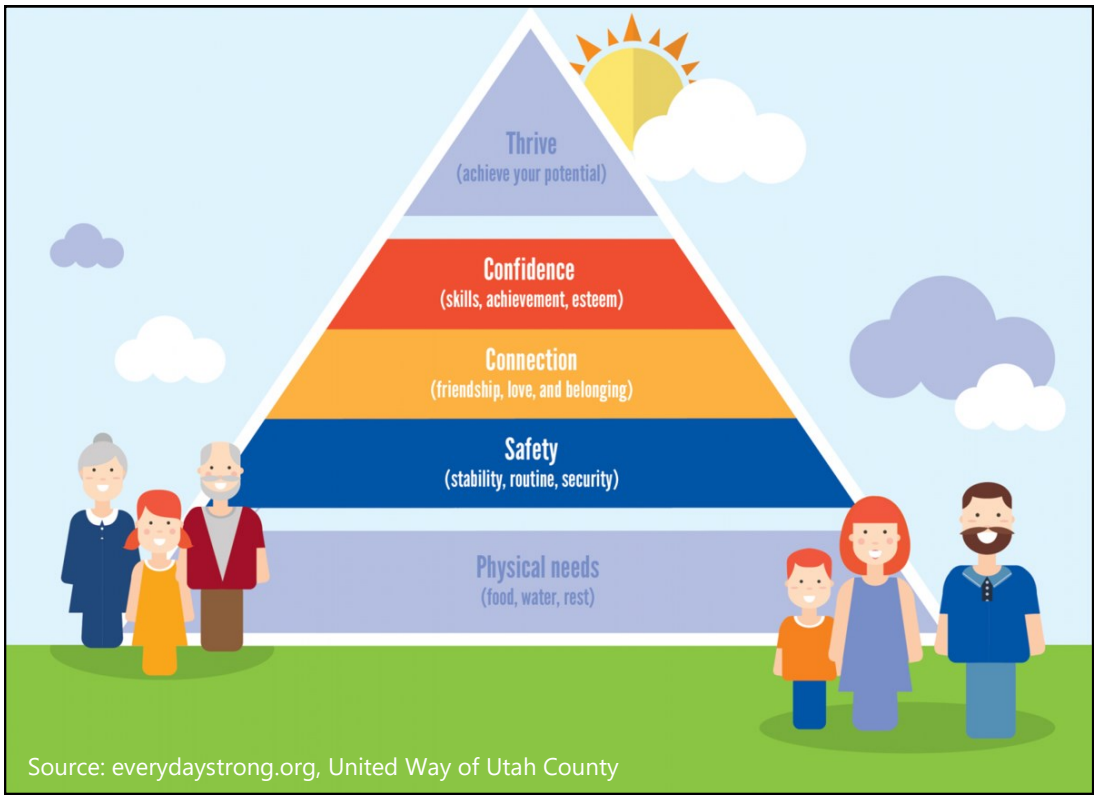
ACEs/Trauma & Resilience

Resilience

In 2017, there were several Community showings of the documentary "Resilience: The Biology of Stress and the Science of Hope" and presentations from content experts. This laid ground work for this issue to rise to the attention of health and human services providers and community leaders.

The film presents research about the biological consequences of abuse and neglect during childhood. Toxic stress triggers hormones that wreaks havoc on the brains and bodies of children, putting them at a greater risk for disease, homelessness, prison time, and early death. While the broader impacts of poverty worsen the risk, no segment of society is immune. Resilience highlights movements in healthcare, education, and social welfare to reduce negative effects of childhood trauma. For more information about the documentary visit kpjrfilms.co/resilience.

Just as abuse and trauma put children at risk for poor health conditions, positive childhood experiences build resilience and help to manage every day stresses and adversity encountered throughout life. The early years of a child's development is critical. Children need safe and nurturing relationships to grow and succeed. These early, positive experiences build resilience. Resilience is the ability to adapt to adversity in a healthy manner. Resilience can be developed in the right environments. The single most important factor for developing resilience in children is having at least one safe, stable nurturing relationship with a parent, caregiver or other adult.



Source: everydaystrong.org, United Way of Utah County

Human Services Directors Committee

The Davis County Human Services Directors Committee provides direction and input for the ACEs and trauma priority. The committee is chaired by a county commissioner and is part of a county human services collaboration.

The overall mission of the group is to enhance collaboration among human services organizations to ensure programs and services are accessible, aligned and mutually reinforcing. They envision an accessible, integrated, and comprehensive human services system that effectively meets the needs of Davis County's vulnerable residents. The three priorities of the human services collaborations are health (mental health), safety (decreasing interpersonal violence) and stability (employment, education, housing and basic needs.) The committee consists of a diverse group of community organizations that work to provide input on priorities, communicate gaps in services and resources, identify challenges and opportunities, receive training, and collect and share data. Meetings are held every other month at the Davis County Administration Building in Farmington. (see **appendix 15** for Davis County Human Services Charter and **appendix 16** for Davis County Human Services Organizational Chart)

Outcome Goal

Davis County is a trauma informed community that prevents ACEs; builds resilience in individuals, families & communities; provides a safe, supportive & connected environment; & provides access to treatment for those who have experienced trauma.



Community Partners

Agencies that participate in the Davis County Human Services Directors Committee include:

- Davis Community Learning Center
- Roads To Independence
- Children's Service Society
- United Way of Salt Lake
- Davis Behavioral Health
- Davis County Health Department
- Weber State University
- Logistic Specialties, Inc.
- Davis School District
- Department of Workforce Services
- Open Doors
- Davis Technical College
- Davis County Domestic Violence Coalition
- USU Extension
- Head Start
- Davis Community Housing Authority
- Safe Harbor
- Intermountain Healthcare
- Davis County Commission
- Bountiful Food Pantry
- Promise Bountiful
- Pioneer Adult Rehab Center

ACEs & Trauma Initiatives

State/Regional/National Initiatives

Several statewide initiatives and collaboratives address ACEs, trauma, and resilience.

Concurrent Resolution (2017) Encouraging Identification & Support of Traumatic Childhood Experiences Survivors: In 2017, the Utah legislature passed a resolution encouraging state policies and programs to address trauma across the lifespan and implement evidence-based interventions to increase resilience. Since the resolution passed, Lt. Governor Cox has tasked Resilient Utah, a subcommittee of Utah's Intergenerational Poverty Committee, to help Utah become a trauma informed state. https://le.utah.gov/~2017/bills/static/HCR010.html

https://attheu.utah.edu/facultystaff/making-utah-a-trauma-informed-state/

Utah Trauma-Resiliency Collaborative: Composed of professionals and interested community members who are dedicated to raising awareness of the relationships between health and resiliency and the serious effects of trauma and violence across the lifespan. They meet six times a year and participants include representatives from Davis County. https://trcutah.org/

Behavioral Risk Factor Surveillance System: County ACEs data is available from the Behavioral Risk Factor Surveillance System (BRFSS), an annual health related telephone survey conducted with adults, and the statewide Student Health and Risk Prevention Survey (SHARP) that is conducted in Davis schools every two years in grades 6, 8, 10 and 12.

https://www.cdc.gov/brfss/index.html

https://dsamh.utah.gov/reports/sharp-survey

CDC-Kaiser Permanente Adverse Childhood Experiences Study: Provides the background and data that makes the connection between ACEs and poor health outcomes. https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/about.html

Substance Abuse and Mental Health Services Administration (SAMSHA): Developed a trauma informed framework entitled, "SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach." This manual defines trauma and provides a framework for how an organization, system or service sector can become trauma informed. It provides six key principles of becoming trauma informed and 10 implementation domains. https://store.samhsa.gov/system/files/sma14-4884.pdf

Family First Prevention Services Act: Signed into law in February 2019 which reforms the child welfare system and improves outcomes for vulnerable children. https://www.childrensdefense.org/wp-content/uploads/2018/08/family-first-detailed-summary.pdf

Center of Study of Social Policy, Strengthening Families Five Protective Factors: Provides actions that have been shown to make positive outcomes more likely for young children and their families and to reduce child abuse and neglect (see **appendix 16**). They are: Parental Resilience; Social Connections; Knowledge of Parenting and Child Development; Concrete Support in Times of Need; and Social Emotional Competence of Children.

Evidence-based Practices for Trauma

Several evidence-based and promising practices sources have contributed to the strategies and outcomes and will continue to be referenced as short and long term objectives are fulfilled. They include:

Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities	https://www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf
Center on the Developing Child, Harvard University	https://developingchild.harvard.edu/
Developing a Trauma-and Resilience-Focused Accountable Community for Health, JSI Research & Training Institute, Inc.	https://ncg.org/sites/default/files/resources/JSI_ACH%20Trauma_2016_1206.pdf
SAMHSA's Concept of Trauma and Guidance for a Trauma Informed Approach	https://store.samhsa.gov/system/files/sma14-4884.pdf
Center for Evidence Based Practices Trauma Informed Care	https://www.centerforebp.case.edu/practices/trauma
Trauma Toolbox for Primary Care	https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/Trauma-Guide.aspx
Neurosequential Model, Childhood Trauma Academy	http://childtrauma.org/
Adverse Childhood Experiences: Informing Best Practices	http://www.avahealth.org/file_download/aee3fd13-8ab5-460a-8ae7-4cc054a2c331

ACEs & Trauma Strategies

The following strategies were chosen after reviewing how other organizations around the United States are addressing ACEs; reviewing evidence based and promising practices related to ACEs, trauma and resilience; and after receiving input from partner organizations.

1. Raise awareness of the impact of childhood trauma on individuals, families & communities.

Educating individuals, families, and the community about ACEs will help increase knowledge and change attitudes about childhood trauma and the long-term health effects. For people who have been affected by ACEs, healing can begin to take place as they learn about the science behind ACEs and how they may have impacted their lives.

High incidence of domestic violence and sexual abuse are common community themes in Davis County, however partners have identified gaps in data to demonstrate the magnitude of the issues. A community violence, abuse, and trauma assessment will be completed to bring together data and resources.

Partners will work together to organize an annual Community Resilience Symposium with a threefold purpose of building ACEs awareness, becoming a trauma informed community, and improving self-care.

In addition, work is needed to develop a county resource directory for ACEs, trauma, and resilience.

2. Build protective factors and resilience in individuals, families and the community.

Protective factors are conditions or attributes (skills, strengths, resources, supports or coping strategies) in individuals, families, communities or society that provide some protection from problem behaviors and help people deal more effectively with stress. Protective factors can decrease the likelihood of developing negative health or social outcomes. Resilience is an ability to recover from or adjust easily to misfortune or change. Partners will look to increase emphasis on protective factors and resilience across agencies and programs. Resilience is also a main theme of the Community Resilience Symposium.

3. Encourage organizations to become trauma informed.

This includes encouraging organizations to integrate trauma-informed approaches into organizational policy and practice which means they understand, recognize, and appropriately respond to trauma system-wide. Partners wish to identify applicable and effective trauma informed training programs and offer training and support to a range of community agencies that would like to become trauma informed.

4. Promote early identification of childhood trauma.

Partners will advocate for policies and practices that promote early identification of ACEs in child-serving organizations and for providing evidence-based interventions and/or promising practices at the individual, family, community, and systems level. Partners will encourage appropriate screening for ACEs, trauma, and resilience. Screening tools will be identified and piloted for use by clinicians and other community service providers and at community screening events.

ACEs & Trauma Strategies

5. Promote evidence-based treatment and interventions for childhood trauma.

Evidence-based interventions, programs and promising practices that address ACEs, build resilience and treat trauma will be identified and promoted.

6. Build capacity among professionals to qualify as trainers and instructors for ACEs, trauma and resilience.

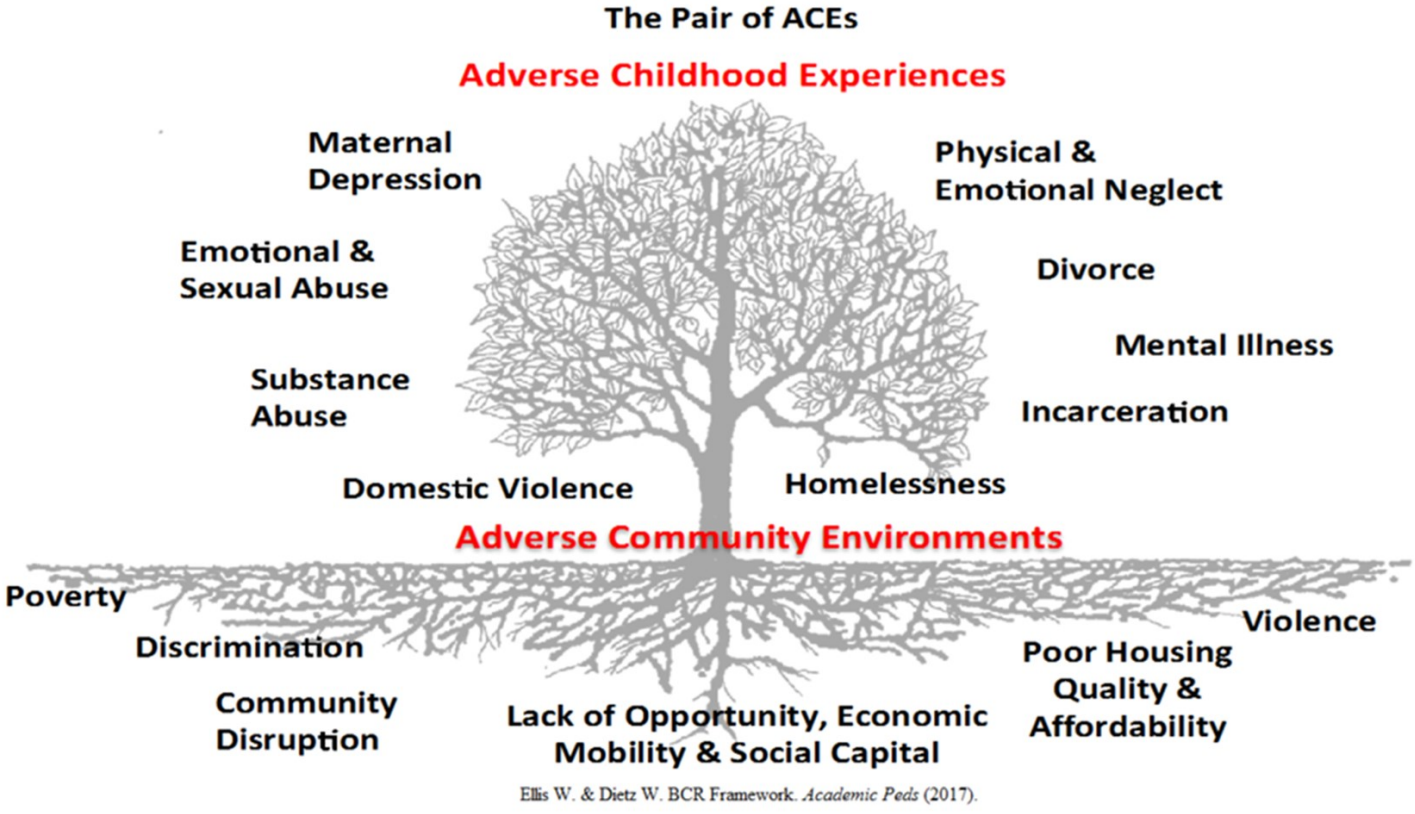
Capacity will be built locally to offer trauma informed training. Trainers, content experts, and speakers will be identified to carry the message and educate service providers, individuals, families, and the community on the long term health effects of ACEs and hope of resilience.

7. Identify funding for the prevention and treatment of trauma.

Trauma can more effectively be addressed and prevented when funding is available for organizations. Partners will work together on grant applications to fund ACEs, trauma, and resilience work in Davis County.

8. Increase access to behavioral health services and treatment - Access/Davis Behavioral Health Network.

Strategies to increase access to services and treatment are described in the access section. The Davis Behavioral Health Network is taking the lead on implementation. See pages 71-78.



Ellis W. & Dietz W. BCR Framework. *Academic Peds* (2017).

