KEARNS EVIDENCE2SUCCESS

RESOURCE ASSESSMENT REPORT

January 2017
Kearns Evidence2Success
Resource Assessment Report

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CONTENTS

I. Executive Summary

II. Introduction

  Kearns Evidence2Success Initiative

  Key Accomplishments to Date

  The Resource and Gap Assessment

III. Resource and Gap Assessment Data

  Priority 1: Depressive Symptoms

  Priorities 2 & 3: Perceived Risk of Drug Use and Nicotine Use

  Priority 4: Low Neighborhood Attachment

  A Note about Low Commitment to School, Poor Family Management, and Alcohol Use

  Priority 5: Low Commitment to School

  Priority 6: Poor Family Management

  Priority 7: Alcohol Use and Associated Behaviors

IV. Recommendations to the Board

  General Recommendations

  Programs Recommended to the Board for Consideration

V. Conclusion

VI. Appendices

  Definitions

  Summary of Blueprints TEP’s and Other Evidence-Based Programs

  Sample Matrix Gap Analysis Mapping
EXECUTIVE SUMMARY

Evidence2Success (E2S), an Annie E. Casey Foundation initiative, is a powerful framework for helping public and private systems work together with communities to improve children’s outcomes. Coordinated by Salt Lake County, Evidence2Success is currently being implemented in Kearns as part of the larger Future We Choose in Kearns partnership. The E2S Kearns Community Board, made up of residents, local staff, and systems representatives, acts as the primary decision-making body for identifying priority outcomes and selecting programs to support Kearns youth.

In mid-2016, the E2S Risk and Protective Factors Prioritization workgroup selected priorities from the Kearns Student Health & Risk Prevention (SHARP) survey and other public data:

1. Alcohol Use and associated behaviors
2. Depressive Symptoms
3. Low Commitment to School
4. Low Neighborhood Attachment
5. Nicotine Use, including e-cigarettes
6. Perceived Risk of Drug Use
7. Poor Family Management

The Resource Assessment workgroup then gathered a list of programs currently being offered in Kearns that address these priorities. By mapping current programming, we were able to identify gaps in programming for the community.

This report provides detailed information about the community’s resources and gaps, organized by priority risk factor and problem behavior. Based on these identified gaps, the Resource Assessment workgroup drafted a short list of recommendations to the E2S Kearns Community Board regarding how E2S can work with the broader Kearns community on prevention for the selected priorities.

Due to the number of reviewed programs and other considerations, the Resource Assessment workgroup focused more heavily on four of the seven priorities – Low Neighborhood Attachment, Perceived Risk of Drug Use, Depressive Symptoms, and Nicotine use.

The primary programming gaps identified across the four focus priorities include:

- For our priority factors, there are very few programs in Kearns for children ages 0-5 and their families. Out of programs reviewed in the gap assessment, only one serves this population.
- Although the group identified six Blueprints programs addressing our priorities, most either are not offered in Kearns or do not serve many Kearns families.
- Most programs are offered exclusively in English, creating a language barrier.

E2S Kearns Priority Outcomes

1. Kearns youth take pride in their community and in their schools.
2. Kearns youth understand and avoid the harmful effects of substance abuse, including alcohol and nicotine.
3. Kearns families are strong and supportive of their children’s growth and development.
4. Kearns youth are mentally healthy.
INTRODUCTION

The Kearns Evidence2Success Initiative

In the fall of 2015, Salt Lake County was awarded an Evidence2Success (E2S) grant from the Annie E. Casey Foundation to implement in Kearns the E2S initiative supported by the Communities That Care prevention planning system. E2S helps communities work together with social systems to efficiently and effectively promote positive youth development and prevent problem youth behaviors with the goal of improving outcomes for children.

The mission of Kearns E2S is to work collaboratively to build a unified and welcoming community for all, where individuals and families prosper, have opportunities to contribute, and take pride in a vibrant and diverse community.

Coupled with the Community Assessment Report that outlines our priorities, this Resources Assessment Report will serve as the foundation for Kearns’ Community Action Plan. Participants developing the Community Action Plan will use this report to:

- Select tested, effective programs, policies, and practices to fill Kearns’ identified gaps;
- Formulate systems-change strategies to expand or enhance existing tested, effective resources;
- Reduce overlap and duplication in Kearns’ existing tested, effective resources.

Key Accomplishments to Date

- In the fall of 2015, a Kearns-specific Student Health and Risk Prevention (SHARP) survey profile report was compiled.
- In January 2016, community and systems leaders attended a Key Leader Orientation and committed to Kearns Evidence2Success.
- In March 2016, a Community Board was formed. Members attended the two-day Community Board Orientation and established a structure for the Kearns Evidence2Success effort. The Board formed workgroups to focus on specific steps in the E2S process.
- In April 2016, the Board approved the mission statement that was created through several brainstorming exercises and feedback from Kearns residents and students.
In May and June 2016, the Risk and Protective Factor Assessment workgroup summarized data and selected priority outcomes and factors. The workgroup solicited feedback and support on the recommended priorities from key leaders in Kearns.

In August 2016, the Resources Assessment and Evaluation workgroup developed a plan for completing the resources assessment for Kearns.

