Community Assessment Report
February 1, 2018

Introduction – Communities That Care and the Summit County Mental Wellness Alliance

By the beginning of 2017, the Summit County community was clearly ready for Communities That Care. The 2016 deaths of two Park City boys from synthetic opioid misuse led to greatly a **heightened public awareness** and an emerging group of people **committed to reducing substance abuse**.

In addition, the Summit County Mental Health Needs Assessment identified areas of mental health need and opportunity and spurred the Summit County Council to direct the Summit County Health Department to create a strategic plan on mental health and substance abuse.

We have learned that our community lacks prevention and treatment programs. We are dedicated to filling this gap and giving our youth the support they need to grow up into happy, healthy adults.

Executive Summary

The Summit County Mental Wellness Alliance was formed in 2017 with a mission to enhance the quality of life for all Summit County residents by improving community awareness of mental health/substance abuse issues and increasing access to effective treatment and prevention services within the County.

The Alliance represents a **deeply collaborative process**, with a steering committee of over 20 members representing government, schools, nonprofits, providers, faith groups, and others. Specific task committees involving over 150 people have formed to spearhead **Communities That Care**, as well as access to services and overall service capacity, criminal justice and first responders, equity for Latinos and other marginalized communities, and more.
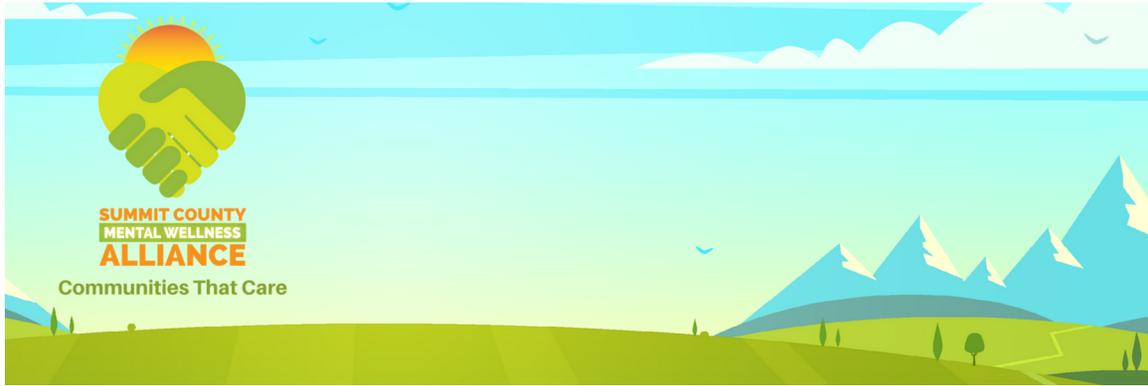
Communities that Care is a national, evidence-based, prevention science framework that reduces levels of youth problems and helps young people to thrive. The process is being initiated in the greater Summit County area by the Summit County Mental Wellness Alliance, formed in early 2017.

In the fall of 2017, a Communities That Care workgroup reviewed Summit County **Student Health & Risk Prevention (SHARP)** survey data and other public data to identify priority outcomes. The selection of these priorities are based on an in-depth assessment of the data by the workgroup, which includes residents, teachers, school district personnel, prevention specialists, researchers and others.

The following priority outcomes will be used to select evidence-based programs and policies for the Summit County community.

The **Communities That Care** process involves the whole community, through workgroups and community meetings focused on what prevention efforts will make the most difference, how to ensure youth are directly involved in the solutions, community outreach, data and evaluation, and funding. The core Communities That Care committee has met regularly since April 2017. The goals for the first year of this initiative are to:

- Involve the whole community in creating and acting on solutions.
- Select evidence-based interventions that are most applicable to youth prevention in our county.
- Begin to implement the most immediate initiatives to improve outcomes for young people.

Acting on the chosen interventions will continue for at least three to five years, with a goal of institutionalizing or completing all efforts that prove effective.