Partner Responsibility for ACEs & Trauma

Strategies/Activities	Agencies with Responsibility
1. Raise awareness of the impact of childhood trauma on individuals, families & communities.	Bountiful Community Food Pantry, Children's Service Society, Davis County Domestic Violence Coalition, Davis County Health Department, Davis County Human Service Directors, Davis Head Start, Davis Technical College, Davis School District, Open Doors, YMCA
2. Build protective factors & resilience in individuals, families & the community.	Centerville Cares, Children's Service Society, Davis Behavioral Health, Davis County Domestic Violence Coalition, Davis County Health Department, Davis Head Start, Davis HELPS, Davis School District, Open Doors, Protective Factors for Utah Families, Safe Harbor, YMCA
3. Encourage organizations to become trauma informed.	Children's Service Society, Davis Chamber, Davis County Domestic Violence Coalition, Davis County Health Department, Davis County Resilience Symposium Planning Team, Davis Head Start, Davis School District, Open Doors, YMCA
4. Promote early identification of childhood trauma.	Children's Service Society, Davis County Domestic Violence Coalition, Davis Head Start, Davis School District, Open Doors, YMCA
5. Promote evidence-based treatment interventions for childhood trauma.	Children's Service Society, Davis County Health Department, Davis Head Start, Livestrong House, Open Doors, Protective Factors for Utah Families
6. Build capacity among professionals to qualify as trainers & instructors for ACES, trauma & resilience.	Davis County Health Department, Davis Head Start, Davis School District, Livestrong House, Open Doors, Protective Factors for Utah Families, YMCA
7. Identify funding for the prevention & treatment of trauma	Davis Behavioral Health Network, Davis School District
8. Increase access to behavioral health services & treatment (See Access Strategies)	Davis Behavioral Health Network, Davis County Health Department, Davis School District, Davis Technical College, Intermountain Healthcare, Lakeview Hospital, Livestrong House, YMCA

ACEs & Trauma Objectives

ACEs & Trauma Objectives & Outcomes	
Short-term Objectives	**Target Date**
Complete a county violence, abuse, and trauma assessment.	12/31/2019
Organize an annual Community Resilience Symposium to address ACEs, trauma, and resilience.	Annually
Develop a county resource directory for ACEs, trauma, and resilience.	12/31/2020
Assess the number of trauma-informed organizations in Davis County based on SAMHSA's six key principles of a trauma-informed approach.	12/31/2020
Two grant applications will be submitted from a Davis County organizations related to the prevention and treatment of trauma.	12/31/2020
Long-term Objectives	**Target Date**
Assess the number of evidence-based interventions, programs, and promising practices currently being implemented in the community to prevent ACEs, build resilience, and treat trauma.	12/31/2021
Increase the number of evidence-based interventions, programs, and promising practices currently being implemented in the community to prevent ACEs, build resilience, and treat trauma. (Establish baseline & target).	12/31/2023
Increase the number of trauma-informed organization based on SAMHSA's six key principles of a trauma-informed approach. (Establish baseline & target).	12/31/2023
Three organizations will pilot an ACEs/Resilience screening tool.	12/31/2023

ACEs & Trauma Objectives

ACEs & Trauma Objectives & Outcomes

Long-term Objectives (continued)	Target Date
Decrease interpersonal violence in Davis County. (Establish baseline and target)	12/31/2023
Decrease the percent of students that experience family conflict in Davis County from 30.5% (2017) to 27.45%**. (SHARP)	12/31/2023
Decrease prevalence of depression in Davis County. (Establish baseline & target)	12/31/2023
Reduce suicide deaths in Davis County from 14.5 (2014-2016) deaths per 100,000 to 10.2* deaths per 100,000. (IBIS)	12/31/2030
Increase Davis County's 80.5 (2015-2017) year life expectancy at birth. (CHR)	12/31/2023
Outcome Goal	**Target Date**
Davis County is a trauma informed community that prevents ACEs; builds resilience in individuals, families and communities; provides a safe, supportive and connected environment; and provides access to treatment for those who have experienced trauma.	12/31/2023
Decrease child abuse victims in Davis County from 808.6 (2015-2017) victims per 100,000 children under18 to 727.7** victims per 100,000 children under 18. (DCFS)	12/31/2030

*Healthy People 2020 Target

**A 10% reduction from baseline

ACES & TRAUMA RESOURCES

ACE Study, CDC

www.cdc.gov/violenceprevention/acestudy

Resilience: The biology of stress & the science of hope (documentary, 60 minute)

kpjrfilms.co/resilience

Ted Talk: How Childhood Trauma Affects Health Across A Lifetime, Nadine Burke Harris (15 min)

https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime

Adverse Childhood Experiences (UK Cartoon, 6 min)

http://www.acesconnection.com/clip/adverse-childhood-experiences-6-min-substance-org-uk

Trauma Informed Approaches and Interventions, SAMHSA

www.samhsa.gov/nctic/trauma-interventions

Davis Behavioral Health, Mental & Emotional Health Classes

www.dbhprevention.org/mental-and-emotional-health

Davis Mindfulness Center

https://davismindfulness.org/

Mindful Schools

www.mindfulschools.org

Prevent Child Abuse Utah

https://pcautah.org/

EveryDay Strong

https://www.unitedwayuc.org/get-involved/everyday-strong

Uplift Families

https://www.upliftfamilies.org/

Strong Parents, Stable Children

https://ctf4kids.org/about-prevention/protective-factors-training/

Priority 3: OPIOIDS

What We Know

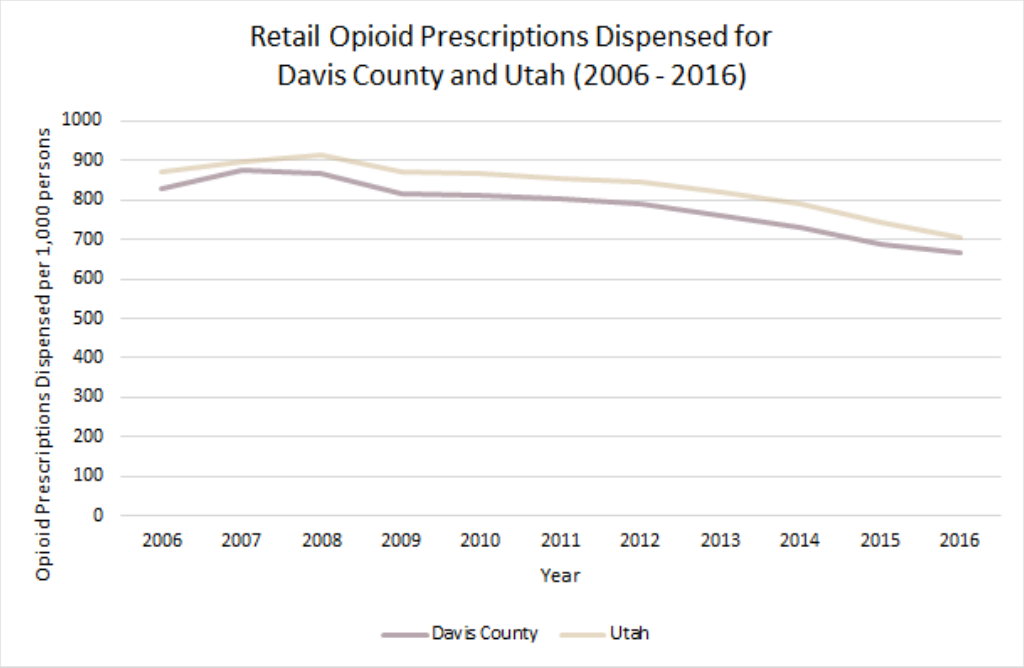
Opioids are a class of drugs used to reduce pain. They include both prescription and illicit drugs, such as heroin. Prescription opioid use skyrocketed in the late 1990's and early 2000's, yet overall pain reported has remained unchanged. The inaccurate advertising of opioids as being non-addictive, overprescribing of opioids, prescription diversion, continued use of illegal forms of opioids, and increased deaths due to opioids have resulted in what is being termed the opioid epidemic.

Opioids affect the area of the brain that controls breathing. Using high doses can result in respiratory depression or failure. In 2017, more than 47,000 men and women in the United States died as a result of opioid misuse. During this same year, Utah had one of the highest prescription opioid-involved death rates in the country.

Opioid abuse and misuse is a continuing health threat in Davis County. Many individuals prescribed opioid medication for legitimate reasons now face addiction to the drug. A number of risk factors common to overdose deaths include: high dose prescriptions (high Morphine Milligram Equivalent (MME)); utilizing multiple prescribers; using prescriptions that belong to other people; combining opioids with other depressants such as alcohol and benzodiazepines, and other medications such as gabapentin; history of substance abuse; and physical health problems.

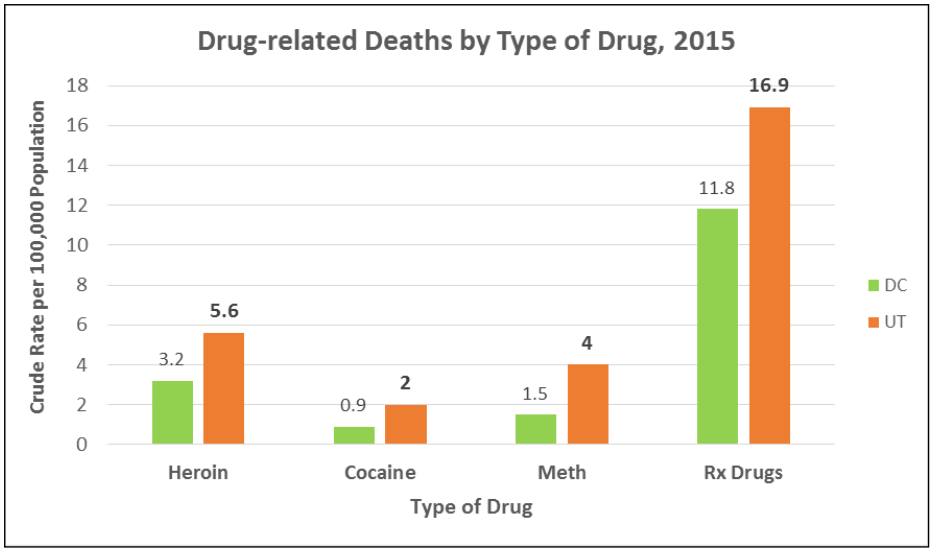
The emergence of new illicitly manufactured synthetic opioids has drastically escalated the opioid epidemic, posing serious overdose health risk to users, law enforcement, and emergency responders.

In 2016, Davis County providers wrote 667 opioid prescriptions per 1,000 persons, while Utah providers wrote 704 opioid prescriptions per 1,000 persons. (CDC) This rate does not include hospital and mail order prescriptions.



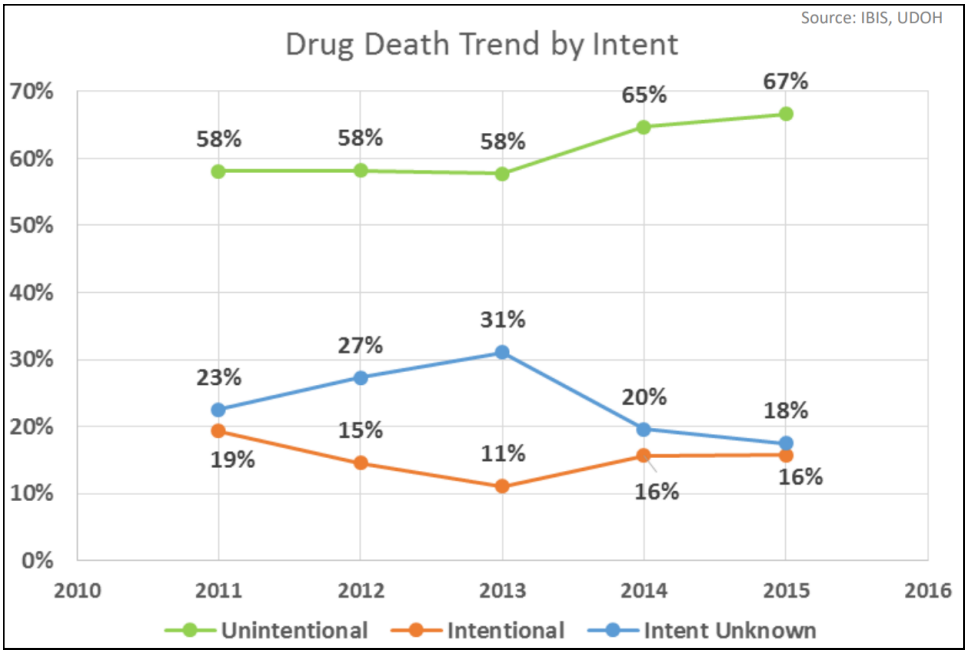
Opioid Overdose Deaths

Utah has a higher drug overdose death rate than the U.S. average. (Utah 22.2, U.S. 19.7 per 100,000 population, 2016, IBIS) The Davis County prescription opioid overdose death rate is 11.1 per 100,000 population, 2014-2016. The average rate in Utah is 12.0. (UDOH)



Almost all poisoning deaths in the county are drug related. Poisoning deaths are most common among those ages 19-55. In Davis County, 67% of drug-related deaths are from prescription drugs. Opioid overdose deaths include those from heroin and prescription drugs. In Davis County, prescription opioid deaths were 3.7 times more common that heroin deaths (2015).

Over the last 5 years, 82% of drug deaths were accidental or of undetermined intent, 18% were suicide related.



Opioid Prevention Workgroup

The Davis County Opioid Prevention Workgroup was formed in 2019 to bring together the many partners touched by and responding to the opioid epidemic. The Davis County Health Department provides administrative support to the group.

Community Partners

Agencies that participate in the Davis County Opioid Overdose Prevention Workgroup include:

- Antelope Animal Hospital
- Bountiful Police Department
- Centerville Police Department
- CVS Pharmacy
- Davis Behavioral Health
- Davis County Dispatch
- Davis County Health Department
- Davis County Sheriff's Office
- Davis Hospital and Medical Center
- Davis School District
- Intermountain Layton Hospital
- Lakeview Hospital
- Midtown Clinic
- North Davis Fire Department
- Oral and Maxillofacial Surgeons of Utah
- Smith's Pharmacy
- South Davis District Dental Society
- South Davis Metro Fire Department
- South Weber Fire Department
- USU Health Extension
- Walmart Pharmacy

Outcome Goal

Reduce poisoning deaths in Davis County from 16.9 (2013-2015) deaths per 100,000 to 13.2 deaths per 100,000 by the year 2020. (National Healthy People 2020 Target)

Funding

A number of partner agencies have funding to combat the opioid epidemic in Davis County. The following list highlights key projects and their objectives:

- Opioid Data to Action Grant (Davis County Health Department reviews opioid related data weekly and communicates data trends to community partners)
- Opioid Community Collaborative (Davis Behavioral Health coordinates treatment for people with opioid use disorder (addiction)
- Opioid Crisis Response (Davis County Health Department responsible for writing crisis response plan with workgroup partners)
- Opioid Stigma Reduction (USU Extension)
- Davis Metro Narcotics Strike Force (supports emergency responders to prevent overdose deaths)



Best Practices for Opioid Death Prevention

Partners utilize best practices based upon data trends, agency successes, as well as state and national guidelines. Commonly accepted best practices include:

- ◊ Adoption of Utah Clinical Guideline on Prescribing Opioids for Treatment of Pain
- ◊ Adoption of CDC Guidelines for Prescribing Opioids for Chronic Pain
- ◊ Utilization of the Controlled Substance Database
- ◊ Increasing access to naloxone
- ◊ Reviewing real time data for aberrations to inform partner agency response actions
- ◊ Implementation of harm reduction strategies (warm hand-offs, syringe exchange, Medication Assisted Treatment referrals)
- ◊ Reducing total number of opioid prescriptions
- ◊ Drug take back events and safe disposal education



Opioid Guidance & Education Campaigns

National Guidance

CDC Guideline for Prescribing Opioids for Chronic Pain—www.cdc.gov/drugoverdose/prescribing/guideline.html

Substance Abuse and Mental Health Services Administration (SAMHSA) Opioid Overdose Prevention Toolkit—https://store.samhsa.gov/system/files/sma18-4742.pdf

Health and Human Services (HHS) 5 Point Strategy to Combat Opioid Crisis—HHS.gov/opioids

U.S. Surgeon General's Advisory on Naloxone & Opioid Overdose—https://www.hhs.gov/surgeongeneral/priorities/opioids-and-addiction/naloxone-advisory/index.html

State Guidance

Utah Department of Health (UDOH), Violence & Injury Prevention Program—Opioid Overdoses—www.health.utah.gov/vipp/topics/prescription-drug-overdoses

Utah Health Improvement Plan—https://ibis.health.utah.gov/ibisph-view/pdf/opha/publication/UHIP.pdf

Utah Clinical Guidelines on Prescribing Opioids for Treatment of Pain—http://www.health.utah.gov/vipp/pdf/RxDrugs/UtahClinicalGuidelinesOnPrescribing.pdf

Utah Coalition for Opioid Overdose Prevention (UCO-OP)—https://ucoop.utah.gov

Utah Coalition for Opioid Overdose Prevention (UCO-OP) Translating Data to Action Plan 2019 -2021—https://ucoop.utah.gov/wp-content/uploads/UCOOP-Translating-Data-to-Action-2018-2021-Plan.pdf

Utah Opioid Education Campaigns

Use Only as Directed—useonlyasdirected.org

Stop the Opidemic—opidemic.org



Opioid Death Prevention Strategies

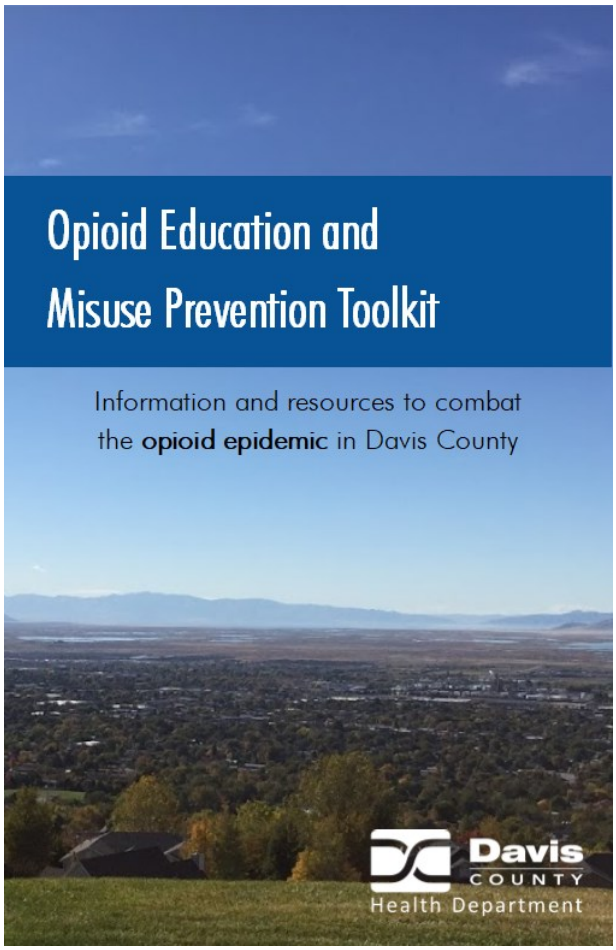
1. Increase community awareness to prevent opioid-related overdoses & deaths

Partners will provide input to develop the Davis County Opioid Education and Misuse Prevention Toolkit that includes information and resources to combat the opioid epidemic, which will be distributed by partners. State-wide education campaigns will be reinforced locally. Residents and service providers who have been affected by opioid misuse will be engaged in sharing stories as part of a stigma reduction campaign. Partners will participate in state data dashboard development.

2. Develop & distribute community opioid crisis response plan

Partners established a set of overarching goals to include in the Davis County Opioid Crisis Response Plan to address the opioid epidemic.

- Improve data management and sharing among partner agencies
- Improve opioid education among partners, providers, patients, and the community
- Prevent new cases of opioid misuse and Opioid Use Disorder (OUD) in our community
- Reduce the number of deaths caused by opioid misuse and OUD
- Improve access to treatment for individuals with OUD
- Provide efficient, coordinated responses to acute opioid emergencies impacting greater numbers of people than normally experienced.



Partners will treat the opioid crisis response plan as a living document and update as needed. It will be applied to similar emergencies as well. Partners will exercise the plan and work to address gaps that have been identified.

Opioid Death Prevention Strategies

3. Education for healthcare professionals (prescribers, pharmacies), promote use of controlled substance database

Partners will work with healthcare professionals to decrease rate of opioid prescriptions dispensed; reduce the average number of opioid tablets in each prescription; and decrease high risk prescribing (daily MME > 90). They will provide customized educational materials to specific provider types (ex. dentists, veterinarians, pharmacists, etc.).

4. Increase naloxone availability & education

Partners will coordinate distribution of nalaxone for improved access to emergency responders, pharmacies, and the public. Special emphasis will be given to low income individuals and populations disparately impacted. Partners will provide training on proper administration of nalaxone. A system for timely access to emergency responder overdose data and naloxone administration will be established.