From August through November 2016, the workgroup members researched programs available in Kearns matching the priority risk and problem behaviors approved by the Board. This report details the results of research completed for that assessment.

**The Resource and Gap Assessment**

**Types of Program**

A key goal of Evidence2Success is for communities to develop a profile of the risk factors and problem behaviors in their community, and to develop a plan for addressing the risk factors that are most elevated while enhancing protective factors.

This report supports this goal by mapping the existing Kearns programs that address the priority risk factors and problem behaviors. The Resources Assessment workgroup paid special attention to tested, effective programs (TEP's) from the Blueprints for Healthy Youth Development registry. Blueprints provides a registry of rigorously evaluated evidence-based programs that have been proven to work through research. By using Blueprints TEP's, a community increases its chances of reaching its goals.¹

In addition to Blueprints, there are other registries that list evidence-based programs. These include the Coalition for Evidence-Based Policy; the National Registry of Evidence-Based Programs and Practices from the Substance Abuse and Mental Health Services Administration (SAMHSA); The Office of Juvenile Justice and Delinquency Prevention’s Model Programs Guide; The National Institute of Justice’s CrimeSolutions.gov; Promising Practices Network; and the Institute of Education Sciences’ What Works Clearinghouse (U.S. Department of Education), among others. The Utah Evidence-Based Practice Group also has a list of evaluated programs.

There are currently several programs from these other evidence-based registries being implemented in and around Kearns. Due to the rigorous evaluation criteria of the Blueprints registry, E2S Kearns will support Blueprints programs. However, the non-Blueprint evidence-based programs contribute much to our community and are included in the Resource Assessment. These will be referred to as “Other Evidence-Based Programs.” A third category of programs outlined in this report are non-tested programs, or programs that are not listed on any evidence-based registry. These will be referred to as “Other Relevant Resources.”

### Program Category

<table>
<thead>
<tr>
<th>Program Category</th>
<th>Definition</th>
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<tbody>
<tr>
<td><em>Blueprints TEPs</em></td>
<td>Rigorously evaluated tested, effective programs listed on the Blueprint for Healthy Youth Development registry</td>
</tr>
<tr>
<td><em>Other Evidence-Based Programs</em></td>
<td>Evidence-based programs listed on registries other than Blueprints</td>
</tr>
<tr>
<td><em>Other Relevant Resources</em></td>
<td>Programs that are not listed on any evidence-based registry</td>
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#### Resource and Gap Assessment Process

During the Community Resources Assessment workshops, workgroup members addressed three steps: First, the group gathered information on existing programs in Kearns. Second, we reviewed those programs to identify program gaps. Finally, we drafted recommendations for the E2S Kearns Community Board.

For the resource assessment, workgroup members created an inventory of programs related to Kearns’ priority risk factors and problem behaviors. Next, workgroup members designed a survey to gather relevant information from each resource listed in the inventory. The survey was used to confirm whether each resource addresses one or more of Kearns’ priorities. Additionally, the survey questions helped workgroup members identify each resource’s goals and strategies, target population, evaluation history and evidence of effectiveness, and any gaps in, issues with, or barriers to service.

Surveys were initially conducted over the phone. Of the 36 providers (representing 53 programs) originally identified, 27 providers were contacted or researched, 25 of whom responded. Of these 25 providers, 16 (representing 41 programs), were identified by the workgroup for follow-up interviews. Upon further investigation, some of the initial programs identified did not meet minimum criteria established by the workgroup (i.e., evidence-based programs, available to Kearns residents, focused on at least one priority risk or protective factor), so follow-up interviews were not completed. In-depth follow-up interviews were scheduled and completed for 15 providers (representing 32 programs).

Members of the Resources Assessment workgroup then analyzed the survey information to identify Kearns’ tested, effective youth-development and prevention resources, as well as program gaps.

Several types of gaps were considered in the gap analysis.2

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2 Assessing Community Resources Workshop, Center for Communities That Care, University of Washington, 2014.
- Funding: Not enough funds to support high-quality delivery (insufficient funds for workshop or materials).

- Domain: Are there programs in all four domains of influence (community, school, family, peer/individual)? For example, a community may have a school program in place to address the risk factor “friends who engage in the problem behavior,” but no tested family or parent programs.

- Developmental (age range): Are there interventions that impact youth of all age ranges? Consider prenatal, early childhood, elementary school age, middle school age, high school, college age, keeping in mind that some programs offered to adults actually impact youth of a certain age — for example family workshops or teacher workshops.

- Demographic (ethnicity, gender, socio-economic status): Are the programs accessible to all demographic groups? Do you have a group for whom English is not the primary language? Do participants have to incur costs to participate?

- Geographic (location): Is the program only offered in one region of the community (one of multiple elementary schools, for example)?

- Implementation (fidelity): Has the program been modified in such a way that it may not be effective? (Sessions or activities skipped? Program implementation staff not trained?)

- Identified programs were then mapped out in a matrix according to risk factor or behavior, age group served, and setting. This matrix map allowed the group a visual understanding of the various types of gaps (see appendix).

