UTAH DEPARTMENT OF HEALTH & HUMAN SERVICES
SUBRECIPIENT AGREEMENT

PO Box 144003, Salt Lake City, Utah 84114
288 North 1460 West, Salt Lake City, Utah 84116

251692226	262702226
DHHS Log Number	State Agreement ID

1. AGREEMENT NAME: The name of this contract is Title V Maternal and Child Health Services Block Grant – San Juan Public Health.

2. PARTIES: This agreement is between the Utah Department of Health & Human Services (DHHS) and San Juan County (SUBRECIPIENT)

PAYMENT ADDRESS
San Juan County
735 S 200 W, Ste 2
Blanding, UT 84511

MAILING ADDRESS
San Juan County
735 S 200 W, Ste 2
Blanding, UT 84511

Vendor ID: 06866HL
Commodity Code: 99999 Grants

3. GENERAL PURPOSE OF AGREEMENT: The purpose of this agreement is to provide Title V MCH Block Grant funding to provide public health services and related activities that improve maternal, infant, child and/or adolescent health outcomes in Utah.

4. AGREEMENT PERIOD: The service period of this agreement is 10/01/2025 through 09/30/2030, unless terminated or extended by agreement in accordance with the terms and conditions of this contract.

5. AGREEMENT AMOUNT: DHHS agrees to pay a maximum of $42,864.00 in accordance with the provisions of this agreement.

6. AGREEMENT INQUIRIES: Inquiries regarding this agreement shall be directed to the following individuals:

SUBRECIPIENT CONTACT:
Mike Moulton
(435) 587-3838
mmoulton@sanjuancountyut.gov

DHHS CONTACT:
Laurie Baksh
(385) 222-6915
lbaksh@utah.gov

7. SUB – RECIPIENT INFORMATION:

UEI: WCVABP2FEVA2 **Indirect Cost Rate:** 0.00 %

Federal Funds

Funding Amount	Award Number	Assistance Listing Number	Assistance Listing Title	Federal Program Name	Federal Awarding Agency	Federal Award Identification Number	Federal Award Date
$42,864.00	B04MC54579-01	93.994	Maternal and Child Health Services Block Grant to the States	Maternal and Child Health Services	HRSA	B0454579	08/19/2025

8. REFERENCE TO ATTACHMENTS INCLUDED AS PART OF THIS AGREEMENT:

   Attachment A: Scope of Work
   Attachment B: MCH Service Report Instructions
   Attachment C: MCH Priorities
   Attachment D: Measure Selection Form
   Attachment E: MCH Service Report
   Attachment F: MCH Financial Report
   Attachment G: Utah Menu of Violence and Injury Prevention Strategies

9. This agreement, its attachments, and all documents incorporated by reference constitute the entire agreement between the parties and supersedes all prior written or oral agreements between the parties relating to the subject matter of this agreement.

Intentionally Left Blank

Agreement with Utah Department of Health & Human Services and San Juan County, Log # 251692226

IN WITNESS WHEREOF, the parties enter into this agreement.

San Juan County
Signature

Signed by: _____

_____
Silvia Stubbs
Commission Chair

Date Signed: _____

ATTACHMENT A: SCOPE OF WORK
Maternal and Child Health Block Grant
San Juan Public Health

Article 1
DEFINITIONS

1.1 **Definitions.** In this agreement the following definitions apply:

"**FFY 2025**" means Federal Fiscal Year 2025, which is October 1, 2024 through September 30, 2025.

"**MCH**" means Maternal and Child Health.

"**MCH Block Grant**" means the Federal Title V Maternal and Child Health Block Grant.

"**NPM**" means National Performance Measure.

"**SPM**" means State Performance Measure.

"**Title V**" means Title V of the federal Social Security Act.