Through this initiative, **we aim to reach all young people in Summit County, Utah,** and specifically target middle and high school students. Because Utah
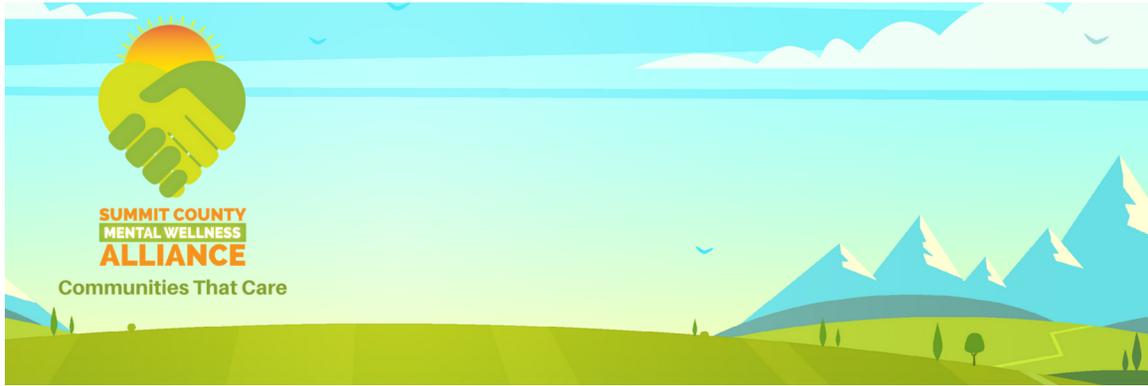
administers a statewide survey on youth risk factors every other year, we will measure and evaluate the success of the interventions you fund over the long term, using 2017 as a baseline.

Community Strengths

Summit County boasts many community strengths.
- We love where we live and are proud to be community members.
- Our families care about their children, and seek to provide opportunities for their success.
- Young people feel supported, encouraged and loved by their parents.
- We have the capacity to address issues in our community due to the collaboration and coordination of the Mental Wellness Alliance.
- We have a strong spirit of philanthropy and public service within Summit County, as evidenced by the support of the Park City Community Foundation and it's 180+ nonprofit partners.
- Summit County has a young, highly educated and affluent population, exceptional schools, a strong faith community, a diversified high-tech industry, myriad recreational opportunities, a growing tourism industry, and business-friendly conditions all contribute to both the strength and complexity of Summit County.

Key accomplishments to date include:

The Summit County Mental Wellness Alliance has:
- Formed a committee structure involving over 150 community members.
- Hired a director for the Alliance and a coordinator for Communities That Care.
- Created a countywide Mental Wellness Strategic Plan.
- Raised city and county funding for several key elements of the plan.
- Raised over $375,000 in private funding.
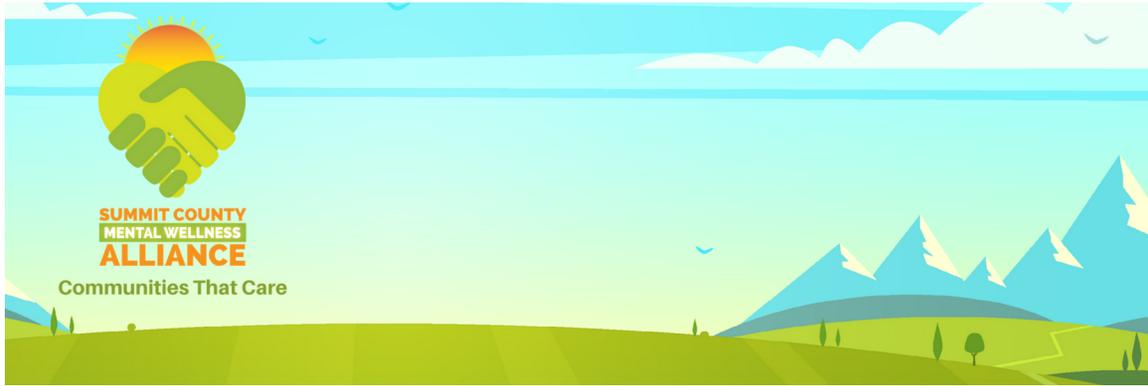
- Expanded counseling services by local nonprofits, improved a directory of mental wellness services, and increased suicide prevention and post-traumatic stress programs.
- Started a youth advisory council with young people representing all three Summit County school districts.