**RESOURCE AND GAP ASSESSMENT DATA**

The Resource Assessment workgroup gathered data on programs that operate in and around Kearns and that address E2S’s priorities:

1. Alcohol use and associated behaviors
2. Depressive Symptoms
3. Low Commitment to School
4. Low Neighborhood Attachment
5. Nicotine use, including e-cigarettes
6. Perceived Risk of Drug Use
7. Poor Family Management

Within this group of priorities, we focused more deeply on the risk factors and problem behaviors with fewer programs addressing these needs. This focus lead us to pay special attention to Depressive Symptoms, Perceived Risk of Drug Use, Nicotine use, and Low Neighborhood Attachment.

**Priority 1: Depressive Symptoms**

Young people in Kearns report elevated symptoms of depression, at levels that put them at risk for developing clinically significant problems such as major depressive disorder.
Relevant Resources: Blueprints TEP’s

- Incredible Years – Parent Course

The Incredible Years Series is a set of three interlocking and comprehensive group training programs for parents, teachers, and children with the goal of preventing, reducing, and treating behavioral and emotional problems in children ages 2-12. The series addresses multiple risk factors across settings known to be related to the development of conduct disorders in children. In all three training programs, trained facilitators use video scenes to encourage group discussion, self-reflection, modeling and practice rehearsals, problem-solving, sharing of ideas and support networks.

In Kearns, the Parent program is currently being offered by The Children’s Center. There are three BASIC parent training programs that target key developmental stages. Program length varies, but generally lasts between three to five months: Baby and Toddler Program (0-2 ½ years; 9-13 sessions), Preschool Program (3-5 years; 18-20 sessions) and School Age Program (6-12 years; 12-16+ sessions). These parent programs emphasize developmentally appropriate parenting skills known to reduce behavior problems and promote children’s social competence, emotional regulation, and academic skills. The BASIC parent program is the core of the parenting programs and must be implemented, as Blueprints recognition is based upon evaluations of this program. This BASIC parent training component emphasizes parenting skills such as child directed play with children; academic, persistence, social and emotional coaching methods; using effective praise and incentives; setting up predictable routines and rules and effective limit-setting; handling misbehavior with proactive discipline and teaching children to problem solve.

Other Relevant Resources

Survey information also revealed resources that meet some assessment criteria but have not participated in a formal evaluation. These include:

- Discovering Possibilities

Salt Lake County Youth Services’ Discovering Possibilities is a 10-week empowerment and education group for teenage girls ages 13 to 17. The group focuses on: healthy relationships, positive choices and strong self-image. This group is research based and provides hands-on experience.

- Voices

The Voices Program offered by Volunteers of America is aimed at improving relationship-critical skills and enhancing self-efficacy. Designed to provide youth with the essential life skills, the curriculum includes critical thinking skills, decision-making skills, self-acceptance, stress management, body image-related issues, anger management, recognizing self-destructive behavior, proactive communication skills, substance use, and other topics relevant to a teenager.

Taught over 10-15 structured, yet highly interactive group sessions once a week for an hour, the program is available in over 25 schools throughout Salt Lake County. Facilitated by the
Prevention Specialist team, these sessions are conducted in small groups of 5-8 gender-specific participants in middle to high school and can be offered in after-school programs or as a pull-out program during the school day.

➢ Outpatient Therapy

There are four agencies that offer outpatient therapy for youth and families in the Kearns area. All offer treatment using models that have been demonstrated effective in the treatment of depressive symptoms.

➢ The Children’s Center, Kearns. Serves ages 0-6.
➢ Valley Behavioral Health, Children’s Services West, Taylorsville. Serves ages 8-18.
➢ Salt Lake County Youth Services, South Salt Lake. Serves ages 8-18.
➢ The Family Support Center, Taylorsville. Serves families.

Photo Credit: Salt Lake County Kearns Library
Gaps, Issues and Barriers

- For our priority factors, there are very few programs in Kearns for children ages 0-5 and their families. Out of programs reviewed in the gap assessment, only one serves this population.
- While many of the programs above are available to youth and families from Kearns, many are not currently offered in the Kearns neighborhood. This presents a geographic barrier for families who are required to travel to access services.
- There is a demographic barrier in language, as most programs are offered exclusively in English. Clinical services have access to interpretation in many languages, though outreach material may be limited to English.
- Clinical services are available to youth who are covered by Medicaid, and those without insurance. Youth covered by private insurance are typically referred to other providers outside of the Kearns area. This may result in a geographic barrier for some families.
- Data about implementation fidelity for all programs listed above are not available.
- Data about funding stability for all programs mentioned above are not available.

### Depressive Symptoms Program Summary

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<thead>
<tr>
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<th>Location</th>
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<tr>
<td>Incredible Years – Parent Course</td>
<td>Kearns</td>
<td>0-12</td>
<td>The Children's Center</td>
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<tr>
<td>Other Relevant Resources</td>
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<td></td>
</tr>
<tr>
<td>Discovering Possibilities</td>
<td>South Salt Lake</td>
<td>13-17</td>
<td>Salt Lake County Youth Services</td>
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<tr>
<td>Voices</td>
<td>Near Kearns</td>
<td>12-18</td>
<td>Volunteers of America</td>
</tr>
<tr>
<td>Outpatient Therapy</td>
<td>Kearns, Taylorsville, South Salt Lake</td>
<td>0-18</td>
<td>Various providers</td>
</tr>
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</table>
Priorities 2 & 3: Perceived Risk of Drug Use & Nicotine Use

Many programs that address Perceived Use of Drug Use also address Nicotine. These two priorities will therefore be reviewed together.