Article 2
ADMINISTRATIVE REQUIREMENTS

2.1 **Administrative Requirement**. The Subrecipient shall:

(1) perform services in accordance with all pertinent State and federal statutes, rules, and regulations, including 45 C.F.R. Part 75 (with the exception of eight flexibilities HHS adopted on October 1, 2024 from 2 C.F.R. Part 200) prior to October 1, 2025 and 2 C.F.R. Parts 200 and 300 after October 1, 2025;

(2) expend all funds received to provide public health services or to expand or enhance activities that improve the health of the MCH population, and to address local MCH issues;

(3) select at least one NPM or SPM identified during the 2025 MCH Needs Assessment process (Attachment C) and set annual Subrecipient goals and objectives related to the chosen NPM/SPM that are appropriate for current work practices;

(4) have any staff who are funded with grant funds participate in at least one workforce development opportunity as appropriate for current work practices;

(5) submit reports using the forms and/or formats provided by the DHHS Office of MCH via the REDCap reporting system; and

(6) include the following statement on all products produced by MCH Block Grant funds: "This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under CFDA #93.994 Maternal and Child Health Services - Title V Block Grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

2.2 If the Subrecipient is covered by Title IX, certify that Subrecipient is compliant with Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. 1681 et seq., including the requirements set forth in Presidential Executive Order 14168 titled Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government.

2.3 DHHS shall in all cases be utilized as "payor of last resort" which means that payment under this contract may be available only after the Subrecipient has demonstrated that all other payment sources, including but not limited to insurance coverage, government assistance programs, and/or revenue generated from a sliding fee scale have been exhausted. Documentation of such must be maintained in client files to be available for agreement monitoring purposes.

2.4 The program contact for MCH is Laurie Baksh, lbaksh@utah.gov, 385-222-6915.

2.5 The program contact for the Violence and Injury Prevention Program is: Teresa Brechlin, tbrechlin@utah.gov, 801-814-5857.

Article 3
SERVICE REQUIREMENTS

3.1 **MCH Health Services**. The Subrecipient shall:

(1) select one NPM or SPM derived from the state's Title V Maternal and Child Health Services Block Grant priorities (Attachment C) and use MCH Block Grant funding to implement strategies to improve the measure in the Subrecipient's health district:

(A) the Subrecipient's selected priority issue must remain unchanged during the contract period unless the Title V Director approves the change;

(2) by November 30, 2025, inform DHHS of the chosen NPM/SPM and strategies using the form provided in Attachment D; and

(3) meet quarterly with the DHHS lead over the chosen NPM/SPM to discuss progress in activities and seek technical assistance, if needed.

3.2 **Violence and Injury Prevention Services**. The Subrecipient shall:

(1) participate in the safe kids injury prevention workgroup:

(A) attend at least four workgroup meetings.

(B) expand partnerships with organizations that may contribute to the purpose of keeping kids safe through a shared risk and protective factor approach that include:

(i) school district partners;

(ii) housing partners;

(iii) food security;

(iv) business/economic partners;

(v) local Communities That Care partners;

(vi) youth council representatives; and

(vii) other non-traditional and relevant partners that are working on shared risk and protective factors;

(C) support Safe Kids partner activities, car seat checkpoints, and events. This activity cannot exceed 10% of the agreement; and

(2) select at least three activities from the Utah menu of violence and injury prevention strategies (Attachment G):

(A) at least one of these activities must include strategies to improve adolescent connectedness to a trusted adult.

3.3 DHHS Responsibilities. DHHS shall:

(1) provide the REDCap reporting system and all reporting forms;

(2) support use of the REDCap reporting system;

(3) support the Subrecipient with technical assistance or consultation as requested for any aspect of this contract, including training and support for any NPM, SPM or evidence-based strategy measure activity suggestions; and

(4) provide the Subrecipient with MCH workforce development resources as requested.

Article 4
FUNDING

4.1 **Funding.** Unless otherwise provided, allowable expenditures include wages and salaries, fringe benefits, current expenses, travel and mileage, and printing;

4.2 The following costs are unallowable and cannot be billed under this agreement:

(1) food costs, unless they are associated with approved travel or pre-approved by DHHS;

(2) gifts for employees, unless they are pre-approved and included as part of the Subrecipient's incentive policy and are applied equitably across the organization, in accordance with 2 C.F.R. §200.437;

(3) gift cards, unless they are pre-approved by DHHS;

(4) cash payments to intended recipients of MCH services;

(5) inpatient services; and

(6) the purchase or improvement of land, the purchase, construction, or permanent

improvement (other than minor remodeling) of any building or other facility, or the purchase of major medical equipment or vehicles;

4.3 For this agreement, $32,320.00 must be spent on MCH services and $10,544.00 must be spent on violence and injury prevention activities related to women, pregnant women, infants, children, adolescents, and/or children with special health care needs.

4.4 **Future Funding**. Federal funding for years 2 through 5 will be determined.