Communities That Care has:
- Held 2 community board orientations (Spring 2017, January 2018)
- Hired Mary Christa Smith as coordinator
- Developed and adopted the CTC mission and vision in concert with the Alliance
- Summarized both SHARP and public data and the entire CTC committee unanimously selected priority risk factors. The workgroup solicited feedback and support on the recommended priorities from Key Leaders in Summit County.
- Created a strategic plan, in alignment with the Alliance and the CTC process.

Data Summarization and Priority Selection Process
The Student Health and Risk Prevention (SHARP) survey is administered every two years by the State of Utah through school districts. Students in 6th, 8th, 10th, and 12th grades are surveyed in the spring of odd numbered years. The data is compiled and released in the form of community specific profile reports in the fall of the same calendar year.

North Summit, South Summit and Park City School Districts gave permission to CTC to disaggregate survey data specific to the Summit County community.

The Summit County Community SHARP profile was analyzed by the data assessment workgroup, a CTC workgroup that reports back to the CTC committee and the Alliance. Workgroup members convened for two workshops where the process for data collection was explained and a presentation of SHARP data was given. The workshops also contained training on social indicator data collection and analysis.
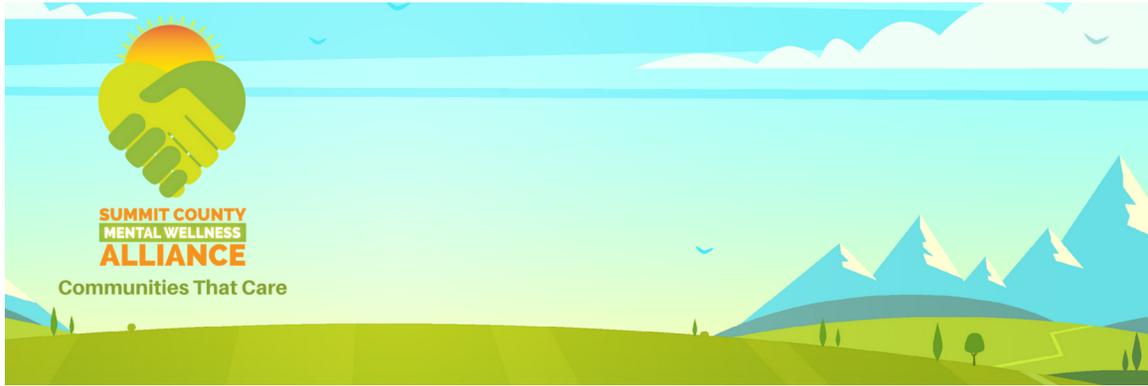
Collection tasks were divided between members and data were collected and compiled through November 2017.

Through a series of data summarization exercises, the workgroup analyzed both the SHARP survey and other public data. Focusing on risk reduction and building protective factors the workgroup vetted data trends. Workgroup members weighed comparisons, trends, and feasibility in coming up with priority behaviors and risk factors. These priorities, will target multiple health and behavior outcomes, and will be used to select evidence-based programs and policies for the Summit County community.

The workgroup operated from the common definition of the following:

- ➢ *Problem behaviors* cover various forms of harmful activities such as drug and alcohol use and delinquency.
- ➢ A risk factor is any attribute, characteristic or exposure of an individual that increases the likelihood of engaging in problem behaviors. Some examples of risk factors are family history of tobacco and alcohol use, academic failure or low attachment to school or community. Risk factors are categorized into four domains based on sphere in which they occur: community, family, school and peer/individual.

  ➢ *Protective factors* are conditions or attributes (skills, strengths, resources, supports or coping strategies) in individuals, families, communities or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk in families and communities.