5. Safe use, storage & disposal initiatives

Partners will promote the county's 23 permanent prescription drug drop off locations and support prescription drug take back events. They will work with providers, prescribers and the public to assess existing safe storage campaigns and messages to see how information is shared and received.

6. Increase access to behavioral health services & Medication Assisted Treatment (MAT)

Partners will promote opioid use disorder treatment and work to increase the number of providers that can provide MAT and the number of residents accessing treatment.

Recovery supports are needed for residents following overdose reversal. Additional strategies to increase access to services and treatment are described in the access section. The Davis Behavioral Health Network is taking the lead on implementation (see pages 71-78).

7. Engage partners to develop substance abuse prevention assessment & strategic plan

There is an additional need for strategic direction and coordinated substance abuse planning in the future. Partners will incorporate opioid overdose prevention work into an overall substance abuse assessment and plan that addresses e-cigs, marijuana, and alcohol. This strategy is included in the prevention plan section as well.

8. Actively participate in state-wide Utah Coalition for Opioid Overdose Prevention (UCO-OP)

Some county partners will be involved at the state level to coordinate, inform, and evaluate state prevention efforts and advocate for local needs.

Partner Responsibility for Opioids

Strategies/Activities	Agencies with Responsibility
1. Increase community awareness to prevent opioid-related overdoses & deaths (opioid risks & addiction, signs of overdose, non-opioid therapies for pain, stigma reduction, DEA 360, naloxone standing order, Talk to Your Pharmacist campaign).	Davis Behavioral Health, Davis County Health Department, Davis County Sheriff's Office, Davis Head Start, Davis HELPS, Fire Departments, Northern Utah Coalition, USU Extension-HEART, Walmart
2. Develop & distribute community opioid crisis response plan	Davis County Health Department, Davis County Opioid Workgroup, Davis HELPS
3. Education for healthcare professionals (prescribers, pharmacies), promote use of controlled substance database	Davis County Health Department, Davis Hospital, Davis Technical College, Intermountain Healthcare, Lakeview Hospital, Walmart
4. Increase naloxone availability & education.	Children's Service Society, Davis Behavioral Health, Davis County Health Department, Davis Head Start, Davis School District, Fire Departments, Intermountain Healthcare, Lakeview Hospital, Northern Utah Coalition, USU Extension-HEART, Walmart
5. Safe use, storage & disposal initiatives	Communities that Care, Davis Behavioral Health, Davis County Sheriff's Office, Davis HELPS, Davis Hospital, Intermountain Healthcare, Lakeview Hospital, USU Extension-HEART, Walmart
6. Increase access to behavioral health services & medication assisted treatment (See Access Strategies)	Davis Behavioral Health, Davis Behavioral Health Network, Davis County Sheriff's Office, Davis Hospital, Intermountain Healthcare
7. Engage partners to develop substance abuse prevention assessment & strategic plan	Communities that Care, Davis Behavioral Health, Davis County Health Department, Davis HELPS, Davis School District
8. Actively participate in state-wide Utah Coalition for Opioid Overdose Prevention (UCO-OP)	Bountiful Police Department, Davis County Health Department

Opioid Prevention Objectives

Opioid Death Prevention Objectives & Outcomes	
Short-term Objectives	**Target Date**
Distribute community opioid toolkit to community leaders, emergency responders, education/prevention partners, human services directors, and the public.	12/31/2020
Engage residents, families, and service providers that have been involved in or affected by an opioid overdose in stigma-reducing community education campaigns. Share stories through a media campaign.	12/31/2020
Complete opioid crisis response plan.	12/31/2019
Develop opioid crisis response situational awareness communication process.	12/31/2020
Conduct drill to exercise opioid crisis response plan.	12/31/2020
Develop and conduct an assessment of education campaigns and healthcare system policies impacting prescribing practices.	12/31/2020
Distribute Utah Opioid Toolkit for dentists to providers throughout the county.	12/31/2020
Report number of residents, agencies, and groups trained to administer naloxone.	Annually
Report number of naloxone kits distributed by partner agencies in Davis County.	Annually
Report number of naloxone doses dispensed by pharmacies in Davis County.	Annually
Report naloxone administered/opioid overdose reversals in Davis County.	Annually
Support national and local drug/medicine take back events.	Annually
Complete Davis County substance abuse prevention strategic plan.	12/31/2019
At least one city or CTC will complete a local substance abuse prevention plan.	12/31/2021
Educate about availability and use of community and provider data dashboards.	12/31/2021
Pilot substance abuse diversion program giving law enforcement the ability to divert those using drugs to a receiving center for treatment instead of issuing a charge or arrest.	12/31/2020

Opioid Prevention Objectives

Opioid Death Prevention Objectives & Outcomes

Long-term Objectives	Target Date
Increase number of providers authorized to treat opioid dependency with buprenorphine. (Establish baseline & target)	12/31/2023
Decrease number of opioid prescriptions dispensed. (Establish baseline & target)	12/31/2023
Reduce the average number of opioid tablets in each prescription. (Establish baseline & target)	12/31/2023
Decrease high risk prescribing—daily MME > 90. (Establish baseline & target)	12/31/2023
Provide recovery support following a crisis within 24 hours of an overdose.	12/31/2023
Establish county-wide diversion program for residents experiencing substance abuse crisis to receive treatment and services.	12/31/2023
Decrease opioid overdose deaths in Davis County from 15.3 (2014-2016) deaths per 100,000 population to 13.8** deaths per 100,000 population. (IBIS)	12/31/2023
Outcome Goals	**Target Date**
Reduce poisoning deaths in Davis County from 16.9 (2013-2015) deaths per 100,000 to 13.2* deaths per 100,000 by the year 2020. (IBIS)	12/31/2030

*Healthy People 2020 Target

**A 10% reduction from baseline



COUNTY, STATE & NATIONAL OPIOID RESOURCES

Davis Behavioral Health—Opioid Community Collaborative, www.dbhutah.org/prescription-drug-misuse

Davis County Health Department—Davis County Opioid Overdose Prevention Information, https://go.usa.gov/xVEQu

USU Extension, HEART Program—https://extension.usu.edu/heart/resources

Stop the Opidemic Campaign—www.opidemic.org

Use Only As Directed Campaign, permanent prescription drug drop off locator—useonlyasdirected.org

Utah Naloxone—utahnalaxone.org

The Church of Jesus Christ of Latter-Day Saints, Addiction Recovery Program—https://addictionrecovery.churchofjesuschrist.org

Utah Violence & Injury Prevention Program, Opioid Overdoses— www.health.utah.gov/vipp/topics/prescription-drug-overdoses

Talk to Your Pharmacist Toolkit—https://health.utah.gov/vipp/pdf/RxDrugs/TalkToYourPharmacistToolkit.pdf

Utah Controlled Substance Database—https://dopl.utah.gov/programs/csdb/

Centers for Disease Control & Prevention—CDC Guideline for Prescribing Opioids for Chronic Pain, www.cdc.gov/drugoverdose/prescribing/guideline.html

U.S. Department of Health & Human Services, The U.S. Opioid Epidemic— hhs.gov/opioids/

Coordinated PREVENTION

Unleashing the Power of Prevention

In the last 35 years, prevention scientists have made great progress in developing and testing effective interventions for preventing behavioral health problems. More than a dozen registries exist that list evidence-based preventive interventions with research demonstrating effectiveness. We have the opportunity to further examine this research to ensure effective prevention policies and programs are being used throughout the county. (see evidence-based prevention registries in **appendix 7**)

Unleashing the Power of Prevention, is a national action plan for increasing the use of tested and effective preventive interventions and thereby reducing behavioral health problems. Unleashing the Power of Prevention is published as a discussion paper by the National Academy of Medicine and is available at http://nam.edu/perspectives-2015-unleashing-the-power-of-prevention. In 2018, Davis4Health prevention partners participated in prevention training based on Unleashing the Power of Prevention which helped to guide development of this plan.

What We Know

Behavioral health problems can be prevented. Principles of prevention include: reduce risk factors and enhance protective factors across 4 domains (individual/peer, school, family community); choose policies and programs proven to work; for greater effect combine evidence-based initiatives shown to work to prevent multiple behavioral health problems.

Public systems have historically separated outcomes/problems into silos although outcomes are predicted by shared risk and protective factors across systems.

Community agencies are in a position to use the principle of collective impact. There is commitment from a large group of Davis4Health partners from many different sectors to work on a common agenda for solving complex health and societal problems, using a structured form of collaboration.



Davis County has prioritized top risk factors in youth: depressive symptoms, low commitment to school, and family conflict. (SHARP, 2017)

Davis County has prioritized the prevention of suicide, ACEs & trauma, and opioid misuse/ overdose deaths.

Davis HELPS is the lead coalition working to implement the Davis4Health coordinated prevention plan. Davis HELPS purpose and partners can be found on page 29.

Outcome Goals

1. Move prevention efforts upstream
2. Ensure coordinated, effective and targeted prevention programs
3. Advocate for the best prevention possible

Prevention Strategies

1. Conduct prevention curriculum & program inventory assessment & evaluate effectiveness

Partners will work together to complete a prevention curriculum inventory focusing on programs that relate to top health improvement priorities. The inventory will be reviewed to identify gaps by issue and/or demographic. An evaluation plan will be developed to prioritize which programs need to be evaluated for effectiveness and how they will be evaluated. This effort will lead to county recommendations about potential programs to eliminate or add and other prevention adjustments that are needed.

2. Engage partners to develop substance abuse prevention assessment & strategic plan

An opioid prevention plan has been developed but there is additional need for strategic direction and coordinated substance abuse planning to include e-cigs, marijuana, and alcohol. Local prevention coalitions will complete substance abuse prevention assessments and develop plans for their unique communities.

3. Conduct teen & young adult focus groups

Partners would like to develop methods to gather feedback from teens and young adults to dive deeper into adolescent health data themes including risk and protective factors.

4. Develop youth prevention advocates & leaders

A revamped Davis County Youth Leadership Team will be formed in 2019. The youth council will meet regularly to plan initiatives that address health improvement priorities selected by youth: anxiety/depression, screen time, and sleep. Youth will be developed as leaders and prevention advocates. Community partners with already existing youth councils will be involved to provide direction and input so that county youth engagement efforts are coordinated. Youth will be engaged in community health assessment processes.

5. Increase community awareness & use of SAFEUT app

The SafeUT Crisis Chat and Tip Line is a statewide service that provides real-time crisis intervention to youth through live chat and a confidential tip program from a smartphone. Licensed clinicians respond to chats and calls by providing: supportive or crisis counseling, suicide prevention, and referral services. They help anyone with emotional crises, bullying, relationship problems, mental health, or suicide-related issues. This resource has been primarily for public schools K-12. Partners will share the resource widely, provide promotional materials throughout the community, and encourage expansion to higher education and other settings.

6. Advocate for SHARP data improvements use

Partners will be developed as Student Health and Risk Prevention (SHARP) Survey data experts. SHARP data training will be provided to partners in Davis County as updated results become available every other year. SHARP data presentations will be delivered to community and school leaders. Partners will advocate for SHARP data improvements to ensure questions accurately reflect community issues, and risk and support for the priorities in this community plan.

Prevention Strategies

7. Develop prevention messaging and increase public awareness (include messages about shame, connectedness & stigma)

Partners would like to develop some county prevention messages and talking points that are true and effective no matter the agency or person sharing them and no matter the audience. A goal of these messages would be to increase connection and resilience and decrease shame and stigma. This can be done by providing more context for given problems including root causes. Communication can emphasize that these are social issues and not just individual problems. Progress can be made by taking these issues from being considered family secrets to understanding that these are concerns for the entire community.

8. Incorporate media literacy, positive digital citizenship, screen time & use of technology in prevention efforts

With screen time seeming to have a huge impact on health and well-being, partners would like data, messaging, talking points, and resources to communicate with families, parents, and the community about safe use of technology. Partners will advocate for app safety ratings and safe technology initiatives.

9. Prevention education for community decision makers & religious leaders

Prevention partners would like to engage community leaders in prevention efforts. This may include outreach to legislators, mayors, faith leaders, and others. This would involve sharing key prevention messages, providing up-to-date adolescent health data, policy recommendations, resources, etc.

10. Develop online prevention toolkit (ensure access via public libraries, etc.)

Partners would like an accessible one stop shop for prevention resources. This may be an online, interactive site for parents and youth with short videos and other resources emphasizing important prevention principles and practices.

11. Establish evidence-based community prevention coalitions

Communities That Care (CTC) is a proven model for community-change processes to reduce youth violence, alcohol and tobacco use, and delinquency through tested and effective programs and policies. Communities interested in this model may be supported by funding from Davis Behavioral Health and the Utah Division of Substance Abuse and Mental Health. Other community coalitions using a strategic prevention framework will be encouraged and supported as well.

Partner Responsibility for Prevention

Strategies/Activities	Agencies with Responsibility
1. Conduct prevention curriculum & program inventory assessment & evaluate effectiveness	Children's Service Society, Davis Behavioral Health, Davis County Health Department, Davis Head Start, Davis School District, Davis Technical College, NUHOPE, Open Doors, Protective Factors for Utah Families, Safe Harbor Crisis Center, YMCA
2. Engage partners to develop substance abuse prevention assessment & strategic plan	Davis Behavioral Health, Davis County Health Department, Davis HELPS, Davis School District, Intermountain Healthcare, USU Extension, YMCA
3. Conduct teen & young adult focus groups	Centerville Cares, Layton Community Action Council, Weber State University, USU Extension, Davis HELPS, Davis School District, YWCA, Livestrong House, Davis County Health Department, Children's Service Society
4. Develop youth prevention advocates & leaders	Davis County Health Department, Davis HELPS, Davis School District, Layton Community Action Council, Livestrong House, USU Extension, Weber State University, YWCA,
5. Increase community awareness & use of SAFEUT app	Children's Service Society, Davis Chamber of Commerce, Davis County Health Department, Davis HELPS, Davis School District, Davis Technical College, NUHOPE, Open Doors, Weber State University, USU Extension, YWCA
6. Advocate for SHARP data improvements & use (ensure questions accurately reflect community issues & risks, develop SHARP data experts, community & school data presentations)	Davis Behavioral Health, Davis County Health Department, Davis HELPS, Davis School District, YMCA
7. Develop prevention messaging & increase public awareness (include messages about shame, connectedness & stigma)	Centerville Cares, Davis Behavioral Health, Davis County Health Department, Davis HELPS, Davis School District, Protective Factors for Utah Families, Safe Harbor Crisis Center, YMCA
8. Incorporate media literacy, positive digital citizenship, screentime & use of technology in prevention efforts.	Davis County Health Department, Davis County Libraries, Davis Head Start, Davis School District, YWCA
9. Prevention education for community decision makers & religious leaders	Centerville Cares, Davis Chamber of Commerce, Davis County Health Department, Davis HELPS, Davis School District, NUHOPE, Protective Factors for Utah Families, Safe Harbor Crisis Center
10. Develop online prevention toolkit (ensure access via public libraries, etc.)	Davis Behavioral Health, Davis HELPS
11. Establish evidence-based community prevention coalitions	City Leaders, Davis Behavioral Health, Davis County Health Department, Davis School District, Layton Community Action Council, Parent Advocacy Councils

Prevention Objectives

Prevention Objectives & Outcomes	
Short-term Objectives	**Target Date**
Develop prevention curriculum and program evaluation plan. Conduct assessment and inventory to evaluate effectiveness. (Includes HOPE Squad evaluation. See suicide plan)	5/31/2012
Provide SHARP (youth health survey) data training to partners in Davis County as updated measures become available. (2019, 2021 & 2023)	Every Other Year
Complete Davis County substance abuse prevention strategic plan. (Also in Opioid plan)	12/31/2019
At least one city or CTC will complete a local substance abuse prevention plan. (Also in Opioid plan)	12/31/2021
Involve youth in community health assessment process.	12/31/2019
Provide leadership and prevention training for youth.	Every Other Year
Establish Davis Youth Leadership Team.	12/31/2019
Increase number of professionals trained as substance abuse prevention specialist. (Establish baseline & target)	12/31/2021
Provide prevention education for decision makers.	1/31/2020
Establish Davis Mindfulness Center.	12/31/2019
Advocate for SHARP data improvements to ensure questions accurately reflect community issues and risk.	01/31/2021
Establish at least one evidence-based community prevention coalition.	12/31/2019

Prevention Objectives

Prevention Objectives & Outcomes

Long-term Objectives	Target Date
Establish an additional 2 evidence-based community prevention coalitions.	12/31/2023
Develop and establish online prevention education toolkit.	12/31/2023
Develop methods to gather feedback from teens and young adults to dive deeper into adolescent health data themes including risk and protective factors.	12/31/2023
Develop county prevention messages and talking points.	12/31/2023
Advocate for app safety/ratings and safe tech initiatives.	12/31/2023
Decrease the percent of students that experience family conflict in Davis County from 30.5% (2017) to 27.45%**. (SHARP)	12/31/2023
Decrease substance abuse in Davis County youth. (Establish baseline & target)	12/31/2023
Decrease prevalence of depression in Davis County. (Establish baseline & target)	12/31/2023
Reduce suicide deaths in Davis County from 14.5 (2014-2016) deaths per 100,000 to 10.2* deaths per 100,000 by the year 2030. (IBIS)	12/31/2030
Establish a community based wellness center that focuses on mindfulness, prevention, and support services.	12/31/2023
Outcome Goals	**Target Date**
Move prevention upstream.	12/31/2023
Ensure coordinated, effective, and targeted prevention programs.	12/31/2023
Advocate for the best prevention possible.	12/31/2023

*Healthy People 2020 Target

**A 10% reduction from baseline

COUNTY, STATE & NATIONAL PREVENTION RESOURCES

Davis HELPS

facebook.com/davishelps

Davis Behavioral Health—Prevention Programs

dbhprevention.org

Davis Mindfulness Center

davismindfulness.org

Davis County Health Department—Community Health Services

daviscountyutah.gov/health/about-dchd/divisions/community-health-services-division

Davis School District—Student & Family Prevention Resources

davis.k12.ut.us/departments/student-family-resources/preventioncommunity

Communities that Care - Syracuse and Clearfield

www.facebook.com/SyracuseClearfieldCTC

Centerville Cares

centervilleut.net/government/mayor/centerville-cares

Davis4Health Resource Locator

Davis4Health.org

Student Health and Risk Prevention (SHARP) Statewide Survey/Utah Prevention Needs Assessment Survey

dsamh.utah.gov/reports/sharp-survey

National Strategic Prevention Framework

https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf

Communities that Care

communitiesthatcare.net

Unleashing the Power of Prevention

nam.edu/perspectives-2015-unleashing-the-power-of-prevention

Improving ACCESS to Behavioral Health Services

What We Know

Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. (Healthy People 2020)