(1) Future federal funding will be determined for 10/1/2026 to 09/30/2027.

(2) Future federal funding will be determined for 10/1/2027 to 09/30/2028.

(3) Future federal funding will be determined for 10/1/2028 to 09/30/2029.

(4) Future federal funding will be determined for 10/1/2029 to 09/30/2030.

Article 5
INVOICING

5.1 The Subrecipient shall include one column for MCH Block Grant and one column for Violence and Injury Prevention Program in the Monthly Expenditure Report.

Article 6
REPORTING REQUIREMENTS

6.1 By November 30, 2025, the Subrecipient shall:

(1) inform DHHS of the chosen NPM/SPM and strategies using the form provided in Attachment D;

(2) submit the MCH Block Grant Annual year-end report for FFY 2025 (including reporting on activities completed for women, mothers, children, youth and families); and

(3) report workforce development opportunities provided to relevant MCH staff for FFY 2025.

6.2 By March 31, 2025, Subrecipient shall:

(1) submit the MCH Services/Finance Report for FFY 2025:

(A) an instruction sheet is included with the report template.

6.3 The Subrecipient must submit all plans, reports and other documents in the REDCap Reporting System.

Article 7
OUTCOMES

7.1 **Outcomes**. To improve the health of women, pregnant women, infants, children, adolescents, and children with special health care needs by implementing strategies around one NPM/SPM and providing healthcare, community resources and education.

7.2 **Performance Measures**. The Subrecipient shall:

(1) provide both direct/enabling and public health services (as defined in Attachment E) to Title V populations that improves their health and well-being; and

(2) provide an action plan with goals, activities, time frames and desired outcomes for one NPM/SPM.

7.3 **Reporting**. The Subrecipient shall:

(1) track and report on the number of individuals served and types of services provided; and

(2) measure selected, reasons for selecting NPM/SPM clearly described, goal for improving within the Subrecipient's district defined, activities to be implemented identified and reported on. The Subrecipient shall submit an end of year progress report with updates and findings from their action plan.

Attachment B
Maternal and Child Health Service Report Instructions

Please complete information at top of form with names of Health Department, the person who prepared the form and phone number. Where possible, provide actual counts of individuals broken down by the categories indicated. For additional questions contact Rob Satterfield: rsatterfield@utah.gov

Direct & Enabling Services*

Total Served:

Total Served by Insurance Coverage: The number of unduplicated pregnant women, mothers and infants, and children served during the reporting period. *The 'Total Served' cell will provide you with the sum of Medicaid, CHIP, Private/Other, and Unknown cells.

Health Coverage: Breakdown the numbers of "Total Served" by health coverage type.

Pregnant Women:

Total women served: The unduplicated number of women who received any type of pregnancy-related service. *The 'Total Served' cell will provide you with the sum of Medicaid, CHIP, Private, Other, and Unknown cells.

Infants under one year Served:

Total infants served: the unduplicated number of infants less than 1 year of age who received services. *The 'Total Served' cell will provide you with the sum of Medicaid, CHIP, Private, Other, and Unknown cells.

Children 1 to 22 Served:

Total children served: The number of children 1 to 22 years of age who received health services. *This cell is locked and will sum the Medicaid, CHIP, Private, Other, and Unknown cells.

Children with Special Health Care Needs 0 to 22 Served:

Total children with special health care needs served: The number of children with special health care needs 0 to 22 years of age who received health services. *This cell is locked and will sum the Medicaid, CHIP, Private, Other, and Unknown cells.

****If you are do not have information as to whether a child has special health care needs, place them in the Children served category.**

Others Served:

Total others served: the unduplicated number of individuals who received MCH services. *The 'Total Served' cell will provide you with the sum of Medicaid, CHIP, Private, Other, and Unknown cells.

**Note: the Work Sheet will only allow you to fill in your name, phone, contact email, and counts within each insurance category.

Please ensure your total numbers equal the sum of the total reported in the 'Total Served' box, if they do not and all insurance categories are accurately reported then the balance must be entered

into the 'Unknown' box. If your LHD does not participate in a program please leave the section blank.

Public Health Services**

The number of unduplicated people in each group served during the reporting period. These services do not need to be reported by insurance status.