By analyzing problem behaviors, risk factors, and protective factors, the data assessment workgroup selected the priority risk factors to focus our work.
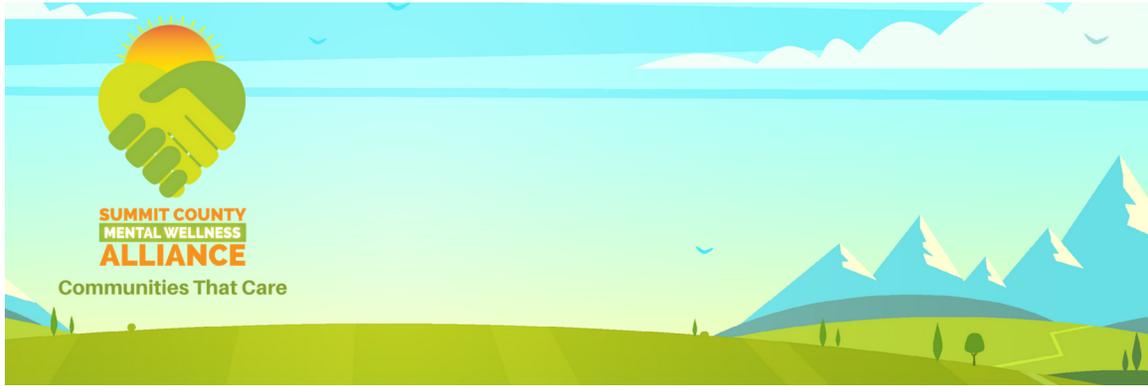
Community Assessment Data

Community Strengths Related to Youth Development
Community strengths represent areas where the Summit County community excels or is trending in a positive direction. These strengths may present as strong protective factors, as risk factors that rate low or as strong economic or social trends.

- **Strength #1 Opportunities for Pro-social Involvement (Family Domain)**
Young people who are exposed to more opportunities to participate meaningfully in the responsibilities and activities of the family are less likely to engage in drug use and other problem behaviors.
  - **Our highest protective factor is opportunities for pro-social involvement in the family domain. Over 80% of students surveyed replied in the affirmative.**
  - **High graduation rates 94%+**
  - **Wealth of community resources**
  - **High degree of collaboration through the Alliance and CTC**
  - **Low unemployment**

Problem Behaviors
The data below are from the SHARP survey that was administered to students in grade 6, 8, 10 and 12 in 2017. The numbers reported are for all grades surveyed.
- Nearly 50% of students surveyed do not perceive using drugs or alcohol as risky
- 40% of students report drinking alcohol
- 30% of students report trying marijuana
- 15% of students considered suicide last year
- 70% of students who have tried alcohol report drinking at home with their parents permission

Priority Risk Factors

A risk factor is any attribute, characteristic or exposure of an individual that increases the likelihood of engaging in problem behaviors. Some examples of risk factors are family history of tobacco and alcohol use, academic failure or low attachment to school or community. Risk factors are categorized into four domains based on sphere in which they occur: community, family, school and peer/individual.

The priority risk factors selected by the committee were evaluated through the following lens:

- Are the risk factors above the State average?
- Are they trending up?
- Are the risk factors shared between all 3 school districts?
- Is the selection resonant with the community?
- Gut check – does it align with what we know as a community?