Young people who do not perceive drug use to be risky are far more likely to use drugs. As the national Substance Abuse and Mental Health Services Administration states, “Understanding the relationship between risk perception and substance use during adolescence may help to better target health promotion messages and increase the effectiveness of prevention and intervention programs.”

The adolescent brain is under construction and exposure to nicotine alters brain development, rewiring the brain for addiction. Nicotine also stunts the growth of the prefrontal cortex of the brain leading to impaired self-control and the ability to weigh consequences. Teen tobacco use is an early warning sign for additional substance abuse problems.

Use rates of nicotine substances is higher in Kearns than in the state. Additionally, e-cigarette usage is trending upwards at an alarming rate. Among youth in Salt Lake County, use rates of e-cigarettes have increased 500 percent since 2011 and is now the most abused drug among youth, surpassing traditional cigarettes and alcohol. Nearly one quarter of youth grades 8, 10, and 12 have tried vaping in the past 30 days. Contrary to what many believe, e-cigarettes contain nicotine and are highly addictive. Teenagers are the most vulnerable population when it comes to addictive substances.

All students are paying the price of this alarming trend in e-cigarette use rates. Educators, school counselors, and school resource police officers report that more and more of their time is being consumed by the disruptions of e-cigarette use in schools, thus depriving students who are not e-cigarette users of their services.

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4 2015 Student Health and Risk Prevention (SHARP) Statewide Survey
5 The Utah Alliance for Vaping-Free Kids
Relevant Resources: Blueprints TEP’s

This section lists two evidence-based programs implemented in and around Kearns that meet Blueprint model standards.

- **LifeSkills Training (LST)**
  
  Volunteers of America (VOA) provides this classroom-based universal prevention program designed to prevent adolescent tobacco, alcohol, marijuana use, and violence. The 30 sessions are offered to 6th and 7th graders with booster sessions for 8th-12th graders. This program is a one-hour class taught weekly by a VOA Prevention Specialist to about 25 students per class. The program pursues students in geographic areas of low income; however, all youth in the community are eligible to participate. LifeSkills Training addresses drug-related knowledge, attitudes, and norms as well as teaches social skills for social interaction and peer refusal skills. The curriculum focuses on personal self-management skills, social skills, and information and resistance skills specifically related to drug use. Skills are taught using instruction, demonstration, feedback, reinforcement, and practice. LST addresses both Perceived Risk of Drug Use and Nicotine.

- **Strengthening Families**
  
  Strengthening Families offered by Salt Lake County Youth Services and Centro de la Familia is a seven-session, two-hour per week program for families with young adolescents that aims to enhance family protective and resiliency processes and reduce family risk. The program includes separate parent and child skills-building followed by a family session where parents and children practice the skills they have learned independently, work on conflict resolution and communication, and engage in activities to increase family cohesiveness and positive involvement of the child in the family. The program is proven to reduce aggressive and hostile behavior, substance abuse in adolescence, and improve family relationships. Strengthening Families address nicotine use. These sessions are led by three-person teams and include an average of eight families per session.
Other Evidence-Based Programs

➢ All Stars

This classroom-based program, run by Volunteers of America, provides social skills training, drug resistance skills, goal setting, healthy ideal futures, and barriers to achieving goals with the emphasis on preventing drugs use initiation (alcohol, tobacco, and other drugs, e.g., marijuana and inhalants). Ten one-hour sessions are provided to students in grades 6 to 9. The program targets low-income, high-risk communities.

“Through middle school and junior high, kids can struggle to fit in as they try to define their identity and gain social status. All Stars is a classroom program that builds on these desires by helping youth create social norms and standards that reject risky behaviors in favor of a brighter future. Offered over 10 to 14 sessions in sixth, seventh, and eighth-grade classrooms, students learn decision-making skills, how to create healthy habits, and how to resist peer pressure.”

➢ Prevention Dimensions

Prevention Dimensions is a Utah State Board of Education-approved curriculum for drug and alcohol prevention operated by the Granite School District. It has grown to include risk and protective factors that are much broader than just drugs and alcohol, including bullying and gang prevention. The program takes place in 8th and 10th-grade health classes but can also be taught in elementary school. Prevention Dimensions is not a Blueprint program, but the program has been awarded an Evidence-Based Status by the Utah Evidence-Based workgroup.

The mission of PD is to give students a strong foundation of effective violence and substance abuse prevention skills. The resource lessons are age-appropriate and meet the objectives through a scope and sequence methodology. The lessons are based on the risk and protective factors prevention model identified through research by Drs. David Hawkins and Richard Catalano of the University of Washington. Studies have shown that young people with these identified risk factors are more likely to engage in substance abuse and other antisocial behaviors. Conversely, students with strong protective factors are less likely to engage in substance abuse and antisocial behaviors. Lessons are, therefore, designed to decrease the risk factors and promote protective factors. PD teacher training develops teacher skills to teach proven prevention strategies, impart knowledge, and help maintain positive prevention attitude.