* **Direct & Enabling Services**

Direct services are preventive, primary, or specialty clinical services to pregnant women and children, including children with special health care needs, where MCH Services Block Grant funds are used to reimburse or fund providers for these services through a formal process similar to paying a medical billing claim or managed care contracts. Reporting on direct services should not include the costs of clinical services which are delivered with Title V dollars but reimbursed by Medicaid, CHIP or other public or private payers. Examples include, but are not limited to, preventive, primary or specialty care visits, emergency department visits, inpatient services, outpatient and inpatient mental and behavioral health services, prescription drugs, occupational and physical therapy, speech therapy, durable medical equipment and medical supplies, medical foods, dental care, and vision care

Enabling services are non-clinical services (i.e., not included as direct or public health services) that enable individuals to access health care and improve health outcomes where MCH Services Block Grant funds are used to finance these services. Enabling services include, but are not limited to: case management, care coordination, referrals, translation/interpretation, transportation, eligibility assistance, health education for individuals or families, environmental health risk reduction, health literacy, and outreach. Reporting on enabling services should not include the costs for enabling services that are reimbursed by Medicaid, CHIP, or other public and private payers. This category may include salary and operational support to a clinic that enable individuals to access health care or improve health outcomes. Examples include the salary of a public health nurse who provides prenatal care in a local clinic or compensation provided to a specialist pediatrician who provides services for children with special health care needs.

Public Health Services

Public health services and systems are activities and infrastructure to carry out the core public health functions of assessment, assurance, and policy development, and the 10 essential public health services. Examples include the development of standards and guidelines, needs assessment, program planning, implementation, and evaluation, policy development, quality assurance and improvement, workforce development, and population-based disease prevention and health promotion campaigns for services such as newborn screening, immunization, injury prevention, safe-sleep education and anti-smoking. Reporting on public health services and systems should not include costs for direct clinical preventive services, such as immunization, newborn screening tests, or smoking cessation.

INSTRUCTIONS
MCH FINANCIAL REPORT

Section 1A
Report your actual contract expenditures in this section.
Amounts reported should equal the amounts reported on your RSS/MER and cannot exceed your contract amount.

Section 1B
Of the amounts reported in section 1A, please provide the percentages spent on types of services.
Percentages reported must equal 100%
Types of Services are defined as:

Direct Services

Direct services are preventive, primary, or specialty clinical services to pregnant women and children, including children with special health care needs, where MCH Services Block Grant funds are used to reimburse or fund providers for these services through a formal process similar to paying a medical billing claim or managed care contracts. State reporting on direct services should not include the costs of clinical services which are delivered with Title V dollars but reimbursed by Medicaid, CHIP or other public or private payers. Examples include, but are not limited to, preventive, primary or specialty care visits, emergency department visits, inpatient services, outpatient and inpatient mental and behavioral health services, prescription drugs, occupational and physical therapy, speech therapy, durable medical equipment and medical supplies, medical foods, dental care, and vision care

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Section 2A
This section will be completed only if the amount reported on the MER exceeds your MCH contract.
Example:
The MCH Block Grant contract amount is $100,000. The MER report for the MCH Block Grant contract shows $125,000.
Identify the funds used (Examples: federal grant, fee type, local funds, etc.)
Identify the general purpose of funds used

Section 2B
If amounts are reported in section 2A, please provide the percentages spent on types of services.
Percentages reported must equal 100%
Types of Services are defined in instructions for Section 1B.

Attachment C

MCH Performance Measures, 2026-2030

Women/Mothers

New mothers receive needed healthcare, mental healthcare, and other needed supports to thrive during and after the postpartum period.

Perinatal mental health screening (NPM - MHS)

Percent of women screened for depression or anxiety following a recent live birth

Postpartum visit (NPM - PPV)

A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth; B) Percent of women who attended a postpartum checkup and received recommended care components

Infants

Infants and families have the institutional and community support they need to reduce the risk of infant injury and mortality during the first year after birth.

Safe sleep (NPM - SS)

A) Percent of infants placed to sleep on their backs; B) Percent of infants placed to sleep on a separate approved sleep surface; C) Percent of infants placed to sleep without soft objects or loose bedding; D) Percent of infants room-sharing with an adult

Children

All children and families thrive, have access to, and use developmentally appropriate services, consistent and family-centered healthcare, and good oral health habits

Medical home (NPM - MH Child)

Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

Developmental screening (NPM - DS)

Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year

Preventive dental visit (NPM - PDV Child)

Percent of children, ages 1 through 17, who had a preventive dental visit in the past year

Adolescents

Adolescents have healthy adult role models inside and outside their homes they can trust and talk to as they prepare for adulthood.