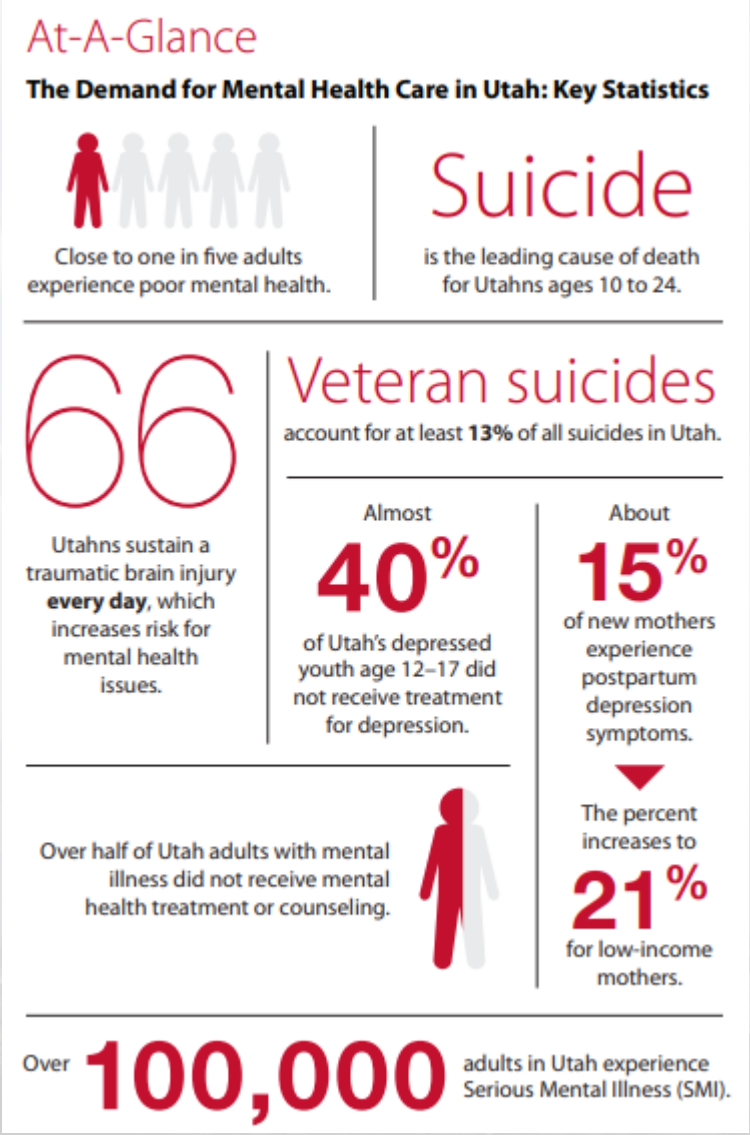
Local health assessments have found that community leaders, healthcare providers and the public, report difficulties accessing mental/behavioral health services/programs and this is viewed as the most urgent healthcare access issue in the county.

Barriers for those accessing behavioral health services include: insurance coverage issues; affordability; stigma; lack of awareness or education about services; lack of psychiatrists and other providers; too stressful or difficult to seek help.

Davis County is considered a Health Professional Shortage Area (HPSA) for mental health based on number of psychiatrists. https://data.hrsa.gov/tools/shortage-area/hpsa-find

Utah's Annual Substance Abuse and Mental Health report estimates an unmet need for treatment. https://dsamh.utah.gov/reports/legislative-reports

Other leading health issues in the community include suicide, adverse childhood experiences (ACEs) & trauma, and opioid misuse/overdose deaths.



Source: Utah's Mental Health System Report (2019), garnder.utah.edu

Davis Behavioral Health Network

The Davis Behavioral Health Network (formerly Community Access Committee) was formed in 2013 to bring service providers, community-based organizations and other interested partners together to work on improving access to behavioral health services in Davis County. The Davis County Health Department and Davis Behavioral Health provide administrative support to the group which meets quarterly.

Outcome Goal

Behavioral health services become more accessible in Davis County through promotion of existing resources, new screening and referral tools, an increase in effective prevention programs, and better trained helping professionals.

Community Partners

- Davis Behavioral Health
- Davis County Health Department
- NAMI
- Davis Community Learning Center
- Davis School District
- USU Extension
- MountainStar Healthcare
- Intermountain Healthcare
- Midtown Community Health Center
- Family Counseling Service of Northern Utah
- Head Start
- The Church of Jesus Christ of Latter-day Saints Family Services & Public Relations

In 2017, the Human Services Directors Committee selected the top three county human services priorities: health, safety and stability. For health their focus is: Every resident of Davis County is mentally healthy. As this group developed a strategic plan to promote mental health through prevention and improving access to services, the work was integrated into Davis4Health planning processes. The Davis Behavioral Health Network keeps the Human Service Directors updated and involved in the work to improve access to services.

Funding

Multiple grants are in place to fund access strategies. These are some of the primary projects funded: Davis Behavioral Health Network funded by Intermountain Healthcare; Davis Behavioral Health Primary Care Grant funded by Utah Department of Health; Stabilization and Mobile Response Team funded by Utah Division of Substance Abuse & Mental Health; Opioid Community Collaborative funded by Intermountain Healthcare; and USU Extension Well-Connected Communities Council (Latino mental health focus) funded by National 4-H Council.



Access Strategies

1. Coordinate & fund network to serve unfunded/underinsured individuals

The Davis Behavioral Health Network has been established to help uninsured and underinsured individuals with behavioral health concerns. Intermountain Healthcare is funding the network and providing a care coordinator to set up appointments for eligible residents to receive affordable services within 7 days. Referral systems are being established with contracted providers.



2. Increase access to crisis services for mental health conditions (SMRT)

Partners identify and offer service alternatives besides hospital emergency departments and/or law enforcement to residents experiencing mental health crisis. Increasing timely access to follow-up care for individuals with behavioral health concerns is a goal of partners. This group will promote services and make referrals as appropriate within the local system of service and treatment options.

One program to address this is the Stabilization and Mobile Response Team, newly funded by the state and administered throughout Northern Utah by Davis Behavioral Health. Many providers are contracted with to offer this service. Services are free, available 24/7 and provide support in times of crisis for any child, parent, or caregiver. https://hs.utah.gov/soc-smr

3. Youth mental health screening & treatment

Partners work together to carry out community-based mental health screenings for youth. Based on needs and resources locations, number of events, and scope of events may vary from year to year. In addition to providing access to screening, families are linked to appropriate service providers and treatment. Screening events provide opportunities for early intervention before families experience a behavioral health crisis. Partners help develop and update a Davis County Youth Services Directory.

4. Networking events for behavioral health providers



Community partners will coordinate networking events to provide helping professionals an opportunity to meet other behavioral health providers and learn more about local services in an effort to assist them in making quality referrals for families they serve.

Access Strategies

5. Zero Suicide in health & behavioral healthcare

The Zero Suicide framework is a continuous quality improvement initiative for transforming suicide prevention in health and behavioral healthcare systems. The foundational belief of Zero Suicide is that suicide deaths for individuals under the care of health and behavioral health systems are preventable. For systems dedicated to improving patient safety, Zero Suicide presents an aspirational challenge and practical framework for system-wide transformation toward safer suicide care. Zero Suicide implementation requires transformative change that cannot be borne solely by the practitioners providing clinical care. Zero Suicide requires a system-wide approach to improve outcomes and close gaps. zerosuicide.sprc.org

Partners will promote the annual Utah Zero Suicide Summit and webinars to providers in Davis County. Davis County providers will participate in the Utah Zero Suicide Learning Collaborative. Suicide prevention training for medical doctors and nurses with continuing education credits available will be shared with local providers. Small clinics who may not have resources to get training otherwise will be targeted.

6. Increase access to prevention messages, programs & activities

Partners recognize that prevention is essential to reduce the number of families in crisis and decrease demands for services. Prevention strategies in this plan are outlined in the prevention section (pages 65-70) and can be found in each of the three priority sections. Davis HELPS is the lead organization coordinating prevention efforts.

Visit the Zero Suicide Toolkit

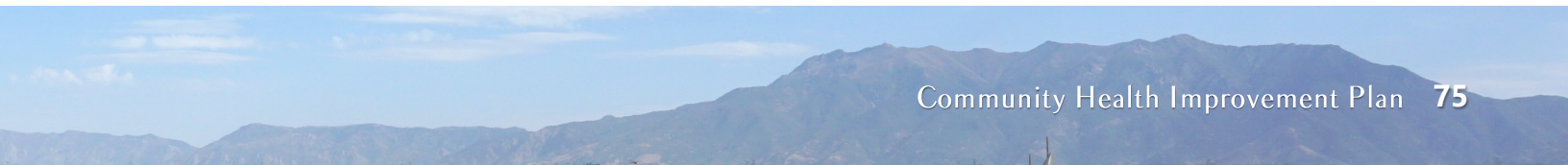
To assist health and behavioral health organizations in their adoption of the Zero Suicide framework, the Suicide Prevention Resource Center (SPRC), federally funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), offers a free and publicly available evolving online toolkit that includes modules and resources to address each of the elements of Zero Suicide.

www.zerosuicide.com/toolkit



Partner Responsibility for Access

Strategies/Activities	Agencies with Responsibility
1. Coordinate & fund network to serve unfunded/underinsured individuals (Davis Behavioral Health Network)	Davis Behavioral Health, Family Counseling Service of Northern Utah, Intermountain Healthcare, Livestrong House, Midtown Community Health Center
2. Increase access to crisis services for mental health conditions (Stabilization & Mobile Response Team)	Davis Behavioral Health, Davis School District, 211
3. Youth mental health screening & treatment	Davis Behavioral Health, Davis Community Learning Center, Davis County Health Department, Davis School District, Davis Technical College, Davis Head Start, Intermountain Healthcare, Livestrong House, NUHOPE, USU Extension, YWCA
4. Networking events for behavioral health providers	Davis Behavioral Health, Davis Community Learning Center, Davis County Health Department, Diamond Tree Recovery, Intermountain Healthcare, LifeLine for Youth, Livestrong House, Mountainstar Healthcare, USU Extension
5. Zero Suicide in health & behavioral healthcare—continuous quality improvement initiative to prevent suicides for individuals under the care of health & behavioral health systems	Centerville Cares, Davis Behavioral Health Network, Davis County Health Department, Davis School District, Intermountain Healthcare, Lakeview Hospital, Livestrong House
6. Increase access to prevention messages, programs & activities (See Prevention Strategies)	Centerville Cares, Davis Behavioral Health, Davis County Health Department, Davis Head Start, Davis School District, Intermountain Healthcare, Livestrong House, Safe Harbor Crisis Center, USU Extension, YMCA, 211



Access Objectives

Access Objectives & Outcomes	
Short-term Objectives	**Target Date**
Establish referral process to serve unfunded/underinsured individuals through Davis Behavioral Health Network (DBHN).	12/31/2019
Develop an electronic referral form to refer patients into the DBHN.	12/31/2020
DBHN reports including number of individuals served, encounters, agencies referring, etc. will be provided to partners quarterly.	Quarterly
Conduct annual mental health screening events for youth.	Annually
Pilot a mental health screening events for elementary aged children.	12/31/2019
Provide technical assistance to other school districts, funders and communities interested in implementing mental health screening events for youth.	12/31/2019
Sponsor annual networking event for behavioral health providers in Davis County.	Annually
Promote Utah Zero Suicide Summit as well as other healthcare and behavioral health system/provider training to at least 200 health professionals.	12/31/2020
Long-term Objectives	**Target Date**
Increase the number of clients served by the DBHN. (Establish baseline & target)	12/31/2023
Increase timely (within 7 days) access to follow-up care for individuals with behavioral health concerns. (Establish baseline & target)	12/31/2023
Three Davis County hospitals will have well established referral systems & follow-up for behavioral health patients who present to emergency departments.	12/31/2023
Increase number of clients served by local substance abuse & mental health authority, Davis Behavioral Health. (Baseline 2018: 4,673 adults; 2415 children, DSAMH)	12/31/2023

Access Objectives

Access to Services Objectives & Outcomes

Long-term Objectives (continued)	Target Date
Increase number of individuals with behavioral health concerns who have a regular primary care medical home. (No current measure)	12/31/2023
Increase number of residents experiencing mental health or substance abuse crisis that receive services outside hospital emergency department or jail. (Establish baseline & target)	12/31/2023
Reduce suicide deaths in Davis County from 16.5 (2015-2017) deaths per 100,000 population to 10.2* deaths per 100,000 population. (IBIS)	12/31/2030
Decrease prevalence of depression in Davis County. (Establish baseline & target)	12/31/2023
Reduce the prevalence of adults experiencing frequent mental health distress/poor mental health days in Davis County. (Establish baseline & target)	12/31/2023
Reduce the prevalence of adolescents with high mental health treatment needs in Davis County from 19.4% to 13.7%**.	12/31/2023
Outcome Goals	**Target Date**
County prevalence of frequent mental distress is best in the state. (CHR Baseline 2016: 10%; Best in state: 9%)	12/31/2023
Behavioral health services become more accessible in Davis County through promotion of existing resources, new screening and referral tools, an increase in effective prevention programs, and better trained helping professionals.	12/31/2023

*Healthy People 2020 Target

**A 10% reduction from baseline

ACCESSING BEHAVIORAL HEALTH SERVICES COUNTY, STATE & NATIONAL RESOURCES

Davis Behavioral 24-Hour Crisis Response Line

801-773-7060, dbhutah.org

Stabilization & Mobile Response

1-833-SAFE-FAM (723-3325)

Services are free, available 24/7. and provide support in times of crisis. For any child, parent, or caregiver. https://hs.utah.gov/soc-smr

Davis Mindfulness Center

davismindfulness.org

Centerville Cares

http://centervilleut.net/government/mayor/centerville-cares

Davis4Health Resource Locator

Davis4Health.org

Midtown Community Health Center

22 South State Street, Suite 1007, Clearfield, UT 84015, 801-393-5355

www.midtownchc.org

Psychology Today

psychologytoday.com/us/therapists/utah

Medicaid (Online Application)

medicaid.utah.gov/apply-medicaid

Postpartum Support International - Utah

psiutah.org—Utah's Maternal Mental Health Collaborative

Mindweather 101

alloflife.org/course/mindweather-101

Utah's Mental Health System Report (2019)

https://gardner.utah.edu/wp-content/uploads/MentalHealthReportAug2019.pdf

Make the Connection (Veterans Mental Health Resources)

maketheconnection.net

Act on What's Important

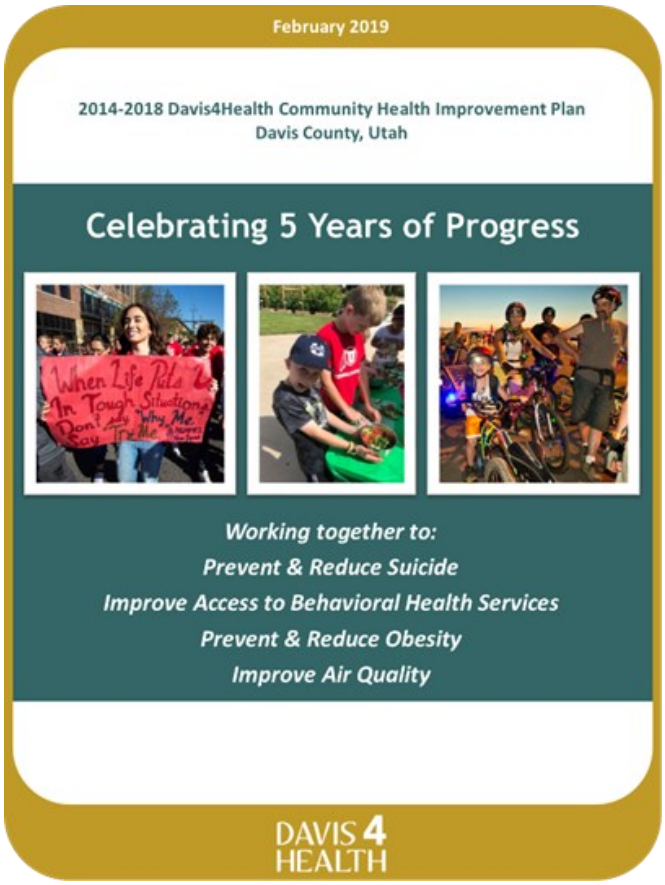
Partners work together to implement the community health improvement plan. The plan and progress reports are tools used so that actions can be coordinate to improve health. We all have a stake in creating a healthier community and no single agency can address the leading health challenges of the county alone.

Monitoring the Plan

Annual Davis4Health Community Health Improvement Plan Progress Reports are prepared each year to monitor progress toward the priorities. Annual reports document that we are acting on what's important and evaluating our actions. The reports includes two categories of data designed to measure progress toward improving health, objectives and performance measures. The objectives reflect how the community plans to influence priority health issues. Community partners set ambitious goals to work toward over a five year period. More than 70 unique objectives are included in the CHIP. Objectives can be modified or added upon when needed. The plan is reviewed by workgroups each year to determine if modifications are needed. Short and long-term objectives are reported on using data collected from community partners.

Annual CHIP Progress Celebration

Each year an annual celebration luncheon is held for community leaders and partners. It is an opportunity to acknowledge partners for their contributions and recognizes the community's progress toward improving health. Partners are proud of their accomplishments. Annual Davis4Health progress reports can be found at this link: http://www.daviscountyutah.gov/health/about-dchd/reports-and-assessments.



WE CAN ALL DO SOMETHING TO HELP OUR COMMUNITY.

- Build strong, positive relationships with family and friends.
- Write down a family and individual mental health or self-care plan.
- Limit screen time for you and your family.
- Be consistent with your sleep patterns.
- Have meals as a family as often as you can.
- Have clear rules that are consistent and age appropriate.
- Safely store firearms and opioids.
- Provide support for education by helping with homework and encouraging school attendance.

Suicide

- Lock unloaded firearms and ammunition separately.
- Learn how to discuss suicide in an appropriate way.
- Ask someone you are concerned about if they are considering suicide.
- Seek professional help if suffering from anxiety or depression.

Childhood Trauma

- Show children and other adults that conflicts can be resolved without yelling or hitting.
- If you are feeling overwhelmed, reach out for help. Seek professional help, if necessary.
- Let children know they are loved through your actions, words, time and attention.
- Be responsive to the signals and needs of children.

Opioids

- Ask your doctor about non-opioid methods of pain management.
- Don't share prescription opioids.
- Properly dispose of prescription opioids that are no longer being used or that have expired.
- If you or a family member are taking opioids, have naloxone (opioid overdose reversal) readily available.