Statewide surveys conducted by the Utah Division of Substance Abuse indicate the positive outcomes of the PD skill objectives. The PD Steering Committee uses these surveys to identify the effectiveness of strategies utilized in the PD lessons and periodically revises lessons to meet current trends. Prevention Dimensions revisions include the 1990 alignment of lessons to better assist teachers in integration of prevention as part of the school day; 1994 inclusion of necessary prevention components based on Botvin’s life skill research and sophistication of secondary lessons; 1996 music component enhancement project; 1996 inclusion of Search Institutes 40 Developmental Assets; 1999 inclusion of media literacy lessons; 2000-2001 State Health

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Department inclusion of research-based tobacco lessons; 2002 revision of lesson content; and 2003 formatting and redesign of lesson appearance.

The continual submission of teacher evaluation data will assist PD in moving to a "best practices" program.7

- Smart Moves

Smart Moves is a Boys & Girls Club of America (BGCA) program designed to teach 2nd and 3rd graders about the harmfulness of drugs and how to say no to drugs. The program is taught bi-weekly to BGCA club members.

“The program uses a team approach involving Club staff, peer leaders, parents and community representatives. The SMART Moves (Skills Mastery and Resistance Training) prevention/education program addresses problems such as drug and alcohol use and premature sexual activity. More than simply emphasizing a "Say No" message, the program teaches young people ages 6 to 15 how to say no by involving them in discussion and role-playing, practicing resistance and refusal skills, developing assertiveness, strengthening decision-making skills and analyzing media and peer influence. The ultimate goal: to promote abstinence from substance abuse and adolescent sexual involvement through the practice of responsible behavior.”8

- Too Good for Drugs & Violence

A substance abuse prevention after-school program run by Housing Authority of Salt Lake County that serves youth ages 5-12 living in low-income housing owned and operated by The Housing Authority of the County of Salt Lake. The program is an evidence-based program that strives to decrease risk factors while increasing protective factors through life building skills such as goal setting, decision making, and conflict resolution skills. The program is held in a community center at the apartment complex where the kids live to decrease participation barriers.

“The Kids Program is an after-school program for youth ages 5-13 whose families live in low-income Public Housing Communities owned and managed by the Housing Authority of the County

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7 Utah Evidence Based Workgroup, https://dsamh.utah.gov/pdf/epi/EBW%20Approved%20List%20209.3.15.pdf.
of Salt Lake. The Kids Program is an important service in which 200 Public Housing youth participate in each year.

By using interactive activities, academic assistance, and the best practice program, Too Good For Drugs and Violence, our program has been helping public housing youth succeed since 1994. Youth participants and their families both agree the Kids Program is highly successful. In a recent year-end program evaluation of parents, 100% saw improvement in their child’s homework and 95% saw improvement in self-esteem. In a similar evaluation, 95% of youth participants learned drugs are bad for them and 100% of felt safe at the program.

The Kids Program is offered on-site at each Public Housing Community twice a week for two hours per session throughout the academic school year. On-site programming addresses the needs of our public housing families who may not be able to access alternative after-school programs because of transportation barriers.”

**Other Relevant Resources**

Other existing programs that are not listed on an evidence-based registry include:

- **Health Rocks!**

  This after-school and in-school program run by 4-H (Utah State University Extension) promotes the discussion of “extracurricular health activities.” It not only focuses on drug and alcohol prevention but also on the purpose of health and its importance. It is best served with middle school but can be used with 5th and 6th graders and in high school. It has historically been taught in assemblies and then individual classrooms, but it is currently only implemented at Entheos Academy, a charter school in Kearns.

  “Health Rocks! is curricula for a healthy living program targeted at young people ages 8 to 14. Health Rocks! also provides health information regarding norms and consequences of youth tobacco, alcohol, and drug usage.”

- **Leadership & Resilience**

  Leadership and Resiliency Program is an intensive substance abuse prevention program designed to serve selected and indicated populations of adolescents who are currently enrolled in mainstream or alternative high school settings. The Housing Authority of Salt Lake County operates this program in an after-school setting for youth 12-18 years old. Twice weekly peer groups and monthly service learning and adventure learning activities help youth focus on goal setting, building healthy relationships and positive coping skills.

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10 4-H, Health Rocks! [http://4-h.org/parents/healthy-living/health-rocks/](http://4-h.org/parents/healthy-living/health-rocks/).
Living Skills

Living Skills is a Volunteers of America program that provides 10 one-hour sessions to groups of 6 to 8 participants on social skills training. Facilitators incorporate games, stories, and other activities to teach youth how to build relationships and manage anger. The program targets low-income communities and youth at risk for problem behaviors.

“Living Skills is cited as one of the 20 ‘most effective programs’ by the U.S. Department of Education. Selected students in 2nd through 5th grades are invited to attend a small, weekly skills group that teaches youth how to express feelings appropriately and get along better with others. The program covers topics like: self-concept, differences, cooperation, expressing feelings, and managing difficult feelings. Living Skills is provided in after-school programs, at community sites, or as a pull-out program during the school day.”