Adult mentor (NPM - ADM)

Percent of adolescents, ages 12 through 17, who have one or more adults outside the home who they can rely on for advice or guidance.

CSHCN

All children and youth with special health care needs have access to a well-coordinated medical home and a community support structure that prepares them for a smooth transition to adult living.

Medical home (NPM - MH CSHCN)

Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

Transition (NPM - TAHC)

Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult healthcare

Cross-cutting: State Performance Measure: factors affecting health and well-being, resilient families, and basic needs

Families have healthy environments and access to basic needs to ensure optimal health across the lifespan.

Attachment D
Title V Measure Selection FFY2026

Name of person completing form: Click or tap here to enter text.

Health District: Choose an item.

Which National or State Performance Measure is your district choosing to work on in FY26-FY30? Choose an item.

Please tell us why you chose this measure. How did you assess the data to determine which measure to select?

Click or tap here to enter text.

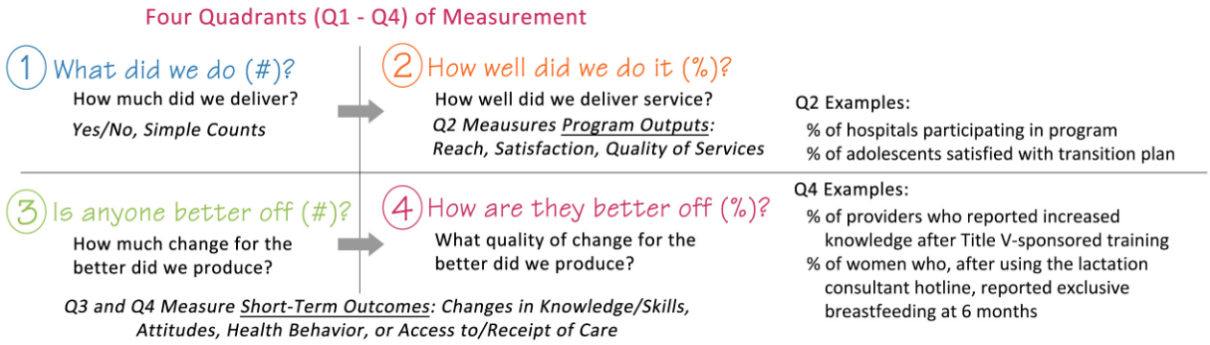
Please describe what activities you will be implementing to address this measure.

Click or tap here to enter text.

Please provide one SMART (Specific, Measureable, Achievable, Relevant and Time-bound) objective that you will work towards from 10/1/2025 – 9/30/2026. Please ensure your measure tries to capture quality of services or effect of the activity. Please avoid goals that simply count the number of clients served or other measure that only reflects a count of things done. Please note the DHHS subject matter expert for each NPM/SPM is willing to assist you with development of this measure.

Click or tap here to enter text.

Below is a quadrant for different types of measures used in results based accountability



What data will you be using to measure your objective?

Click or tap here to enter text.

Attachment E

Local Health Department Maternal and Child Service Report

Service Dates Federal Fiscal Year 2025 : October 1, 2024 to September 30, 2025

	Name		**Phone**		**LHD**						
	Contact Email										
	Direct & Enabling Services										**Public Health Services**
	Health Insurance Coverage										
Pregnant Women											
	Total Served	Title XIX (Medicaid)		Tile XXI (CHIP)		Private/Other		None		Unknown	Total Served
Pregnant Women	0										
Children											
	Total Served	Title XIX (Medicaid)		Tile XXI (CHIP)		Private/Other		None		Unknown	Total Served
Infants <1 Year of Age	0										
Children 1 to 22 years of age	Total Served	Title XIX (Medicaid)		Tile XXI (CHIP)		Private/Other		None		Unknown	Total Served
	0										
Children with Special Health Care Needs 0 to 22 years of age	Total Served	Title XIX (Medicaid)		Tile XXI (CHIP)		Private/Other		None		Unknown	Total Served
	0										
Others											
	Total Served	Title XIX (Medicaid)		Tile XXI (CHIP)		Private/Other		None		Unknown	Total Served
Others	0										