DAVIS 4 HEALTH

Evaluate Actions

Evaluating ongoing efforts helps health improvement partners know if what they are doing is working the way it is intended and achieving desired results. Partners use a variety of tools to monitor and measure processes, progress, effectiveness, outcomes, and population changes.

Systems are in place to conduct process and event evaluations. Many of the proposed evidence-based programs incorporate pre/post tests to measure impact. Davis4Health also conducts a partner satisfaction survey at least every five years.

Mortality and health related quality of life outcomes are measured to determine if improvements are being made to overall population health. Health related quality of life measures, are assessed through national monitoring systems such as the Behavioral Risk Factor Surveillance System (BRFSS), County Health Rankings (CHR), Prevention Needs Assessment (PNA) Survey, American Community Survey (ACS), and many more. These data systems allow for monitoring of health outcomes over time.

Population Health Outcomes

Davis4Health partners have selected three primary population health outcomes for this plan: suicide, child abuse, and poisoning deaths. Current rates and outcome goals/targets are provided. Additional population measures have been identified to monitor as part of this plan including:

- Prevalence of depression
- Family conflict
- Bullying
- Suicide attempts (in youth and adults)
- Interpersonal violence
- Life expectancy
- Rate of opioid prescriptions dispensed
- High risk opioid prescribing (daily MME>90)
- Opioid overdose deaths
- Substance abuse in youth
- Prevalence of adults experiencing frequent mental distress/poor mental health days
- The average number of opioid tablets in per prescription
- Prevalence of adolescents with high mental health treatment needs

Useful and accurate baselines and targets will be established and evaluated for these measures.

Davis4Health conducts an annual assessment of progress and monitors trends for selected population health outcomes. If possible, a determination is made about whether rates are moving toward or away from targets. Due to a lag in data availability it can be difficult to determine if changes have occurred during the five year implementation period of the CHIP.

Health disparities influenced by race/ethnicity, age, gender, geography, and socioeconomic status are available for some health outcomes. Data for population subgroups and small areas within the county is examined whenever sample size is sufficient to do so.

Population Health Outcomes	Davis County Rate^	Outcomes Goals
Suicide (IBIS)	14.5 (2014-2016)	10.2*
Child Abuse (DCFS)	808.6 (2015-2017)	727.7**
Poisoning Deaths (IBIS)	16.9 (2013-2015)	13.2*

^Rate per 100,000 population, *Healthy People 2020 Target, **A 10% reduction from baseline

Appendix

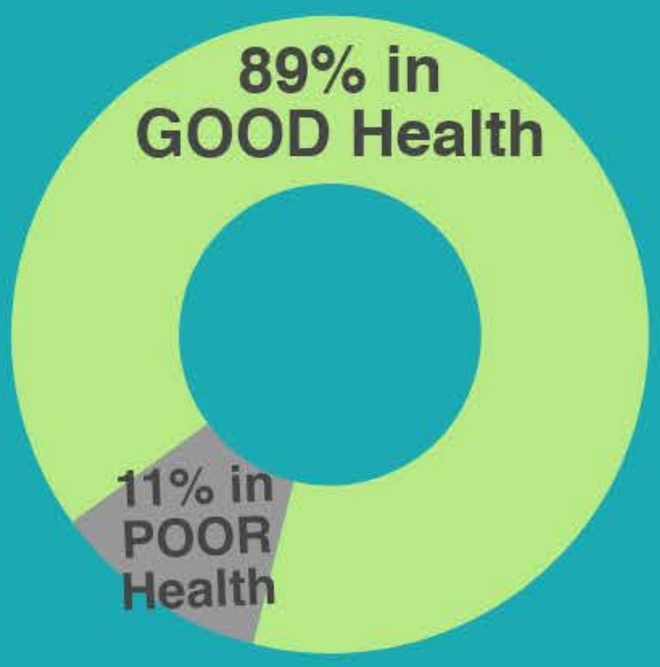
Appendix #	Title
1	Davis County Health Ranking Annual Infographic, 2019
2	Davis4Health Steering Committee Participants, March 2018
3	State & Local Health Improvement Priorities
4	Davis4Health Health Improvement Categories & Indicator Lists
5	Davis4Health Priority Discussion Results
6	Davis4Health Logic Models: Suicide, ACEs & Trauma, Opioids, Prevention, Access
7	Evidence-based Prevention Registries
8	Davis County Community Input Meeting Results
9	Risk Factors & Outcomes
10	Risk Factors, Davis School District SHARP Survey 2017
11	Protective Factors, Davis School District SHARP Survey 2017
12	Social & Emotional Learning Competencies
13	Five Protective Factors for Strengthening Families
14	Adverse Childhood Experiences, Davis County
15	Davis County Human Services Charter
16	Davis County Human Services Collaboration Organization & Priorities

Davis County is a TOP PERFORMER in the U.S.

2019

Davis County

4th Healthiest County in Utah



Health Outcomes

- FEWER Premature Deaths
- FEWER Injury Deaths
- MORE Physically Active
- LESS Alcohol & Tobacco Use

Behaviors

Social & Economic Factors



- FEWER Children Living in Poverty
- MORE Residents with Some College
- FEWER Teen Births

Source: countyhealthrankings.org

Where can we improve?

- More Primary Care & Mental Health Providers
- Cancer Screening
- Immunizations
- Suicide
- Sexually Transmitted Infections
- Poisoning & Drug Overdose Deaths
- Bridge Gap Among Racial/Ethnic Groups
- Housing Affordability
- Walkability
- Long Commute Alone
- Air Pollution

powered by PIKTOCHART

Davis4Health Steering Committee Meeting March 29th 2018:

Angie Osguthorpe	Davis Chamber of Commerce
Brent Peters	Davis County Sheriff's Department
Brian Hatch	Davis County Health Department
Brian Stecklein	Weber State University
Christy Hutchinson	Davis School District
David Spence	Davis County Health Department
Debi Todd	Davis Behavioral Health
Dennis Keith	Davis County Health Department
Isa Perry	Davis County Health Department
Ivy Melton-Sales	Davis County Health Department
Joshua Alvarez	Midtown Community Health Center
Judy Williamson	Layton Hospital, Intermountain Helathcare
Kandice Atisme	Davis County Health Department
Karlene Kidman	Layton Community Action Council
Sgt. Kenna Waters	Hill Air Force Base
Kim Neerings	Utah Department of Health
Kristi Jones	South Davis Community Hospital
Kristy Cottrell	Davis County Health Department
Lorene Kamalu	Kaysville Planning Commission
Lorna Koci	Bountiful Community Food Pantry
Marcy Clark	Davis County Health Department
Mark Dewsnup	Davis Head Start
Merri Ann Crowther	Promise Clearfield
Nina Morse	Davis County Commission Office
Regina Klitgaard	Promise Bountiful
Ron Zollinger	Kaysville Yard & Garden Civic Club
Sam Ball	Woods Cross Air Quality Committee
Shawn Beus	Davis County Community & Economic Development
Shelly Nettesheim	Davis Hospital
Kelly Clark	Davis Hospital
Angelina Padilla	Davis Hospital
Stephanie Stokes	Intermountain Healthcare
Troy Wood	Lakeview Hospital
Wendy Garcia	Davis County Health Department
Zuri Garcia	Utah State University Extension

County, Regional & State Health Improvement Priorities

Davis4Health (2019-2023)

- Suicide
- ACEs/Trauma
- Opioids

With an emphasis placed on coordinating **Prevention** efforts & efforts to improve **Access** to services which overlap all three priorities.

Davis County Human Services Directors (2017)

- Health (mental health)
- Safety (interpersonal violence)
- Stability (employment, education, housing)

Utah Health Improvement Plan (2020-2022)

- Obesity & Related Chronic Conditions
- Mental Health & Suicide
- Prescription Drug Misuse & Overdose Prevention
- Immunizations

Intermountain Healthcare (2020-2022)

Improve the mental well-being in communities we serve:

- Prevent Suicide Deaths
- Prevent Substance Misuse
- Prevent Chronic Conditions Related to Unhealthy Weight
- Improve Immunization Rates
- Improve Air Quality

University of Utah Healthcare (2018-2020)

- Improving Mental Health & Reducing Suicide
- Reducing Prescription Drug Misuse, Abuse & Overdose
- Reducing Obesity & Obesity-related Chronic Conditions

healthcare.utah.edu/about/pdfs/chna-uuh-2018-2020.pdf

Weber-Morgan Health Department (2016-2020)

- Suicide
- Obesity
- Adolescent Substance Abuse

webermorganhealth.org/about/documents/CHIP_2017.pdf

Healthy Salt Lake (2018)

- Mental Health
- Air Quality
- Substance Use
- Healthy Weight

http://www.healthysaltlake.org/content/sites/saltlake/Documents/CHIP_2018.pdf

Bear River Health Department (2018)

- Mental Health
- Substance Use/Misuse/Abuse
- Communicable Disease
- Chronic Disease & Obesity

https://brhd.org/wp-content/uploads/2018/09/BRHD-Community-Health-Improvment-Plan-2018.pdf

Appendix 3

PRIORITY ISSUES	Davis 4Health (2019-2023)	Davis County Human Service Directors (2017)	Utah Health Improvement Plan (2020-2022)	Inter-mountain Healthcare (2020-2022)	University of Utah Healthcare (2018-2020)	Weber-Morgan Health Department (2016-2020)	Healthy Salt Lake (2018)	Bear River Health Department (2018)
Suicide/Mental Health	X	X	X	X	X	X	X	X
Substance Abuse/ Opioids	X		X	X	X	X	X	X
Adverse Childhood Experiences (ACEs)/ Trauma	X							
Obesity/Related Chronic Conditions			X	X	X	X	X	X
Air Quality				X			X	
Immunizations/ Communicable Disease			X	X				X
Interpersonal Violence/Safety		X						
Stability (Housing, Education, Employment)		X						

Disease/Illness	Leading Cause of Death	Community Concern	Worse than State or National Average, Trending in Wrong Direction	Not Meeting Healthy People 2020, LHI Target
Heart Disease	X		X	
Cancer	X		X	
Unintentional Injury (poisonings, motor vehicle crashes, falls)	X			
Alzheimer's	X	X	X	
Stroke	X			
Respiratory Diseases	X			
Diabetes	X		X	
Opioid Deaths	X	X	X	
Suicide	X	X	X	X
Influenza/Pneumonia	X			
Kidney Disease	X			
Obesity		X	X	
Sexually Transmitted Infections		X	X	
Vaccine-Preventable Diseases		X	X	
Anxiety/Depression		X	X	
Substance Abuse		X		

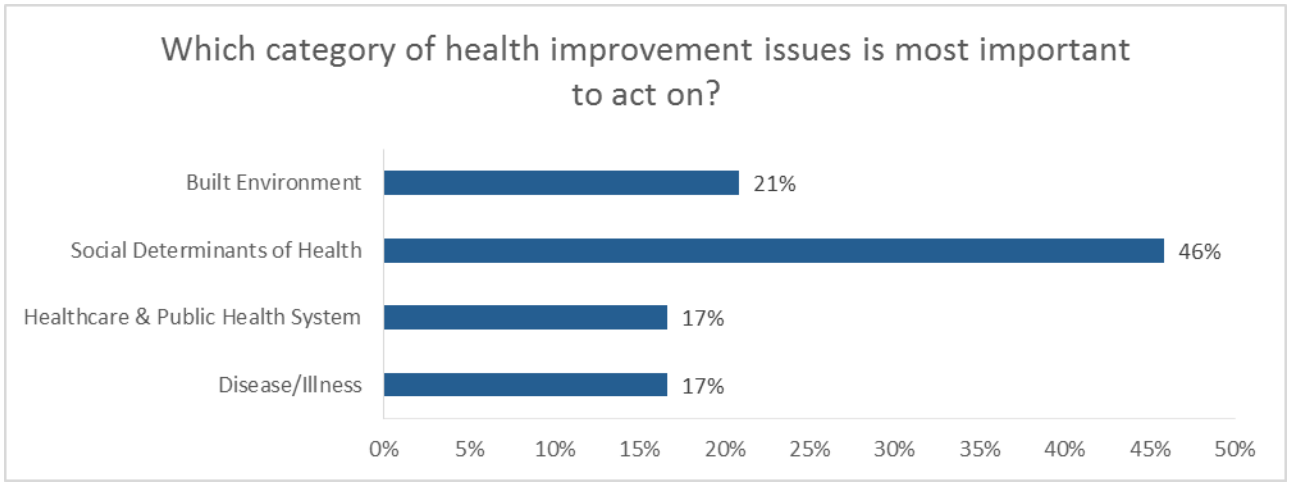
Healthcare & Public Health System	Community Concern	Worse than State or National Average, Trending in Wrong Direction	Not Meeting Healthy People 2020, LHI Target
Access to Primary Care Providers		X	X
Access to Dental/Vision Services & Insurance	X	X	
Access to Mental Health Services	X	X	
Access to Specialists	X	X	
Access to Substance Abuse Services	X		
Access to School Nurses	X	X	
Access to & use of Preventive Care	X	X	
Immunization/Vaccination Rates	X	X	
Cancer Screening (mammograms, colorectal)	X	X	
Cost of Healthcare/Health Insurance	X	X	
Insurance Coverage	X	X	X
Medicaid Expansion	X	X	
Linking People to Needed Personal Health Services	X		
Out of Date Prevention Curriculum	X		
Lack of Primary Prevention Resources	X		
Promotion/Education About Existing Resources & Services	X		
Lack of Sex Education	X		

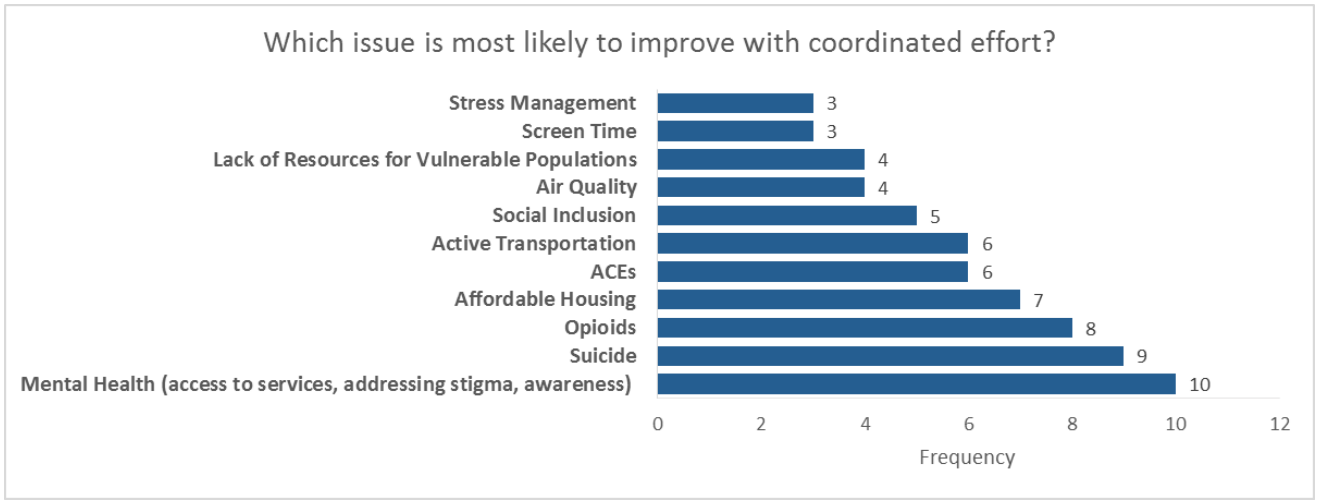
Social Determinants of Health	Community Concern	Worse than State or National Average, Trending in Wrong Direction
Cost of Education	X	
Living Wage Jobs	X	
Intergenerational Poverty	X	
Housing (lack of affordable housing, no transitional housing, lack of assistance for homelessness)	X	X
Social Isolation	X	X
Interpersonal Violence	X	X
Elder Abuse	X	X
Bullying	X	X
Trauma & Adverse Childhood Experiences (ACEs)	X	
Stress	X	
Gaps Among Racial/Ethnic Groups & Zip Codes	X	
Lack of Resources for Vulnerable Populations	X	X

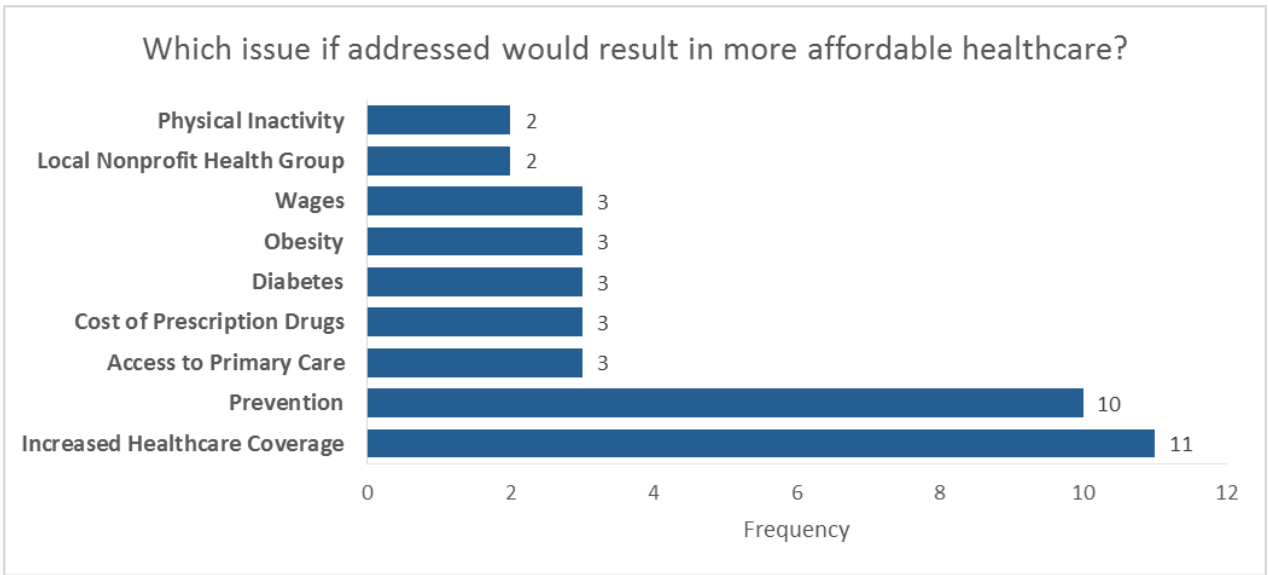
Built Environment	Community Concern	Worse than State or National Average, Trending in Wrong Direction
Air Quality	X	X
Transportation System (long commutes alone, lack of bike lanes, infrequent and costly transit service, lack of connectivity)	X	X
Food Environment	X	X
Water Supply & Quality	X	
Over Population	X	
Busy Lifestyles	X	
Physical Inactivity	X	
Screen Time, Use of Technology, Sexting, Pornography	X	X