Voices

The Voices Program offered by Volunteers of America is aimed at improving relationship-critical skills and enhancing self-efficacy. Designed to provide youth with the essential life skills, the curriculum includes critical thinking skills, decision-making skills, self-acceptance, stress management, body image-related issues, anger management, recognizing self-destructive behavior, proactive communication skills, substance use, and other topics relevant to a teenager.

Taught over 10-15 structured, yet highly interactive group sessions once a week for an hour, the program is available in over 25 schools throughout Salt Lake County. Facilitated by the Prevention Specialist team, these sessions are conducted in small groups of 5-8 gender-specific participants in middle to high school and can be offered in after-school programs or as a pull-out program during the school day.

Gaps, Issues, and Barriers

- Of the two Blueprint programs included in this section, neither currently serves Kearns.
- Of the eight non-Blueprint programs that address the Perceived Risk of Drug Use serving Kearns, most are only available in schools and several serve few if any Kearns families.
- For these priorities, there are no programs in Kearns for children ages 0-5 and their families.
- None of these programs solely focuses on nicotine use; however, they do address the same risk and protective factors of other abused substances.

# Perceived Risk of Drug Use / Nicotine Use Program Summary

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<thead>
<tr>
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<th>Location</th>
<th>Ages Served</th>
<th>Offered By</th>
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</thead>
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<tr>
<td><strong>Blueprints TEP’s</strong></td>
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<tr>
<td>LifeSkills Training</td>
<td>Near Kearns</td>
<td>11-18</td>
<td>Volunteers of America</td>
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<tr>
<td>Strengthening Families</td>
<td>Salt Lake City and South Salt Lake</td>
<td>12-14</td>
<td>Salt Lake County Youth Services and Centro de las Familia</td>
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<tr>
<td><strong>Other Evidence-Based Programs</strong></td>
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<td>All Stars</td>
<td>Near Kearns</td>
<td>11-15</td>
<td>Volunteers of America</td>
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<td>Prevention Dimensions</td>
<td>Kearns</td>
<td>13-16</td>
<td>Granite School District</td>
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<td>Smart Moves</td>
<td>Kearns</td>
<td>7-9</td>
<td>Boys &amp; Girls Club of America</td>
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<td>Too Good for Drugs and Violence</td>
<td>South Salt Lake, Salt Lake City, Magna</td>
<td>5-12</td>
<td>Housing Authority of Salt Lake County</td>
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<td><strong>Other Relevant Resources</strong></td>
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<td>Voices</td>
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<td>12-18</td>
<td>Volunteers of America</td>
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**Priority 4: Low Neighborhood Attachment**

Kearns youth report low levels of neighborhood attachment, shown through a lack of sense of belonging and identity. Low neighborhood attachment can lead to future delinquent and criminal behavior.

**Relevant Resources: Blueprints TEP's**

There is one evidence-based program in Kearns that meets Blueprint model standards.

- **Communities That Care**

This report is part of the Kearns Evidence2Success framework, which uses the Communities That Care (CTC) framework. CTC is a prevention system, grounded in science, which gives communities the tools to address their adolescent health and behavior problems through a focus on risk and protective factors. CTC provides a structure for engaging community stakeholders, tools for assessing levels of risk and protection in communities, and processes for prioritizing risk and protective factors and setting specific, measurable, community goals. CTC guides the coalition to create a community prevention plan designed to address the community’s profile of risk and protection with tested, effective programs and to implement the chosen programs with fidelity. CTC instructs the coalition to monitor program implementation and to periodically reevaluate community levels of risk and protection and outcomes, and to make adjustments in prevention programming if indicated by the data. Implementation of CTC is organized into five stages.

**Other Relevant Resources**

Other existing programs that may address Low Neighborhood Attachment but do not meet Blueprint or other registries’ standards include:

- **Boys & Girls Club Torch Club**

Torch Clubs are charter small-group leadership and service clubs for boys and girls ages 11-13. A Torch Club is a powerful vehicle through which Boys & Girls Club staff can help meet the special character development needs of younger adolescents at a critical stage in their development. Torch Club members learn to elect officers and work together to implement activities in four areas: service to Club and community, education, health and fitness and social recreation. The Staples National Torch Club Awards are presented annually to Torch Clubs with outstanding program and activities in the four areas. Each year, Torch Club members from all over the country take part in a service-learning experience through the National Torch Club Project.

- **Discovering Possibilities**

Salt Lake County Youth Services’ Discovering Possibilities is a 10-week empowerment and education group for teenage girls ages 13 to 17. The group focuses on: healthy relationships, positive choices and strong self-image. This group is research based and provides hands-on experience.
Padres Comprometidos

Padres Comprometidos, operated by Comunidades Unidas, is a parent engagement program whose primary goal is the fostering of a strong connection between schools and parents. The program builds the capacity of Latino parents to acquire the skills they need to effectively engage with schools and play a leading role in preparing their children for college. The program addresses language and culture as assets—rather than obstacles—upon which skills, confidence, and, ultimately, empowerment, are built.

Summer Night Lights

The Summer Night Lights program, aimed at combating the influence of street gangs with positive action, allows children and their parents in high crime, low income neighborhoods to enjoy public areas with free family activities during summer months. Started in Los Angeles, the program aims to reduce violent crime while strengthening community resiliency and promoting peaceful, healthy activities. In Utah, Summer Night Lights has been piloted in Salt Lake City and Midvale and plans for implementation in Magna in 2017.