Direct Services

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Attachment F
MCH FINANCIAL REPORT - FFY 2025
Period Reported: October 1, 2024 to Sept 30, 2025

HEALTH DEPARTMENT: _____

Contact Person: _____

Phone Number: _____

DUE BY MARCH 31, 2026. ANY QUESTIONS CALL (801) 520-9674
Mykio Saracino, DIVISION OF FAMILY HEALTH, PO BOX 142002, SLC, UT 84112-2002
msaracino@utah.gov

SECTION 1A

Please report your contract expenditures in this section. Amounts reported should equal the amounts reported on your RSS/MER and cannot exceed your contract amount.

	TYPES OF INDIVIDUALS SERVIED					
	Pregnant Women	Infants < 1 year	Children 1-22 years	Children with Special Health Care Needs	All Others	MCH Block Grant Actual Expenditures TOTAL
MCH BLOCK GRANT CONTRACT ACTUAL EXPENDITURES (H17 should not exceed contract amount.)						*$0.00*

SECTION 1B

Of the amounts reported in section 1A, please provide the percentages spent on types of services. Percentages reported must equal 100%.

	TYPES OF SERVICES					
	Direct Services			Enabling Services	Public Health Services and Systems	MCH Block Grant Types of Services Percentages TOTAL
	Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	Preventative and Primary Care Services for Children	Services for CSHCN			
MCH BLOCK GRANT TYPES OF SERVICE PERCENTAGES						*0%*

SECTION 2A

This section will be completed only if the amount reported on the MER exceeds your MCH contract. Please identify the funds used (federal grant, fee type, local funds, etc.), and purpose of funds, for the expenditure amount exceeding the contract award.

	TYPES OF INDVIDUALS SERVED					
	Pregnant Women	Infants < 1 year	Children 1-22 years	Children with Special Health Care Needs	All Others	NON-MCH Block Grant Annual Expenditures TOTAL
NON-MCH Block Grant Dollars (Federal Grants, Fee Type, State and Local Funds, etc.), and general purpose of funds.						

(If additional lines are needed, please attach on a separate sheet)

Section 2B

This section will be completed only if the amount reported on the MER exceeds your MCH contract. Of the amounts reported in section 2A, please provide the percentages spent on types of services. Percentages reported must equal 100%.

	TYPES OF SERVICES					
	Direct Services			Enabling Services	Public Health Services and Systems	NON-MCH Block Grant Types of Services Percentages TOTAL
	Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	Preventative and Primary Care Services for Children	Services for CSHCN			
NON-MCH BLOCK GRANT TYPES OF SERVICE PERCENTAGES						*0%*

INSTRUCTIONS
MCH FINANCIAL REPORT

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Example:
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Identify the funds used (Examples: federal grant, fee type, local funds, etc.)
Identify the general purpose of funds used

Section 2B
If amounts are reported in section 2A, please provide the percentages spent on types of services.
Percentages reported must equal 100%
Types of Services are defined in instructions for Section 1B.

Attachment G
Utah Local Health Department
Shared Risk and Protective Factor Menu for MCH Funding
Violence, and Injury Prevention

Public health bears a clear responsibility in diminishing the health impact of violence and injury, as it possesses the expertise to apply scientific methods in reducing the risk of intricate health issues and can take action to mitigate violence and prevent injury. This menu encompasses approaches in which local public health organizations are well-equipped to lead and provide resources for implementation efforts. It also encompasses strategies in which public health can play a significant collaborative role, especially in addressing community-level risks. However, the successful execution of specific policies or programs, like those related to business improvement districts, necessitates crucial leadership and commitment from other sectors, such as the business sector.

Develop strategies to address injury and violence through a shared risk and protective factor approach. The strategies must encompass one or more of the following activities and must impact other health outcomes. Strategies must be reported in RedCap by November 1, 2025.

Goal 1: Improve access to and utilization of behavioral health care

Behavioral healthcare is crucial in preventing injury and violence because it focuses on identifying and addressing the underlying causes and behaviors that contribute to depression. Bullying and violence is often a manifestation of deeper emotional or psychological issues, such as low self-esteem, a history of abuse, or mental health disorders like depression or conduct disorders. By promoting positive behaviors, behavioral healthcare can help create safer environments for children and adolescents, reducing the incidence of violence and its harmful consequences.