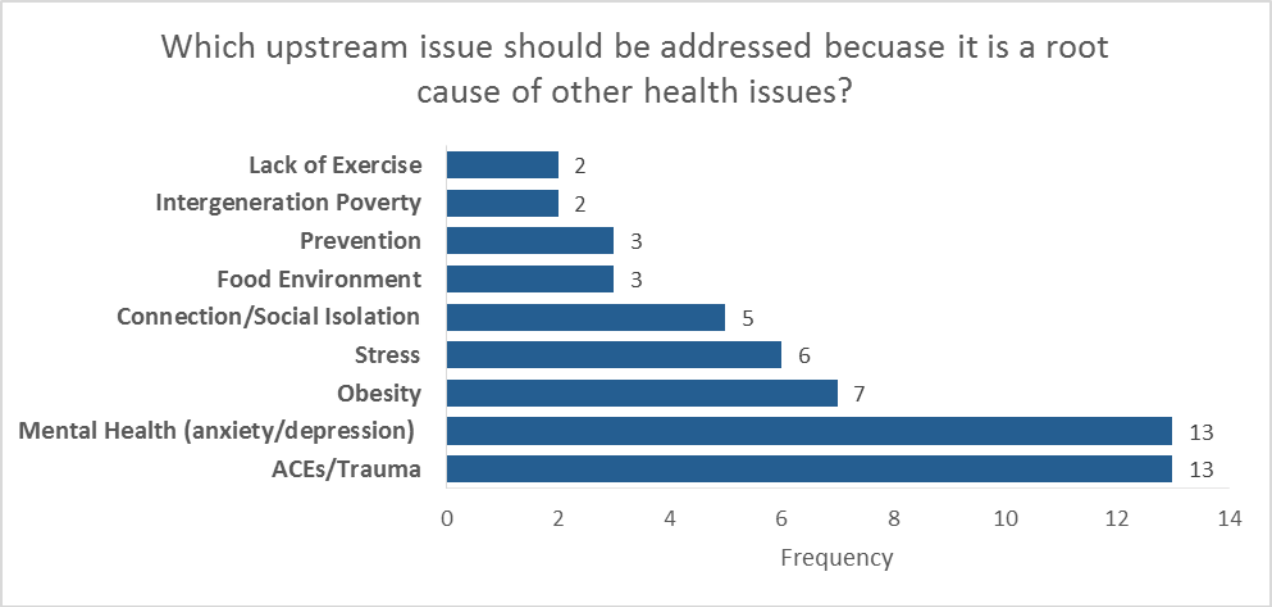
Davis4Health Steering Committee
March 29, 2018
11:30 a.m. - 1:30 p.m.

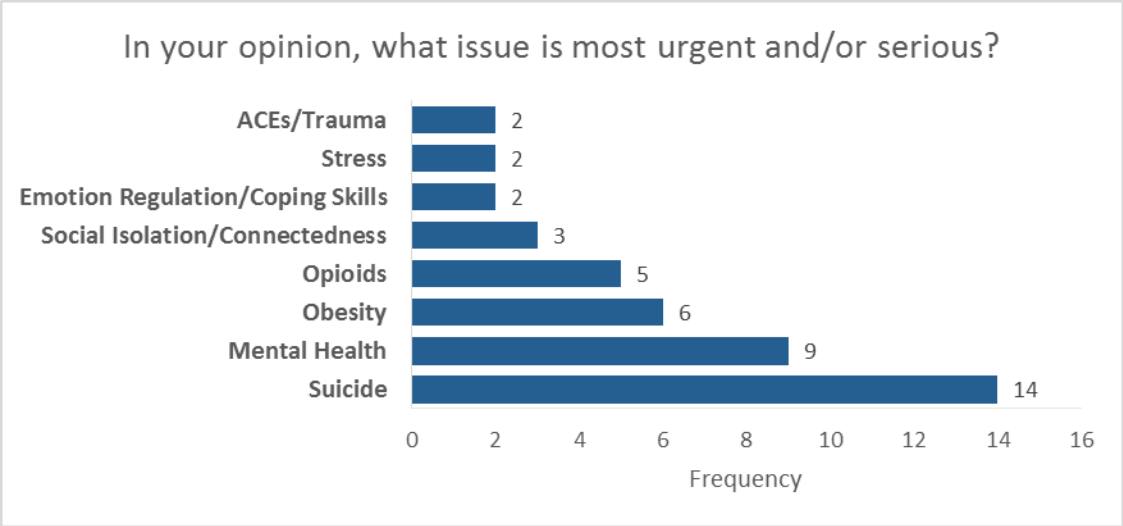
Priority Discussion – Poll Everywhere (text response) results

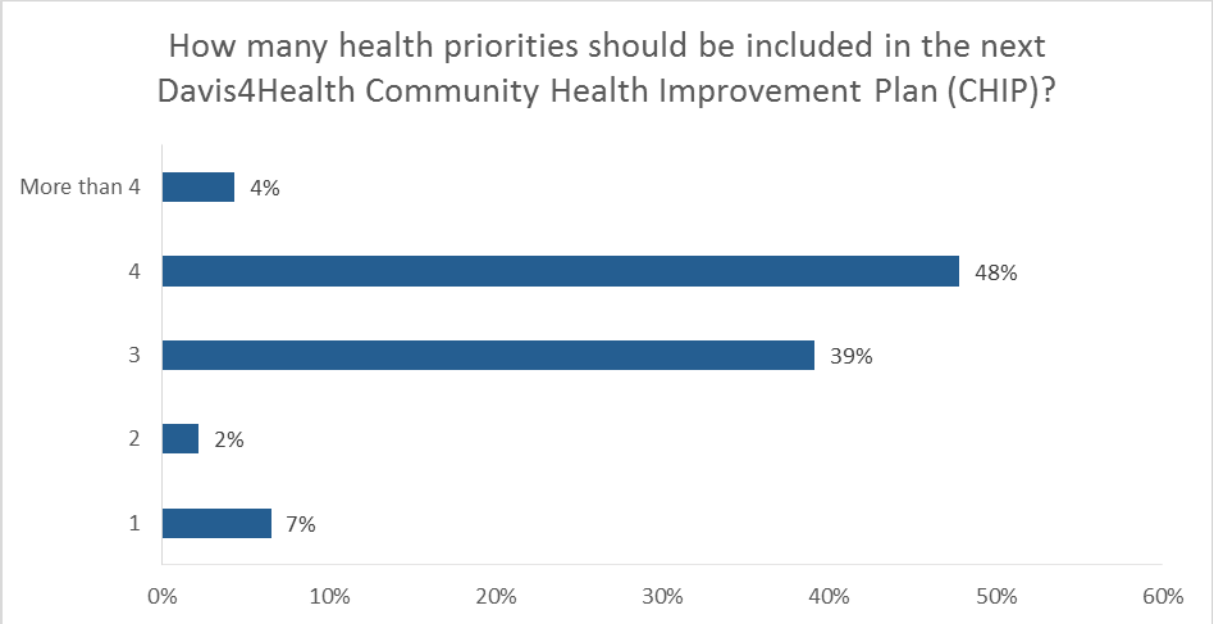







Which upstream issue should be addressed becuase it is a root cause of other health issues?
Lack of Exercise
Intergeneration Poverty
Prevention
Food Environment
Connection/Social Isolation
Stress
Obesity
Mental Health (anxiety/depression)
ACEs/Trauma
2
2
3
3
5
6
7
13
13
0
2
4
6
8
10
12
14
Frequency


In your opinion, what issue is most urgent and/or serious?
ACEs/Trauma
Stress
Emotion Regulation/Coping Skills
Social Isolation/Connectedness
Opioids
Obesity
Mental Health
Suicide
2
2
2
3
5
6
9
14
0
2
4
6
8
10
12
14
16
Frequency


How many health priorities should be included in the next Davis4Health Community Health Improvement Plan (CHIP)?
More than 4
4
3
2
1
4%
48%
39%
2%
7%
0%
10%
20%
30%
40%
50%
60%

2019 Davis HELPS Suicide Prevention Logic Model

Situation

1. Suicide is the 8th leading cause of death in Davis County. (2015-2017, IBIS)
2. All ages, from teens to seniors, experience high suicide rates. Males account for 2 out of every 3 suicides in Davis County & 3 out of every 4 in Utah. (2015-2017, IBIS)
3. Suicide is the leading cause of death among youth ages 10-17 in Davis County & Utah. There was a 141.3% increase in suicides among youth from 2011-2015 compared to an increase of 23.5% nationally. (IBIS, UDOH)
4. The Utah Youth Suicide Study found risk factors for youth suicide included: mental health concerns, family relationship problems, forms of violence, bullying at school, electronic bullying, substance use, psychological distress, relationship crisis, technology related restrictions, cutting. Supportive social environments were found to be protective for suicide ideation & attempts. (2011-2015)
5. Davis School District (DSD) youth health survey (SHARP) trends show all suicide risk indicators are increasing in all grades. (2017)
6. Firearms are the means for 45% of suicides in Davis County. 87% of all firearms deaths in Davis County are suicides. (2015-2017, IBIS)
7. Suicide is the top public health priority in Davis County identified by community partners & leaders in 2013 & again in 2018. (Davis4Health)

Inputs

1. County—Davis HELPS (Lead Coalition); Davis4Health Community Health Improvement Plan
2. Regional—N.U. HOPE (Northern Utah Suicide Coalition)
3. State—Utah Suicide Prevention Coalition; State Suicide Prevention Plan (2017); Utah Youth Suicide Study (2017); Utah Health Improvement Plan (2017); American Foundation for Suicide Prevention Utah Chapter; HOPE4Utah
4. National—National Strategy for Suicide Prevention (2012); Suicide Prevention Resource Center
5. Grants: Davis County Health Department (Utah Department of Health); Davis Behavioral Health (NAMI), Well-Connected Communities Council (USU Ext funded by National 4-H Council)
6. Community Partners: Davis Behavioral Health, Davis County Health Department, Intermountain Healthcare, Davis School District, USU Extension, NAMI, Law Enforcement/ EMS, Hill AFB, LDS Family Services, LDS Church Public Affairs, Cities, MountainStar Healthcare, Utah State Board of Education, Juvenile Court, Survivors, Continue Mission, Clearfield/Syracuse CTC; Centerville Cares, Layton Community Action Council, Safe Harbor, YMCA, Head Start, Hope Squads, Sheriff, Survivors

Strategies/Activities

1. Maintain capacity/trainers to offer evidence-based suicide prevention programs in the community (QPR, SafeTalk, Working Minds, Connect, ASIST, YMHFA, MHFA)
2. School-based suicide prevention efforts (SOS, Botvin LifeSkills Training, Mindful Schools, Learning to Breathe, Hope Squads)
3. Reduce access to lethal means (prescription drug take back events, safe storage of firearms)
4. Healthy relationships initiatives (bullying prevention, bystander intervention, smart dating, relationship attachment model)
5. Safe messaging to promote hope & healing & reduce shame. Targeted messaging for high risk populations.
6. Increase access to quality behavioral health services & treatment—Access/Davis Behavioral Health Network
7. Zero Suicide in health & behavioral healthcare—Access/Davis Behavioral Health Network

Short-term Outcomes

1. Increase # of DSD schools implementing mindfulness initiatives
2. Completed Hope Squad evaluation
3. Increase number of schools with evidence-based healthy relationships curriculum
4. Program outcomes: number of trainers, classes, participants, media engagements, etc. (data sources: DBH, NUHOPE, USU Ext., DCHD, DSD, NAMI, Safe Harbor, Continue Mission, etc.)

Long-term Outcomes

1. Decrease prevalence of depression
2. Decrease family conflict
3. Decrease bullying
4. Decrease suicide attempts

Outcome Goal

Reduce suicide deaths in Davis County from 14.5 (2014-2016) deaths per 100,000 to 10.2* deaths per 100,000 by the year 2020.

*National Healthy People 2020 Target

Updated 9/23/2019

2019 Davis County ACEs, Trauma & Resilience Logic Model

Situation

1. The 1998 CDC-Kaiser Permanente Adverse Childhood Experiences (ACEs) Study identified 10 types of childhood trauma linked to poor physical, mental, emotional, & social health outcomes.
2. ACEs are one of the major public health issues in the 21st century.
3. Toxic stress caused by ACEs damages the function & structure of children's developing brains. (Harvard Center on the Developing Child)
4. People with 6 or more ACEs die almost 20 years earlier than those without ACEs. (CDC)
5. ACEs are common. In the U.S., 61.5% of adults have at least one ACE. (2011-2014) 60.1% of adults in Davis County have at least one ACE & 14.6% have 4 or more. (2013 & 2016, BRFSS)
6. The CDC estimates the lifetime costs associated with child maltreatment at $124 billion in productivity loss, healthcare, special education, child welfare, & criminal justice. (2012)
7. ACEs are preventable.
8. Other leading health issues in the community include suicide & opioid misuse/overdose deaths which are linked with ACEs. (Davis4Health)

Inputs

1. County—Davis County Human Services Directors Group (Lead Organization); Davis County Domestic Violence Coalition; Davis4Health Community Health Improvement Plan
2. State—Utah Trauma Resiliency Collaborative; BRFSS & SHARP ACEs data; Utah Leg Concurrent Resolution (#10, 2017)Encouraging Identification & Support of Traumatic Childhood Experiences
3. National—CDC-Kaiser Permanente ACEs Study; SAMHSA's Six Key Principles of Trauma-Informed Approach; Family First Prevention Services Act
4. Community Partners: Davis Behavioral Health, Davis County Commission, Davis County Health Department, Davis County Community & Economic Development, Open Doors, Davis Community Housing Authority, Department of Workforce Services, Safe Harbor, Children's Service Society, Logistic Specialties Inc., PARC, Promise Bountiful, Davis Community Learning Center, Davis School District, Davis Tech, USU Extension, Davis Hospital, Head Start, Intermountain Healthcare, Hill Air Force Base, United Way, Steward Healthcare, MountainStar Healthcare, Utah Department of Health—Maternal & Child Health, Law Enforcement, Courts, Faith Leaders, Youth Groups

Strategies/Activities

1. Raise awareness of the impact of childhood trauma on individuals, families, & communities
2. Build protective factors & resilience in individuals, families, & the community
3. Encourage organizations to become trauma informed
4. Promote early identification of childhood trauma
5. Promote evidence-based treatment interventions for childhood trauma
6. Build capacity among professionals to qualify as trainers & instructors for ACES, trauma, & resilience
7. Identify funding for the prevention & treatment of trauma
8. Increase access to behavioral health services & treatment—Access/Davis Behavioral Health Network

Short-term Outcomes

1. Complete county violence, abuse, & trauma assessment
2. Sponsor a local conference addressing ACEs, trauma, & resilience
3. Complete county resource directory for ACEs, trauma, & resilience (include providers, online resources, training opportunities, etc.)
4. Increase number of evidence -based interventions, programs, and promising practices implemented to prevent ACEs, build resilience, & treat trauma
5. Increase number of professionals who are qualified as trainers & instructors for ACES, trauma, & resilience
6. Increase number of trauma informed organizations
7. Program outcomes: material distribution, event participants, organizations that become trauma informed, organizations that screen for ACEs/trauma
8. One grant application will be submitted from a Davis County organization related to the prevention & treatment of trauma

Long-term Outcomes

1. Decrease child abuse
2. Decrease interpersonal violence
3. Decrease family conflict
4. Decrease prevalence of depression
5. Decrease suicide rates
6. Increase life expectancy

Outcome Goal

Davis County is a trauma informed community that prevents ACEs; builds resilience in individuals, families, & communities; provides a safe, supportive, & connected environment; & provides access to treatment for those who have experienced trauma.

Updated 9/23/2019

2019 Davis HELPS Opioid Death Prevention Logic Model

Situation

1. Utah has a higher drug overdose death rate than the U.S. average. (Utah 22.2, U.S. 19.7 per 100,000 population, 2016, IBIS)
2. The Davis County prescription opioid overdose death rate is 11.1 per 100,000 population, 2014-2016. The average rate in Utah is 12.0. (UDOH)
3. In 2016, Davis County providers wrote 667 opioid prescriptions per 1,000 persons, while Utah providers wrote 704 opioid prescriptions per 1,000 persons. (CDC)
4. Risk factors common in overdose deaths: high dose prescriptions, multiple prescribers, using others' prescriptions, combining opioids with benzodiazepines, substance abuse problems & physical health problems.
5. Opioid abuse & misuse is a growing health threat in Davis County. Many individuals prescribed opioid medication for legitimate reasons now face addiction to the drug.
6. The emergence of illicitly manufactured synthetic opioids has escalated the epidemic & pose serious overdose death risk to users & emergency responders.