Gaps, Issues and Barriers

The programs identified to possibly address Low Neighborhood Attachment either have very few youth in the program or serve very few youth in Kearns. Boys & Girls Club Torch Club only provide services to 15 youth while SLCo Youth Services Discovering Possibilities has very few Kearns youth in the program. All programs are focused only on middle school youth.

Because the non-Blueprints programs currently being implemented have not been evaluated to effectively address Low Neighborhood Attachment, further research is needed to ensure strong outcomes to this risk factor.

There are several demographic barriers in Kearns, including race/ethnicity, language, socioeconomic, and geographic.

For this priority, there are no programs in Kearns for children ages 0-5 and their families.

Blueprints has only four programs that address Low Neighborhood Attachment. One of these programs provides a community mobilization framework (CTC) and is currently being conducted in Kearns. Another program is also a community mobilization framework that would conflict with CTC if conducted simultaneously. Therefore, there are few options for Blueprints programs that address this risk factor.
A Note about Low Commitment to School, Poor Family Management, and Alcohol Use

The E2S Priorities workgroup originally identified five priority risk factors and three priority problem behaviors. However, our initial research showed that there are already numerous programs addressing Low Commitment to School, Poor Family Management, and Alcohol Use.

In addition, E2S Kearns is currently implementing Parents Empowered, a Utah State evidence-based public campaign that addresses alcohol and poor family management. Furthermore, many of the programs that address our other priority factors also address alcohol.

Because of our current work with Parents Empowered, as well as the abundance of other programs addressing these factors, the workgroup chose not to complete the full gap assessments for Low Commitment to School, Poor Family Management, and Alcohol Use. This will allow us to focus any additional Year 1 programming on the factors that have fewer available programs rather than trying to address all elements at once. We did, however, conduct the resource assessment for these priorities, as outlined below.

Looking ahead, we will reassess existing programming as well as new SHARP data (to be released in 2017), and evaluate how and when to address all risk factors and problem behaviors.

### Low Neighborhood Attachment Program Summary

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<th>Program</th>
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<th>Offered By</th>
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<td>Kearns</td>
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<td>13-17</td>
<td>Salt Lake County Youth Services</td>
</tr>
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<td>3-18</td>
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<td>All Ages</td>
<td>Cities</td>
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Because of our current work with Parents Empowered, as well as the abundance of other programs addressing these factors, the workgroup chose not to complete the full gap assessments for Low Commitment to School, Poor Family Management, and Alcohol Use. This will allow us to focus any additional Year 1 programming on the factors that have fewer available programs rather than trying to address all elements at once. We did, however, conduct the resource assessment for these priorities, as outlined below.

Looking ahead, we will reassess existing programming as well as new SHARP data (to be released in 2017), and evaluate how and when to address all risk factors and problem behaviors.
**Priority 5: Low Commitment to School**

Lack of commitment to school means that a child no longer sees school as meaningful and rewarding. Young people who have lost this commitment to school are at a higher risk for substance abuse, delinquency, teen pregnancy, school dropout and violence. This factor is moderately high for all grades and is equal or greater than the state average across grades. We chose not to focus on this risk factor for purposes of this assessment because there are currently many programs and initiatives in the Kearns community that address low commitment to school.

**Relevant Resources: Blueprints TEP’s**

Several Blueprints TEP’s are available to address low commitment to school. We encourage their continued support.

- **Big Brothers Big Sisters**

  The Big Brothers Big Sisters of America (BBBSA) program matches adult volunteer mentors with an at-risk child, with the expectation that a caring and supportive relationship will develop. Mentors are selected, screened, and matched by BBBSA staff, and staff monitor the relationship and maintain contact with the mentor, child, and parent/guardian throughout the matched relationship. Matches are made based on shared goals and interests of the child and adult volunteer. Mentors are expected to meet with the child at least 3-5 hours per week for a period of 12 months or longer. Ongoing case management by BBBSA staff provides supervision of the relationship, and can provide advice and guidance to the mentor, as well as support and encouragement.

- **LifeSkills Training (LST)**

  Volunteers of America (VOA) provides this classroom-based universal prevention program designed to prevent adolescent tobacco, alcohol, marijuana use, and violence. The 30 sessions are offered to 6th and 7th graders with booster sessions for 8th-12th graders. This program is a one-hour class taught weekly by a VOA Prevention Specialist to about 25 students per class. The program pursues students in geographic areas of low income; however, all youth in the community are eligible to participate. LifeSkills Training addresses drug-related knowledge, attitudes, and norms as well as teaches social skills for social interaction and peer refusal skills. The curriculum focuses on personal self-management skills, social skills, and information and resistance skills specifically related to drug use. Skills are taught using instruction, demonstration, feedback, reinforcement, and practice. LST addresses both Perceived Risk of Drug Use and Nicotine.