Priority Risk Factor #1: Mental Health with an emphasis on Depressive Symptoms.
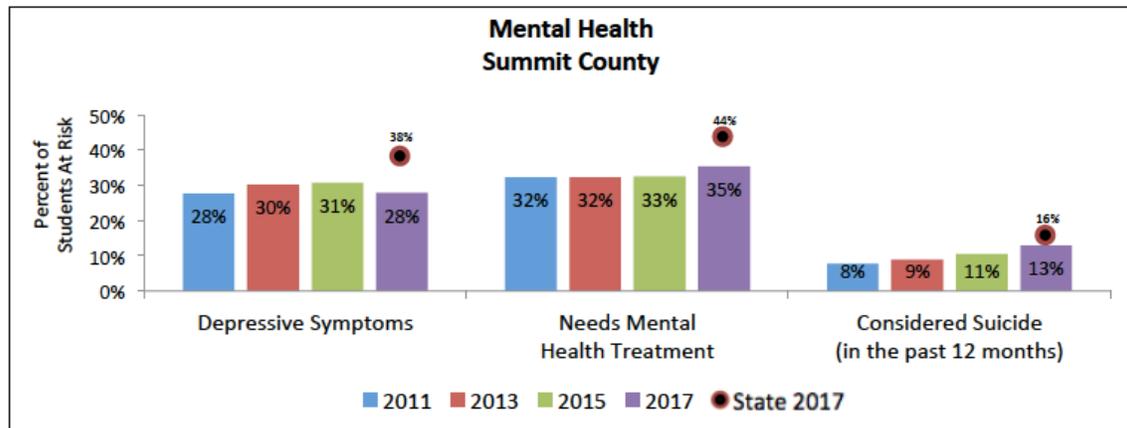
Young people who are depressed are overrepresented in the criminal justice system and are more likely to use drugs. Survey research and other studies have shown a
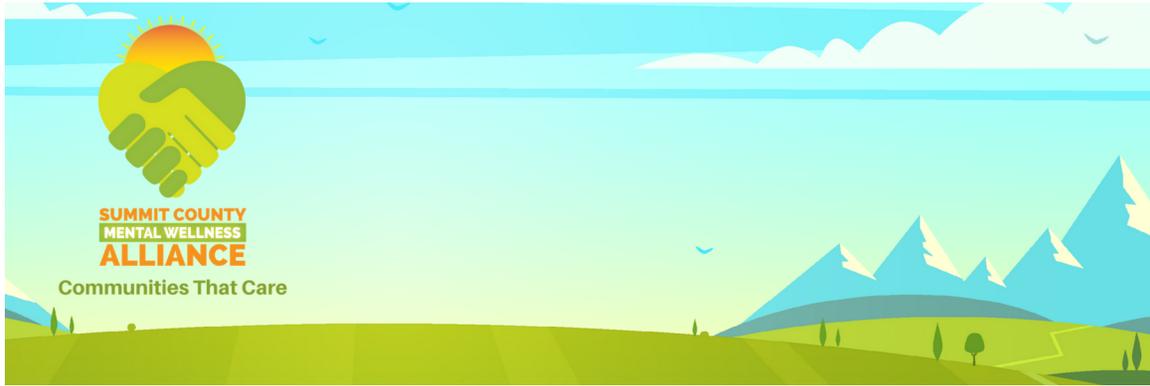
link between depression and other youth problem behaviors. We continue to see increases in mental health indicators. Although the indicators aren't higher than the State average, they continue to trend up. The mental wellbeing of our youth is prominent within the community discourse, and a priority for prevention countywide.

Priority Risk Factor #2: Parental attitudes favorable to substance use and antisocial behavior.

In families where parents use illegal drugs, are heavy users of alcohol, or are tolerant of children's use, children are more likely to use substances during adolescence. The risk is further increased if parents involve children in their own drug (or alcohol) using behavior, for example, asking the child to light the parent's cigarette or get the parent a beer from the refrigerator.

Students continue to report a perception of their parents and families having lax attitudes towards substance use. This perception is countywide. We also know parents are asking for greater access to support and information, so they can strengthen their families. Adolescents are 50% more likely to say no to drugs and alcohol when their parents talk to them. Parents are the best line of defense.


Attitudes Toward Drug Use
Summit County

	Perceived Risk of Drug Use	Perceived Availability of Drugs	Parental and Family Attitudes that Favor Drug Use
2011	37%	37%	26%
2013	36%	32%	21%
2015	39%	32%	14%
2017	41%	29%	17%
State 2017	34%	26%	11%