Strategies

Local health departments may consider partnering with their Local Mental Health Authority to achieve the best outcomes. This collaboration can provide valuable support and resources to effectively carry out this important work.

1. Increase support and uptake of school-based suicide prevention programs such as Hope Squads.
    a. Measure 1: # of schools worked with to implement programs
    b. Measure 2: # of students reached with program
2. Provide opportunities for school personnel and community members to be trained in suicide prevention such as Question, Persuade, Refer (QPR) or Mental Health First Aid
    a. Measure 1: # of suicide prevention training sessions facilitated
    b. Measure 2: # of attendees reached
3. Support and leverage the Parents Empowered program to increase the likelihood parents will set clear expectations with children and adolescents about substance use.
    a. Measure: # of social media posts using PE collateral
    b. Number of educational information shared

4. Support health care providers in developing a plan to include screening for 1) major depressive disorder in adolescents ages 12 to 18 years and 2) screening for anxiety in children and adolescents ages 8 to 18 years[1].
    a. Measure 1: # of health care providers or systems in which you helped facilitate a screening plan
5. Implement other programs or policies that are informed by evidence on what's effective, replicable, scalable, and sustainable.

Goal 2: Improve socioeconomic conditions for families

Children residing in neighborhoods marked by declining conditions, which include extreme poverty, subpar living standards, and elevated unemployment rates, face an increased likelihood of experiencing issues related to alcohol and other substance abuse, delinquency, adolescent pregnancy, and school disengagement. Furthermore, they exhibit a higher propensity for engaging in violent behavior toward others throughout their adolescence and into adulthood. Moreover, when children residing in these areas exhibit early-life behavioral or adjustment difficulties, their susceptibility to drug-related problems escalates even further.

Strategies

1. Increase awareness and uptake of the Earned Income Tax Credit and/or Child Tax Credit within the community.
    a. Measure 1: # of EITC information packets distributed
    b. Measure 2: # of EITC events held
    c. Measure 3: # of community members connected to VITA
    d. Number of social media posts linking the public with VITA
2. Host a town hall with business leaders in order to gain community buy-in for a community employment project or for family friendly workplace policies.
    a. Measure 1: # of events held
    b. Measure 2: # of attendees
3. Build support for family-friendly work policies and practices.
4. Implement other programs or policies that are informed by evidence on what's effective, replicable, scalable, and sustainable.

Goal 3: Encourage social norms that promote safety and health

Social norms are powerful influencers of behavior, and they can play a significant role in preventing violence and injury when they promote positive and respectful interactions. Norms encompass collective beliefs and anticipations concerning the conduct expected from group members. Altering societal norms that tolerate or permit apathy towards violence and adversity is pivotal in averting bullying and Adverse Childhood Experiences (ACEs). Various norms exist that can serve as safeguards against violence and adversity.

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[1] Health Care Access and Quality — Evidence-Based Resources - Healthy People 2030 | health.gov (no date) health.gov. Available at: https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality/evidence-based-resources.

Strategies

1. Leverage Zero Fatalities' resources to promote awareness and social norming for parents and youth on Utah's Graduated Driver's Licensing Laws for new drivers.
    a. # of parents provided resources on GDL
2. Leverage the Live-on campaign to promote help seeking and proper storage of firearms and opioids.
    a. # of social media posts
    b. # of pamphlets distributed
    c. # of gunlocks distributed
    d. # of referrals to behavioral health
3. Promote educational and awareness initiatives that involve diverse community partners in suicide prevention. These efforts should include promoting the secure storage of lethal means, such as firearms, especially during critical moments.
    a. # of collaboration meetings held
    b. # of partnership developed with the firearm community
    c. # of educational events held
4. Promote bystander training that alters harmful norms around masculinity and promotes help-seeking behavior.
    a. Measure 1: # of bystander training sessions held
    b. Measure 2: # of individuals reached with bystander training
5. Promote social norms regarding child passenger safety (cannot exceed 10% of funding).
    a. # of CPS educational opportunities held
    b. # of families provided CPS
    c. # of parents reached
    d. # of car seats distributed
6. Promote social norms around child bicycle helmet use.
    a. # of bike rodeo events held
    b. # of helmets distributed
    c. # of event participants
7. Implement other programs or policies that are informed by evidence on what's effective, replicable, scalable, and sustainable. Such as Teen Speak or The Wyman's Teen Outreach Program (TOP).