Inputs

1. County— Davis County Opioid Overdose Prevention Workgroup (Lead Coalition); Davis4Health Community Health Improvement Plan
2. State—Utah Health Improvement Plan; Utah Coalition for Opioid Overdose Prevention; Utah Clinical Guidelines on Prescribing Opioids; Utah State University (USU) Health Extension H.E.A.R.T. Opioid Program
3. National—CDC Guideline for Prescribing Opioids for Chronic Pain; SAMHSA Opioid Overdose Prevention Toolkit; U.S. HHS 5 Point Strategy to Combat Opioid Crisis; U.S. Surgeon General's Advisory on Naloxone & Opioid Overdose
4. Grants: Prevention—Davis County Health Department (funded by Utah Department of Health), Davis Behavioral Health (funded by Utah Division of Substance Abuse & Mental Health); Crisis Response—Davis County Health Department (funded by Utah Department of Health); Stigma—USU Extension (funded by SAMSHA & USDA, NIFA); Treatment—Opioid Community Collaborative (Davis Behavioral Health funded by Intermountain Healthcare)
5. Community Partners: Davis Behavioral Health, Davis County Health Department, Intermountain Healthcare, Davis School District, USU Extension, MountainStar Healthcare, Steward Healthcare, Midtown Community Health Center, Davis County Sheriff's Office, South Davis Metro Fire, North Davis Fire Agency, South Weber Fire, CVS Pharmacy, Oral and Maxillofacial Surgeons of Utah, Walmart Pharmacy, South Davis District Dental Society, Bountiful Police Department, Antelope Animal Hospital

Strategies/Activities

1. Increase community awareness to prevent opioid-related overdoses & deaths (opioid risks & addiction, signs of overdose, non-opioid therapies for pain, stigma reduction, DEA 360, naloxone standing order, Talk to Your Pharmacist campaign)
2. Develop community opioid crisis response plan
3. Education for healthcare professionals (prescribers, pharmacies), promote use of controlled substance database
4. Increase naloxone availability & education
5. Safe use, storage & disposal initiatives
6. Increase access to behavioral health services & medication assisted treatment—Access/Davis Behavioral Health Network
7. Engage partners to develop substance abuse prevention assessment & strategic plan
8. Actively participate in state-wide Utah Coalition for Opioid Overdose Prevention (UCO-OP)

Short-term Outcomes

1. Completed opioid response crisis plan
2. Distribution of community opioid toolkit
3. Increase opioid disorder treatment—number of providers that can provide medication assisted treatment & number of residents accessing treatment
4. Program outcomes: number trained, materials distributed, take back event results, naloxone distribution, etc. (data sources: DCHD, DBH, DSD, Intermountain, USU Ext, etc.)
5. Establish system for timely access to emergency responder overdose data & naloxone saves
6. Completed substance abuse prevention assessment & strategic plan

Long-term Outcomes

1. Decrease rate of opioid prescriptions dispensed
2. Reduce the average # of opioid tablets in each prescription
3. Decrease high risk prescribing (daily MME > 90)
4. Decrease opioid overdose deaths
5. Community & provider data dashboards
6. Recovery support is provided within 24 hours following crisis services for overdose

Outcome Goal

Reduce poisoning deaths in Davis County from 16.9 (2013-2015) deaths per 100,000 to 13.2* deaths per 100,000 by the year 2020.

*National Healthy People 2020 Target

Updated 9/23/2019

2019 Davis HELPS Prevention Logic Model

Prevention Science

1. Behavioral health problems can be prevented.
2. Principles of prevention include: reduce risk factors & enhance protective factors (4 domains: individual/peer, school, family & community); choose policies & programs proven to work; for greater effect combine evidence-based initiatives shown to work to prevent multiple behavioral health problems.
3. Public systems have historically separated outcomes/problems into silos although outcomes are predicted by shared risk & protective factors across systems.
4. Community agencies are in a position to use the principle of collective impact.
5. Davis County has prioritized top risk factors in youth: depressive symptoms, low commitment to school, & family conflict. (SHARP, 2017)
6. Davis County has prioritized the prevention of suicide, Adverse Childhood Experiences (ACEs)/trauma, opioid misuse/overdose deaths. (Davis4Health, 2018)

Inputs

1. County—Davis HELPS (Lead Coalition); Davis4Health Community Health Improvement Plan
2. State—Youth Health Survey (SHARP)
3. National—Strategic Prevention Framework; Communities that Care
4. Community Partners: Davis Behavioral Health, Davis County Health Department, Intermountain Healthcare, NUHOPE, Davis School District, NAMI, Law Enforcement/EMS, Hill AFB, LDS Family Services, LDS Church Public Affairs, Hope4Utah/Hope Squads, Cities, MountainStar Healthcare, USU Extension, Utah State Board of Education, Juvenile Court, Survivors, Continue Mission, Clearfield/Syracuse CTC; Centerville Cares, Layton Community Action Council, Safe Harbor, YMCA, Head Start; DTC; Weber State University; Utah Division of Substance Abuse & Mental Health, CADCA

Strategies/Activities

1. Conduct prevention curriculum & program inventory assessment & evaluate effectiveness
2. Engage partners to develop substance abuse prevention assessment & strategic plan
3. Conduct teen & young adult focus groups
4. Develop youth prevention advocates & leaders
5. Increase community awareness & use of SAFEUT app
6. Advocate for SHARP data improvements & use (ensure questions accurately reflect community issues & risks, develop SHARP data experts, community & school data presentations)
7. Develop prevention messaging & increase public awareness (include messages about shame, connectedness, & stigma)
8. Incorporate media literacy, positive digital citizenship, screen time, & use of technology in prevention efforts
9. Prevention education for community decision makers & religious leaders
10. Develop online prevention toolkit (ensure access via public libraries, etc.)
11. Establish evidence-based community prevention coalitions

Short-term Outcomes

1. Completed inventory assessment & evaluation of prevention curriculums & programs identifying gaps & recommendations
2. Completed substance abuse prevention assessment & strategic plan
3. Increase number of professionals trained as substance abuse prevention specialists
4. Form Davis youth leadership team
5. Annual youth leadership & prevention training events
6. Complete adolescent health assessment
7. Increase coping skills, life skills, & resilience in young people
8. Culturally competent prevention messages & resources
9. Establish online prevention toolkit
10. At least 3 Davis County community coalitions are applying a strategic prevention framework to guide their work

Long-term Outcomes

1. Decrease family conflict
2. Decrease substance abuse in youth
3. Decrease prevalence of depression
4. Decrease suicide
5. Establish a community-based wellness center (focus on mindfulness, prevention, support services)

Outcome Goals

1. Move prevention efforts upstream
2. Ensure coordinated, effective & targeted prevention programs
3. Advocate for the best prevention possible

Updated 9/23/2019

2019 Access to Behavioral Health Services & Treatment Logic Model

Situation

1. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. (Healthy People 2020)
2. Local health assessments have found that community leaders, healthcare providers & the public report difficulties accessing mental/ behavioral health services/ programs & this is viewed as the most urgent healthcare access issue in the county.
3. Barriers for those accessing behavioral health services include: insurance coverage issues; affordability; stigma; lack of awareness or education about services; lack of psychiatrists & other providers; too stressful or difficult to seek help.
4. Davis County is considered a Health Professional Shortage Area (HPSA) for mental health/ psychiatry. (HRSA)
5. Utah's Annual Substance Abuse & Mental Health report estimates an unmet need for treatment. (Utah DHS)
6. Other leading health issues in the community include suicide, Adverse Childhood Experiences (ACEs)/trauma & opioid misuse/ overdose deaths. (Davis4Health)

Inputs

1. County—Davis Behavioral Health Network (DBHN); Davis4Health Community Health Improvement Plan; Davis County Human Services Directors Strategic Plan; Well-Connected Communities Council (Latino mental health focus)
2. Funded Projects: Davis Behavioral Health Network (Intermountain Healthcare); Primary Care Grant (DBH funded by Utah Department of Health); Stabilization & Mobile Response Team (DBH funded by Utah Division of Substance Abuse & Mental Health); Opioid Community Collaborative (DBH funded by Intermountain Healthcare); Well-Connected Communities Council (USU Ext funded by National 4-H Council)
3. Community Partners: Davis Behavioral Health (DBH), Davis County Health Department, Davis County Commissioners, Davis County Sheriff's Office (jail), Local Law Enforcement, Emergency Responders, NAMI, Davis Community Learning Center, Davis School District, USU Extension, Davis Hospital, Lakeview Hospital, Intermountain Healthcare, Midtown Community Health Center, Family Counseling Service of Northern Utah, Head Start, LDS Family Services, Private Mental Health Providers, Healthcare Providers, Hill Air Force Base, Employee Assistance Programs, Faith Leaders

Strategies/Activities

1. Coordinate & fund network to serve unfunded/ underinsured individuals (DBHN)
2. Increase access to crisis services for mental health conditions (SMRT)
3. Youth mental health screening & treatment
4. Networking events for behavioral health providers
5. Zero Suicide in health & behavioral healthcare
6. Increase access to prevention messages, programs, & activities—Prevention/Davis HELPS

Short-term Outcomes

1. Increase timely (within 7 days) access to follow-up care for individuals with behavioral health concerns (data source: DBHN/SMRT)
2. Increase number of individuals with behavioral health concerns who have a primary medical home (no current measure)
3. Increase clients served by DBH (data source: DSAMH annual report)
4. Program outcomes: number served, individuals receiving MAT, etc. (data sources: DBH, Intermountain, Midtown, FCS)
5. Residents experiencing mental health/substance abuse crisis have alternatives besides the hospital emergency departments and/or law enforcement (data source: DBH/SMRT)

Long-term Outcomes

1. Decrease suicide rates
2. Decrease prevalence of depression
3. Reduce prevalence of adults experiencing frequent mental distress/ poor mental health days
4. Reduce prevalence of adolescents with high mental health treatment needs

Outcome Goal

Behavioral health services become more accessible in Davis County through promotion of existing resources, new screening and referral tools, an increase in effective prevention programs, & better trained helping professionals.

Updated 9/23/2019

IDENTIFYING EVIDENCE-BASED PRACTICES

How the Davis County health department identifies evidence-based or promising practices.

The following websites have a comprehensive list of proven best practices.

Resource	Description	Source
The Community Guide	A collection of evidence-based findings of the Community Preventive Services Task Force (CPSTF). It is a resource to help you select interventions to improve health and prevent disease in your state, community, community organization, business, healthcare organization, or school.	https://www.thecommunityguide.org/
Blueprints Programs	A registry of evidence-based positive youth development programs designed to promote the health and well-being of children and teens.	https://www.blueprintsprograms.org/programs
A Review of Environmental-Based Community Interventions	Systematic journal review from *Alcohol Research & Health* on evidence-based approaches	https://pubs.niaaa.nih.gov/publications/arh342/163-166.htm
National Registry of Evidence-based Programs and Practices (NREPP)	SAMSHA's repository and review system designed to provide the public with reliable information on mental health and substance use interventions.	https://knowledge.samhsa.gov/ta-centers/national-registry-evidence-based-programs-and-practices
Project Enhance	Developed by Senior Services (Seattle, WA) in partnership with the University of Washington and Group Health Cooperative, Project Enhance offers state-of-the-art, community health promotion programs designed especially for older adults.	http://www.projectenhance.org/aboutevidencebasedprograms.aspx
Winnable Battles	Priority strategies and clear targets in the areas of Food Safety, Healthcare-Associated Infections, HIV, Motor Vehicle Injuries, Nutrition, Physical Activity, and Obesity, Teen Pregnancy, and Tobacco.	http://www.cdc.gov/winnablebattles/
Prevention Status Reports (CDC)	Describes evidence-based solutions to 10 problems that align with national and CDC priorities: Excessive Alcohol Use; Food Safety; Healthcare-Associated Infections' Heart Disease And Stroke; HIV; Motor Vehicle Injuries; Nutrition, Physical Activity, and Obesity; Prescription Drug Overdose; Teen Pregnancy; and Tobacco Use. Highlights for all 50 states the status of public health policies and practices designed to prevent or reduce these problems.	http://www.cdc.gov/stltpublichealth/psr/topics.html

Healthy People 2020 Evidence-Based Resource Tool	A new database that allows searches for interventions by Healthy People 2020 topic areas and objectives; race and ethnicity; sex; age; population group; setting; intervention agent; resource type; intervention type; and desired outcome.	https://www.healthypeople.gov/2020/tools-resources/Evidence-Based-Resources
Healthy Salt Lake/Salt Lake County Health Department Promising Practices Database	This database informs professionals and community members about documented approaches to improving community health and quality of life. The ultimate goal is to support the systematic adoption, implementation, and evaluation of successful programs, practices, and policy changes. The database provides carefully reviewed, documented, and ranked practices that range from good ideas to evidence-based practices.	http://www.healthysaltlake.org/promisepractice
County Health Rankings & Roadmaps	What Works for Health	http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health
Utah's Registry of Approved Prevention Programs	Programs That Have Been Awarded an Evidence-Based Status by the Utah Evidence-Based Workgroup	https://dsamh.utah.gov/pdf/epi/EBW%20Approved%20Revised%202.21.2018.pdf
Suicide Prevention Resource Center Best Practices Registry	This searchable repository provides information on several types of suicide prevention programs, such as education/training, screening, treatment, and environmental change. Programs with evidence of effectiveness have a check mark icon.	http://www.sprc.org/resources-programs

Source: Adapted from “DCHD - Standard Approach for Developing & Implementing Public Health Activities”

Davis4Health Steering Committee Meeting

Statewide Health Assessment & Community Input Questions

September 28, 2018

In your opinion, how are suicide, opioid misuse & adverse childhood experiences/trauma affecting our community?	Contributes to stress	28%
	Causes breakdown of the family unit	17%
	Raises cost of care	14%
	Increasing public health crisis	11%
	Lack of education	11%
	Inhibits contribution to society and gratification from it	8%
	Exhausts resource providers	8%
	Judgement or Stigma	6%
	Trauma goes unaddressed	6%
	Life expectancy decreases	6%
	Brain development negatively impacted	6%
In your opinion, what community issues or barriers exist that resulted in suicide persisting as the county's top public health issue?	Stigma	27%
	Lack of education and access to mental health resources	16%
	Social media culture and expectations	14%
	Takes time to access resources and promote cultural shift	14%
	High cost of mental health treatment	12%
	Lack of skills and contribution to society	8%
	Substance abuse and Addiction	6%
	Stress and other personal health issues	6%
	Easy access to firearms	6%
	Breakdown of the family unit	6%
	"Ripple effect" of peers and family members	4%
	Housing costs	2%
In addition to suicide, opioids & ACEs, what other important issues are affecting the health of people who live in Davis County?	Unhealthy lifestyles and diet	21%
	Air Quality	13%
	Cost of housing	10%
	Mental Health Issues	8%
	Domestic Violence	4%
	Increase of Homelessness	4%
	Bullying	4%
	Caregiver burnout	4%
	Chronic disease	4%
	Stress	4%
	Limited access to mental health resources	4%
	Safe, walkable streets	4%
	Elderly falls	4%
	Cost of healthcare	4%
	Screen time and use of social media	4%
	Lack of accessible public transportation	2%
	E-cigarettes	2%
	Breakdown of the family unit	2%
	Dementia	2%
	Pornography addiction	2%

Appendix 9

Risk Factors for Adolescent Problem Behavior	Substance Abuse	Delinquency	Teen Pregnancy	School Dropout	Violence	Depression & Anxiety
Community						
Availability of Drugs	•				•	
Availability of Firearms		•			•	
Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	•	•			•	
Media Portrayals of the Behavior	•				•	
Transitions and Mobility	•	•		•		•
Low Neighborhood Attachment and Community Disorganization	•	•			•	
Extreme Economic Deprivation	•	•	•	•	•	
Family						
Family History of the Problem Behavior	•	•	•	•	•	•
Family Management Problems	•	•	•	•	•	•
Family Conflict	•	•	•	•	•	•
Favorable Parental Attitudes and Involvement in the Problem Behavior	•	•			•	
School						
Academic Failure Beginning in Late Elementary School	•	•	•	•	•	•
Lack of Commitment to School	•	•	•	•	•	
Individual/Peer						
Early and Persistent Antisocial Behavior	•	•	•	•	•	•
Rebelliousness	•	•		•	•	
Gang Involvement	•	•			•	
Friends Who Engage in the Problem Behavior	•	•	•	•	•	
Favorable Attitudes Toward the Problem Behavior	•	•	•	•	•	
Early Initiation of the Problem Behavior	•	•	•	•	•	
Constitutional Factors	•	•			•	•

communities that care

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Data Tables

Table 8. Percentage of Students Reporting Risk

	6th Grade					8th Grade					10th Grade					12th Grade					All Grades				
	2013	2015	2017	State 2017	BH Norm	2013	2015	2017	State 2017	BH Norm	2013	2015	2017	State 2017	BH Norm	2013	2015	2017	State 2017	BH Norm	2013	2015	2017	State 2017	BH Norm
Community Domain																									
Low neighborhood attachment	29.8	18.9	29.4	33.9	41.9	26.8	20.9	17.9	26.0	34.0	32.4	29.6	33.0	35.6	41.5	32.8	38.0	36.8	41.5	45.9	30.5	27.0	29.5	34.2	40.7
Laws & norms favorable to drug use	18.3	10.1	12.6	24.0	38.8	9.3	10.8	10.2	18.0	40.0	10.6	11.0	6.3	15.7	42.3	8.7	11.1	13.9	20.6	48.1	11.8	10.8	10.7	19.5	42.5
Perceived availability of drugs	20.5	15.6	24.6	28.6	45.3	17.0	14.7	17.9	21.9	36.9	27.1	20.3	25.4	27.0	38.6	27.5	26.0	27.9	27.6	41.0	23.2	19.2	24.2	26.2	40.1
Perceived availability of handguns	15.8	16.1	24.5	23.6	26.3	31.9	35.6	27.7	35.4	36.7	25.7	26.9	20.1	25.1	23.7	28.4	28.5	28.5	30.4	27.6	25.5	26.9	25.1	28.7	28.8
Family Domain																									
Poor family management	33.3	24.8	30.5	37.2	48.1	27.4	20.6	18.2	25.8	40.4	20.7	21.6	18.7	24.8	40.0	20.5	19.5	25.8	27.4	41.2	25.4	21.6	23.5	28.8	41.9
Family conflict	28.1	29.0	33.2	34.5	38.9	27.2	24.1	24.6	25.5	35.3	35.8	31.3	33.2	30.9	39.9	25.5	30.4	30.8	30.0	38.0	29.1	28.8	30.5	30.2	38.0
Family history of antisocial behavior	27.5	17.3	18.6	26.4	37.8	14.6	13.6	15.0	20.1	35.4	23.0	19.7	17.1	24.7	40.2	21.4	22.6	18.8	25.3	42.7	21.7	18.3	17.4	24.1	39.2
Parent attitudes favorable to ASB	16.7	16.5	18.9	26.3	37.7	27.9	27.1	30.4	34.3	49.1	30.0	32.3	30.5	35.4	53.5	29.0	31.4	34.9	35.2	52.9	25.8	27.2	28.6	32.7	49.1
Parent attitudes favorable to drug use	2.4	1.6	2.5	4.6	11.4	6.5	7.5	6.8	9.3	23.7	12.8	13.4	9.9	16.3	39.6	8.0	10.8	14.4	15.3	40.3	7.4	8.7	8.3	11.2	29.8
School Domain																									
Academic failure	31.0	24.1	28.5	28.0	32.1	26.7	25.4	24.5	27.3	37.2	29.8	30.1	32.4	30.8	39.8	28.9	31.0	43.1	36.8	37.9	29.1	27.8	32.1	30.6	37.1
Low commitment to school	30.4	26.8	38.0	41.6	42.8	46.8	33.0	42.5	44.1	45.1	34.0	37.3	43.2	44.1	41.1	36.3	41.9	49.6	45.9	42.1	36.9	34.8	43.3	43.9	42.8
Peer-Individual Domain																									
Rebelliousness	16.0	11.3	15.1	19.8	27.3	15.1	18.6	16.3	20.2	34.5	25.9	23.9	28.6	28.5	39.8	26.2	29.2	20.9	26.3	37.7	20.9	21.1	20.5	23.7	35.5
Early initiation of ASB	16.1	11.5	13.7	17.3	23.8	26.9	21.9	18.5	22.9	32.2	30.4	23.7	20.4	27.1	34.2	20.5	22.0	25.2	27.0	34.2	23.4	20.0	19.4	23.4	31.7
Early initiation of drug use	6.4	6.0	6.1	10.1	23.4	10.3	10.4	9.5	13.9	36.5	16.2	11.4	10.4	15.9	38.2	10.1	14.0	15.3	20.2	47.9	10.7	10.5	10.3	14.9	37.5
Attitudes favorable to ASB	22.6	22.8	22.7	34.7	40.0	29.0	18.2	25.8	25.5	34.7	30.1	28.3	28.5	31.9	40.8	32.6	27.6	34.9	34.3	39.0	28.5	24.4	27.9	31.5	38.5
Attitudes favorable to drug use	5.1	4.5	6.2	9.1	18.9	15.0	13.6	14.8	17.2	33.0	23.1	20.7	22.0	26.1	45.2	16.5	21.0	19.0	24.5	46.9	14.8	15.3	15.5	19.0	37.1
Perceived risk of drug use	24.0	22.6	22.0	33.3	44.5	17.5	19.4	27.7	29.6	37.9	26.2	27.6	34.0	39.4	51.9	23.3	26.5	29.1	35.1	47.4	22.8	24.2	28.2	34.3	45.4
Interaction with antisocial peers	17.8	14.1	12.2	20.9	33.6	17.9	14.2	10.2	17.1	30.0	23.1	16.6	17.0	19.6	31.3	15.6	16.4	15.0	17.0	29.6	18.6	15.4	13.7	18.7	30.9
Friend's use of drugs	6.7	3.5	4.4	7.3	19.7	10.1	11.0	13.5	16.1	39.2	18.1	14.8	12.4	15.9	40.4	9.1	12.5	8.9	13.9	38.5	11.0	10.7	9.8	13.3	35.6
Rewards for ASB	14.5	14.7	10.5	20.7	24.5	24.8	22.0	19.0	26.5	31.9	24.1	21.8	20.4	28.5	42.1	23.5	20.2	23.0	28.4	46.6	21.7	20.0	18.3	26.1	36.7
Depressive symptoms	28.1	22.9	28.7	30.8	30.3	32.0	28.4	36.7	36.7	34.8	41.4	39.9	48.9	44.1	37.8	30.6	37.3	44.3	42.6	33.4	33.0	32.5	39.6	38.4	34.2
Gang involvement	2.1	0.9	1.7	2.1	5.6	1.9	2.3	1.0	2.6	6.9	3.5	1.7	0.8	2.4	5.9	1.8	2.1	2.5	2.2	5.2	2.3	1.8	1.5	2.3	5.9
Intention to use drugs*	~	11.8	10.6	21.6	44.2	~	10.9	11.7	16.1	29.2	~	21.7	19.5	26.1	39.1	~	23.8	22.9	29.2	44.3	~	17.4	16.3	23.2	38.9