■ 2011 ■ 2013 ■ 2015 ■ 2017 ● State 2017
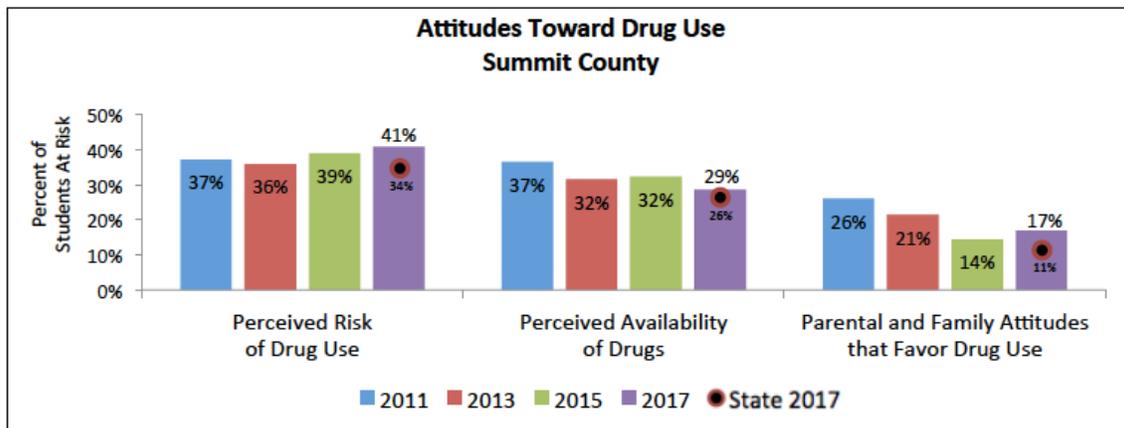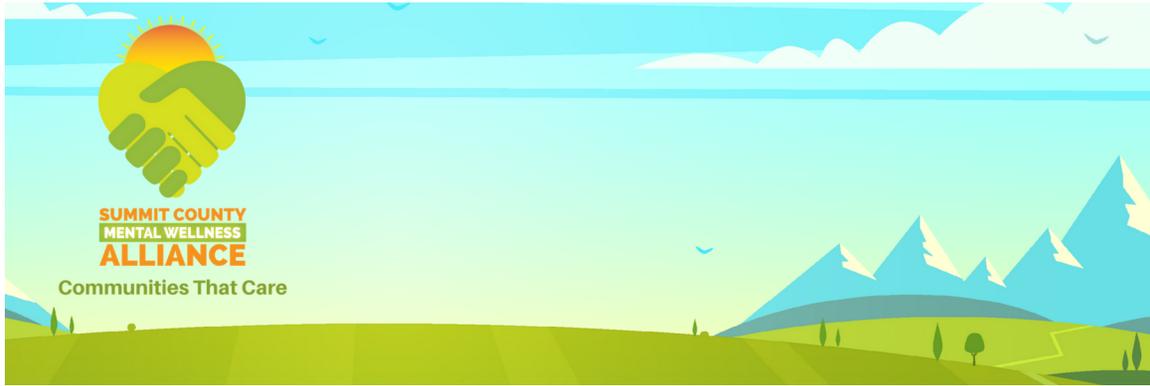
Priority Risk Factor #3: Lack of perceived risk of substance abuse

Young people who do not perceive drug use to be risky are far more likely to engage in drug use. We see this in the data and continue to hear in the community the mistaken notion that drinking and using e cigarettes, alcohol and marijuana are not harmful. The more risky or less accepted a drug is thought to be, the less likely it will be used by teens. There are different areas of perceived risk including physical risk, social risk and aspirational risk. Perceived risk may vary with different drugs.

Priority Protective Factors:

Our community recognizes the importance of boosting **opportunities for pro-social involvement community wide** – in all domains. Our family domain is the highest, with 80%+ of students replying in the affirmative. Our lowest protective factor is in the community domain. Our interventions will keep in mind bolstering our strengths while addressing our weaknesses.
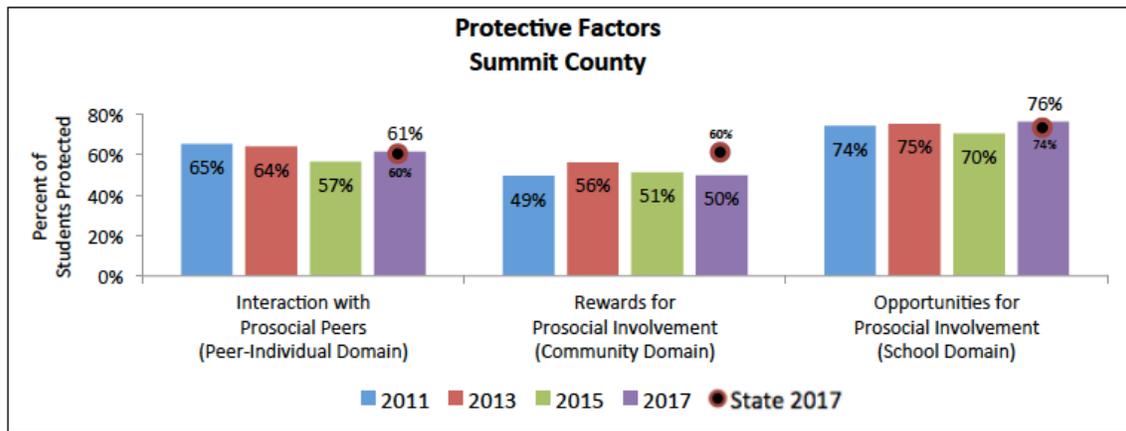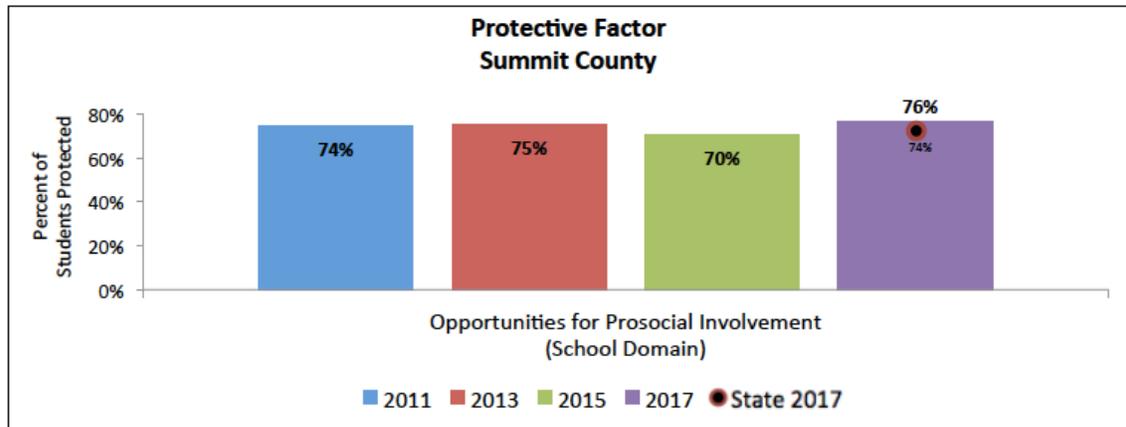
Youth Perspectives

Overall, I was extremely surprised at how spot on the group seemed to get the risk factors. For each one I could see many examples from our school, the biggest being Parental attitudes. Kamas has a cowboy culture where a mental illness is just "a phase" or "weakness".

South Summit Student

When society is able to shift from criticism to understanding and respect, we will start to see the light and progression in future generations.

- Eli Levine

Community Feedback

The Data Assessment workgroup continues to solicit feedback from various community members about the priority risk factors in order to ensure our work reflects the community and provide them the opportunity to vet the process and conclusions. There is a **survey monkey** form available on the Alliance webpage where you can provide your feedback.
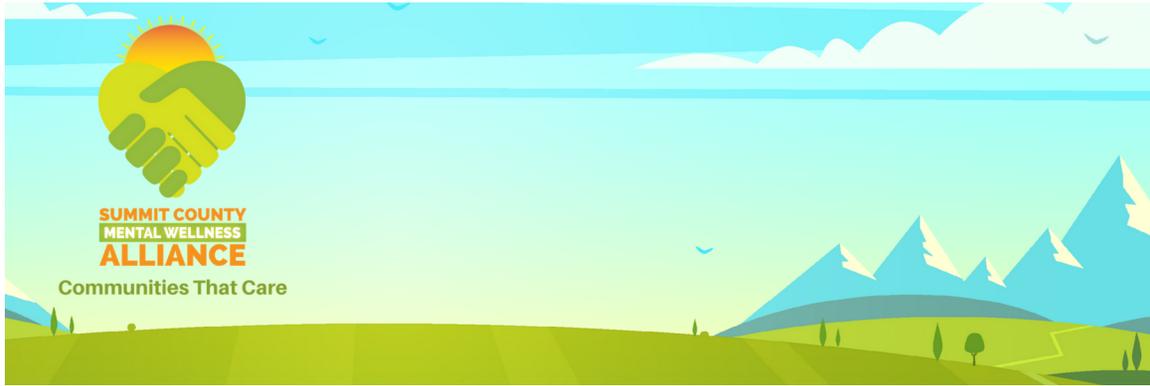
Conclusion

Changing the landscape on mental health and substance abuse is a years-long challenge, and the Alliance has made a great start.