Goal 4: Enhance the physical and social environment to improve safety and healthy living

The neighborhood and built environment can play a significant role in preventing injury and violence by creating spaces and communities that foster positive social interactions, safety, and a sense of belonging. The physical environment profoundly affects health and safety from the air we breathe and water we drink, to the transportation and infrastructure to which we have access. By focusing on these aspects of the neighborhood and built environment, communities can create environments that promote positive social interactions, reduce isolation, and discourage violence, ultimately fostering healthier and safer communities for all residents, especially children and adolescents.

Strategies

1. Build community support to improve the environment. For example this could include creating safer physical environments with clean streets and safe, acceptable sidewalks.
    a. # of community clean-up events held
    b. % reduction in litter/illegal dumping reports
    c. Increase in availability and utilization of public trash/recycling bin usage
    d. # of streets with improved lighting
    e. % decrease in pedestrian accident reports
    f. Survey results on perceived safety and cleanliness
2. Become a trauma-informed organization.
    a. Number/percentage of policies revised to reflect trauma-informed principles
    b. % of staff/leadership participating in trauma-informed training.
3. Establish sexual harassment policies within county government.
    a. Percentage of employees who have completed mandatory sexual harassment training
    b. Frequency of training sessions (annual, biennial, etc.)
    c. Employee awareness survey results (% who can correctly define harassment and reporting steps)
4. Support suicide prevention training for all staff.
    a. # of staff who have completed training
5. Local health departments (LHDs) can play a key role in supporting Business Improvement Districts (BIDs) by promoting community health, economic development, and equitable access to resources.
    a. # of cross-sector partnerships that include BID and LHD's
    b. % of BID funded projects that address SDOH
    c. # of public spaces improved
6. Support and promote the establishment of green spaces.
    a. # of collaborations with parks departments, urban planning, nonprofits, or schools for green space projects.
    b. Frequency of health promotion events (e.g., "Walk in the Park" days, tree-planting drives).
    c. Inclusion in community health assessments (CHAs) & improvement plans (CHIPs) – Whether green space access is identified as a priority in LHD strategic plans
    d. # of community members participating in park cleanups or tree-planting events
7. Intervene at suicide hot spots by erecting barriers (bridge barriers, train barriers or signage).
    a. # of hot-spots identified through mapping data analysis
    b. % of hot-spot secured by barriers or signage
    c. % change of suicide rates at identified hot-spots
8. Build support for creating safe spaces for youth within communities.
    a. # of assessments conducted to identify safe spaces for youth
9. Increase proper child restraint use (Cannot exceed 10% of total funding)

a. # of correctly installed child safety seats
b. # of low cost/free car seat program for low-income families distributed
c. # of media events held on proper child restraint (social media posts/educational materials distributed/media interviews)

Goal 5: Promote individual, family, and community connectedness

The sense of connectedness holds significant importance as a protective factor for adolescents, as it diminishes the probability of them adopting or participating in various detrimental behaviors. Additionally, it acts as a shield against risk factors that may exist in a young person's life, reducing the likelihood of negative health consequences related to sexual behaviors, substance use, violence, and mental well-being. Furthermore, the greater the number of connections a young individual feels with people in their life, the more safeguarded they are against these adverse health outcomes, not only during their youth but throughout their entire lifespan.

Strategies

1. Implement and support activities from VIPP's youth connectedness toolkit.
    a. # of activities from the toolkit implemented
    b. # of participants
    c. # of people signing a connectedness pledge
2. Build support for family-friendly work policies and practices.
    a. # of business connections established
    b. # of businesses committing to improve healthy and productive workforces
    c. # of family friendly workplace policies implemented by business partners
3. Build support for inclusion of safe school policies for students.
    a. # of school partners
    b. # of safe school assessments completed
    c. # of safe school policies implemented by school partners
4. Recruit and reward youth participation in community coalitions.
    a. # of youth community coalitions
    b. # of community youth involved in coalitions
5. Work with schools to implement strategies shown to increase student support by adults
    a. # of partner schools
    b. # of strategies implemented
    c. # of evaluation recommendations implemented
6. Hold community events that promote community connectedness and family well-being. Again this could have a focus on safety or health equity and reaching disparate populations.
    a. # of community events held
    b. # of participants attending events