*"Intention to use drugs" was not measured in 2013.

Data Tables

Table 9. Percentage of Students Reporting Protection

	6th Grade					8th Grade					10th Grade					12th Grade					All Grades				
	2013	2015	2017	State 2017	BH Norm	2013	2015	2017	State 2017	BH Norm	2013	2015	2017	State 2017	BH Norm	2013	2015	2017	State 2017	BH Norm	2013	2015	2017	State 2017	BH Norm
Community Domain																									
Rewards for prosocial involvement	71.5	72.3	65.8	57.9	52.7	70.9	73.5	76.8	64.1	52.1	64.1	67.6	65.5	58.5	45.2	73.1	73.0	64.5	57.8	44.5	69.9	71.3	67.9	59.6	48.6
Family Domain																									
Family attachment	74.0	83.4	76.9	72.5	58.2	71.1	75.6	68.6	71.8	54.8	73.3	73.5	73.0	71.5	56.8	74.4	73.5	70.3	69.1	57.7	73.2	76.3	72.3	71.3	56.7
Opportunities for prosocial involvement	73.4	82.8	78.2	71.3	59.6	79.6	78.4	77.8	73.6	62.5	66.8	67.3	63.0	66.5	56.2	73.5	71.0	71.2	67.0	56.2	73.3	74.4	72.3	69.7	58.5
Rewards for prosocial involvement	70.8	80.1	68.9	64.6	55.7	55.5	67.8	67.5	60.0	48.8	67.1	64.6	63.1	61.9	54.3	67.8	65.8	59.9	60.2	54.0	65.4	69.0	64.7	61.7	53.0
School Domain																									
Opportunities for prosocial involvement	57.4	67.5	72.4	64.1	59.5	66.6	82.3	78.8	75.2	65.6	73.1	78.3	80.5	77.6	66.0	79.4	79.0	74.5	78.0	67.7	68.9	76.9	76.6	73.6	65.1
Rewards for prosocial involvement	69.6	80.5	74.4	66.9	56.9	52.5	64.4	53.9	60.1	56.9	67.7	71.7	68.3	70.5	63.4	58.5	59.7	54.7	56.8	52.4	62.0	69.3	62.9	63.7	57.5
Peer-Individual Domain																									
Belief in the moral order	77.4	81.3	77.7	68.8	62.9	77.3	82.4	78.2	76.0	65.8	65.4	63.9	62.5	61.7	54.6	68.8	65.9	70.4	61.7	55.6	72.1	72.5	71.7	67.0	59.4
Interaction with prosocial peers	55.5	65.4	66.4	50.8	57.0	71.9	73.1	75.7	62.3	59.7	71.1	71.5	75.8	64.3	60.0	77.3	73.7	63.6	61.6	57.3	68.9	71.0	70.3	59.7	58.7
Prosocial involvement	52.6	62.1	64.3	58.5	57.7	58.6	64.3	67.4	62.5	58.1	63.8	64.6	64.7	61.4	58.2	68.0	66.5	56.6	59.9	58.9	60.6	64.3	63.3	60.6	58.3
Rewards for prosocial involvement	61.1	77.0	66.1	60.4	48.4	60.8	77.5	68.9	62.9	50.9	78.6	74.8	72.8	72.2	59.9	76.2	81.6	78.1	75.9	63.0	69.5	77.5	71.7	67.9	56.3

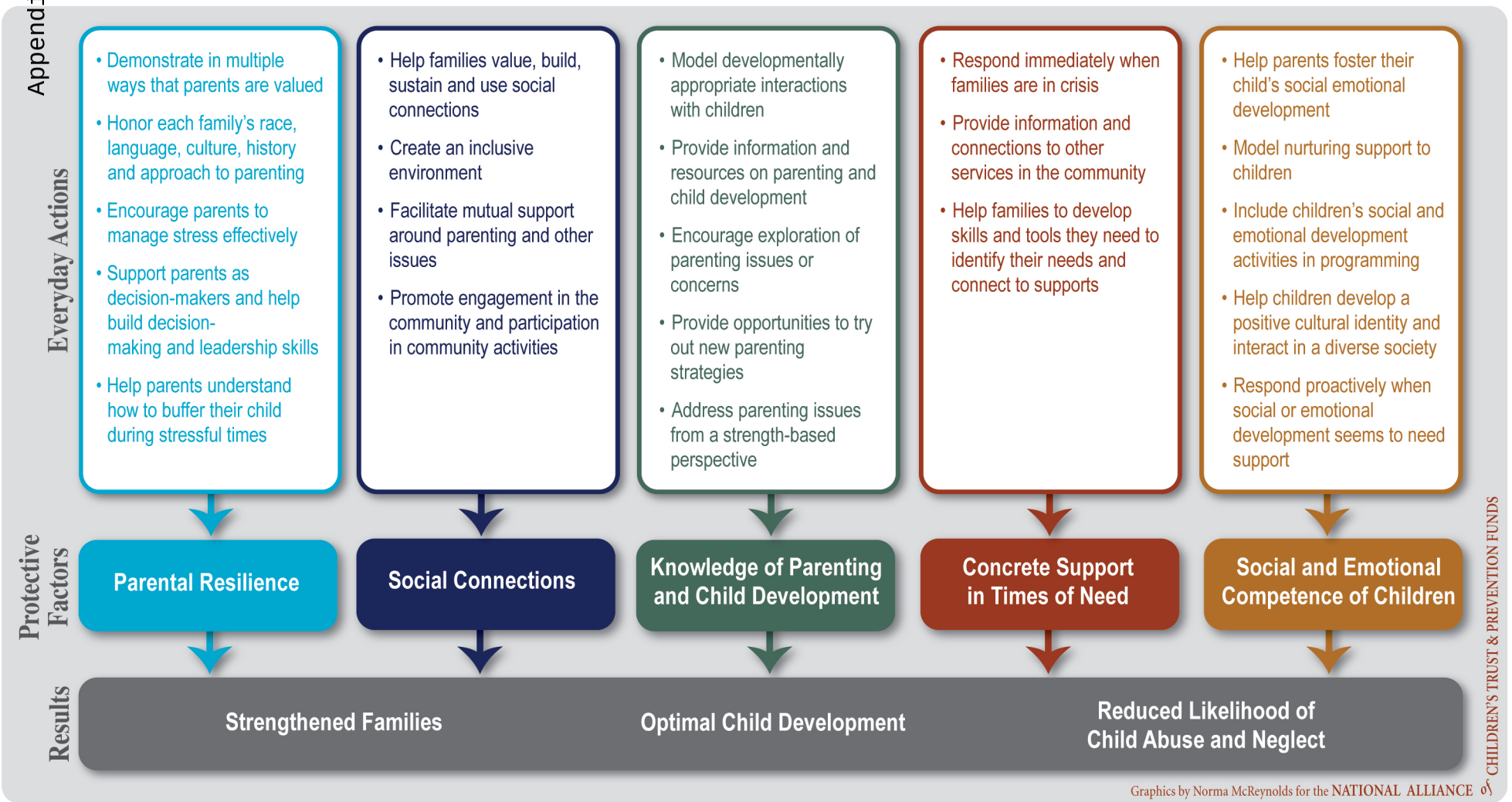
Social & Emotional Learning Core Competencies



Appendix 13

The Pathway to Improved Outcomes for Children and Families

Everyday Actions That Help Build Protective Factors



Graphics by Norma McReynolds for the NATIONAL ALLIANCE of CHILDREN'S TRUST & PREVENTION FUNDS

CENTER FOR THE STUDY OF SOCIAL POLICY'S
strengthening families
A PROTECTIVE FACTORS FRAMEWORK

ADVERSE CHILDHOOD EXPERIENCES

DAVIS COUNTY

What are Adverse Childhood Experiences (ACEs)?

ACEs are major childhood trauma (before age 18) that includes neglect, abuse and household challenges. This trauma can result in changes in brain development and may affect a child's social skills and ability to learn. ACEs can also result in long-term health problems. Experts believe ACEs are a major health issue in the 21st century.

The 10 ACEs

- Emotional abuse
- Physical abuse
- Sexual abuse
- Emotional neglect
- Physical neglect
- Mother treated violently
- Household substance abuse
- Household mental illness
- Parents separated or divorced
- Household member incarcerated

ACEs Are Linked To:

- Suicide
- Depression
- Early death
- Substance abuse
- Smoking
- Cancer
- Heart disease
- Intimate partner violence
- Unemployment
- Financial stress
- Stroke
- Sexually transmitted diseases
- Diabetes
- Sexual violence
- Poor academic performance
- Asthma
- Frequent headaches
- Obesity
- Autoimmune diseases
- Teen pregnancy

Source: 1998 CDC-Kaiser Adverse Childhood Experiences Study

% of Adults Who Report ACEs



	DAVIS COUNTY	UTAH
0 ACEs	39.9%	38.3%
1-3 ACEs	45.6%	45.2%
4+ ACEs	14.6%	16.5%

Source: Utah Behavioral Risk Factor Surveillance System, 2013 & 2016

For more information contact the Davis County Health Department at 801-525-5072

% of Adults Who Report Abuse



	DAVIS COUNTY	UTAH
Physical	18.7%	19.3%
Sexual	11.4%	12.1%
Verbal	32.9%	36.6%

Source: Utah Behavioral Risk Factor Surveillance System, 2013 & 2016

% of Adults Who Report Household Challenges



	DAVIS COUNTY	UTAH
Mental Illness	22.8%	22.1%
Criminal Household Member	6.4%	7.7%
Mother Treated Violently	13.8%	14.7%
Substance Abuse	21.8%	23.3%
Divorced/Separated	22.2%	22.7%

Source: Utah Behavioral Risk Factor Surveillance System, 2013 & 2016

Definitions

Emotional abuse: A parent, stepparent, or adult living in your home swore at you, insulted you, put you down or acted in a way that made you afraid that you might be physically hurt.

Physical abuse: A parent, stepparent, or adult living in your home pushed, grabbed, slapped, threw something at you or hit you so hard that you had marks or were injured.

Sexual abuse: An adult, relative, family friend, or stranger who was at least 5 years older than you ever touched or fondled your body in a sexual way, made you touch his/her body in a sexual way or attempted to have any type of sexual intercourse with you.

Criminal household member: A household member went to prison.

Mother treated violently: Your mother or stepmother was pushed, grabbed, slapped, had something thrown at her, kicked, bitten, hit with a fist, hit with something hard, repeatedly hit for over at least a few minutes or ever threatened or hurt by a knife or gun by your father (or stepfather) or mother's boyfriend.

Household substance abuse: A household member was a problem drinker or alcoholic or a household member used street drugs.

Mental illness in household: A household member was depressed or mentally ill or a household member attempted suicide.

Parental separation or divorce: Your parents were ever separated or divorced.

Emotional neglect: No one in your family loved you or thought you were important or special. Your family didn't look out for each other, feel close to each other or support each other.

Physical neglect: You didn't have enough to eat, had to wear dirty clothes and had no one to protect you. Your parents were too drunk or high to take care of you or take you to the doctor if you needed it.

*While the validated BRFSS module addresses ACEs, no questions are included that measure physical or emotional neglect.

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Davis County Human Services Charter

Davis County Human Services Collaborations:

- Human Services Cabinet
- Human Services Directors Committee
- Davis Links Resource Forum

Mission: Enhance collaboration among human services organizations to ensure programs and services are accessible, aligned, and mutually reinforced.

Vision: An accessible, integrated, and comprehensive human services system that effectively meets the needs of Davis County's vulnerable residents.

Guiding Principles:

- Assure access while prioritizing prevention
- Data driven
- Results based
- Unduplicated services
- Trauma informed
- Equitable
- Aligned

Background: In 2016, the Human Services Directors began meeting under the direction of the Davis County Commission to improve coordination of human services. In 2017, the group participated in a year long process of identifying human services priorities. In 2019, a Human Services Cabinet was created to inform human services funding, priorities, and resources to further align and coordinate services.

Priorities: In 2017, the Human Services Directors Committee selected the top three county human services priorities which are listed below. Priorities will be revisited as recommended by the Human Services Cabinet. Since Adverse Childhood Experiences (ACEs) & Trauma have an underlying connection to all three priorities, the Human Services Directors Committee provides direction in ACEs prevention strategies. The three priorities are:

- Health: Every resident of Davis County is mentally healthy
- Safety: Decrease incidents of interpersonal violence
- Stability (education, employment, housing, basic needs): Low income residents are economically stable

Scope: In 2017, the Human Services Directors Committee created driver maps for each priority. The driver maps identified indicators, drivers, existing interventions, performance measures and change ideas. These maps serve as a guide to determine goals and outcomes for each priority. Workgroups will set goals and advance progress toward reaching goals and outcomes with guiding principles in mind.

Roles/Responsibilities:

- **Davis County Human Services Cabinet:** The cabinet is the oversight committee. Cabinet members are high-level organizational leaders that understand Davis County's unique challenges and work across agencies to make policy decisions, allocate resources, advise funding, assist in the development of the county consolidated plan, provide vision and strategic direction. **Membership**: Commissioner, Davis County Health Department, Davis Behavioral Health, Davis Technical College, Department of Workforce Services, Open Doors (Community Action

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Partnership), Davis School District, and Davis County Sheriff participate to ensure sustainability. At-large members will participate as needed to appropriately address priorities. Changes in membership are made at the discretion of the cabinet. Committee meets every other month.

- **Davis County Human Services Directors Committee:** The committee meets to provide input on priority areas, communicate gaps in services and resources, identify challenges and opportunities, receive training, and collect and share data that will impact human services priorities. Committee members are invited to participate on priority workgroups for which their organization can add expertise and resources to achieve goals and outcomes. The committee is the primary workgroup to develop and implement Davis4Health ACEs & Trauma prevention strategies. **Membership:** Any interested community partners are invited to participate. The committee meets every other month.

- **Davis Links Resource Forum:** Service providers connect with community providers and receive resources to assist their clients. Attendance is open to the community. The resource forum is held monthly.

- **Workgroups:** Davis County workgroups that align with the priorities of health, safety, and stability have been identified. Workgroups meet to advance progress toward reaching determined goals and outcomes. Additional workgroups may be needed as gaps in services are determined. For the current list of workgroups see “Davis County Human Services Organization & Priorities” chart.

- **Davis County:** The Commission convenes human services agencies and ensures overall progress is being made in each priority. The Davis County Health Department provides administrative support. Additional county departments are involved as needed.

Organizational Structure: See “Davis County Human Services Organization and Priorities” chart.

Adopted:

Davis County Human Services Organization & Priorities

Human Services Cabinet
Lead: Commissioner Kamalu

Human Services Directors Committee
Lead: Commissioner Kamalu

Davis Links Resource Forum
Lead: Kali Ottesen

PRIORITIES

HEALTH

Every resident of Davis County is mentally healthy

SAFETY

Decrease incidents of interpersonal violence

STABILITY

Education, Employment, Housing, Basic Needs

Low income residents are economically stable

EXISTING WORKGROUPS

Davis Behavioral Health Network (Davis4Health CHIP Priority)
Lead: Isa Perry

Davis HELPS (Prevention, Davis4Health CHIP Priority)
Lead: Jill McArthur

CAPE (Coalition for Abuse Prevention of the Elderly)
Lead: Kristy Cottrell

CARES Coalition
Lead: Safe Harbor

Davis County Domestic Violence Coalition
Lead: Debbie Comstock

Food Environment Workgroup
Lead: Lorna Koci

Intergenerational Poverty Committee
Lead: Daneen Adams

Local Homeless Coordinating Committee
Lead: Lorene Kamalu

ACEs, Trauma & Resilience (Davis4Health CHIP Priority)

Current: April 2019