**Other Evidence-Based Programs**

- **All Stars**

  This classroom-based program, run by Volunteers of America, provides social skills training, drug resistance skills, goal setting, healthy ideal futures, and barriers to achieving goals with the emphasis on preventing drugs use initiation (alcohol, tobacco, and other drugs, e.g., marijuana
and inhalants). 10 one-hour sessions are provided to students in grades 6 to 9. The program targets low-income, high-risk communities.

“Through middle school and junior high, kids can struggle to fit in as they try to define their identity and gain social status. All Stars is a classroom program that builds on these desires by helping youth create social norms and standards that reject risky behaviors in favor of a brighter future. Offered over 10 to 14 sessions in sixth, seventh, and eighth-grade classrooms, students learn decision-making skills, how to create healthy habits, and how to resist peer pressure.”

➢ Prevention Dimensions

Prevention Dimensions is a Utah State Board of Education-approved curriculum for drug and alcohol prevention operated by the Granite School District. It has grown to include risk and protective factors that are much broader than just drugs and alcohol, including bullying and gang prevention. The program takes place in 8th and 10th-grade health classes but can also be taught in elementary school. Prevention Dimensions is not a Blueprint program, but the program has been awarded an Evidence-Based Status by the Utah Evidence-Based workgroup.

The mission of PD is to give students a strong foundation of effective violence and substance abuse prevention skills. The resource lessons are age-appropriate and meet the objectives through a scope and sequence methodology. The lessons are based on the risk and protective factors prevention model identified through research by Drs. David Hawkins and Richard Catalano of the University of Washington. Studies have shown that young people with these identified risk factors are more likely to engage in substance abuse and other antisocial behaviors. Conversely, students with strong protective factors are less likely to engage in substance abuse and antisocial behaviors. Lessons are, therefore, designed to decrease the risk factors and promote protective factors. PD teacher training develops teacher skills to teach proven prevention strategies, impart knowledge, and help maintain positive prevention attitude.

Statewide surveys conducted by the Utah Division of Substance Abuse indicate the positive outcomes of the PD skill objectives. The PD Steering Committee uses these surveys to identify the

effectiveness of strategies utilized in the PD lessons and periodically revises lessons to meet current trends. Prevention Dimensions revisions include the 1990 alignment of lessons to better assist teachers in integration of prevention as part of the school day; 1994 inclusion of necessary prevention components based on Botvin’s life skill research and sophistication of secondary lessons; 1996 music component enhancement project; 1996 inclusion of Search Institutes 40 Developmental Assets; 1999 inclusion of media literacy lessons; 2000-2001 State Health Department inclusion of research-based tobacco lessons; 2002 revision of lesson content; and 2003 formatting and redesign of lesson appearance. The continual submission of teacher evaluation data will assist PD in moving to a "best practices" program.¹³

➢ Head Start

Head Start is a federal matching grant program that was initiated in the mid-1960s as part of President Lyndon B. Johnson’s War on Poverty. The mission of the Head Start program is to promote school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services to enrolled children and families. For eligible low-income children, Head Start provides free access to preschools, which are provided primarily in centers and are expected to conform to a specific set of guidelines laid out in the Head Start Program Performance Standards and other regulations. In addition to early childhood education, Head Start incorporates parental involvement and facilitates access to health care services. Most Head Start programs also provide at least one meal to children during the day. The program requirements are flexible to meet the needs of the community, allowing individual programs to determine such program characteristics as the number of hours per day, or months per year, that a participation must attend; curriculum; teacher salary; and mode of delivery (in a home, a school, or a center).¹⁴

➢ Early Head Start

Early Head Start provides early, continuous, intensive, and comprehensive child development and family support services to low-income infants and toddlers and their families, and pregnant women and their families.

The Goals of Early Head Start

• To provide safe and developmentally enriching caregiving which promotes the physical, cognitive, social and emotional development of infants and toddlers, and prepares them for future growth and development;
• To support parents, both mothers and fathers, in their role as primary caregivers and teachers of their children, and families in meeting personal goals and achieving self-sufficiency across a wide variety of domains;
• To mobilize communities to provide the resources and environment necessary to ensure a comprehensive, integrated array of services and support for families;
• To ensure the provision of high quality responsive services to family through the development of trained, and caring staff.¹⁵

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Other Relevant Resources

- Making Choices
- Strong Families
- Voices
- Leadership and Resiliency
- Power Hour
- Latinos in Action Class
- Padres Comprometidos
- Summer Reading Club
- Every Child Ready to Read

Photo Credit: Salt Lake County Kearns Library
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**Priority 6: Poor Family Management**

Poor family management is one of the most elevated risk factors for all grades. Parents' use of inconsistent and/or unusually harsh or severe punishment with their children places the children at a higher risk for substance use and other problem behaviors. Also, parents' failure to provide clear expectations and to monitor their children's behavior makes it more likely that they will engage in drug abuse whether or not there are family drug problems. We chose not to focus on this risk factor for purposes of this assessment because there are currently many programs and initiatives in the Kearns community that address poor family management, including our own Parents Empowered campaign, which focuses directly on poor family management.

**Relevant Resources: Blueprints TEP’s**

Several tested, effective community resources are available to address poor family management. We encourage their continued support.

- **Nurse-Family Partnership**

  A nurse home visiting program for first-time pregnant mothers that sends nurses to work one-on-one with the pregnant women to improve prenatal and child rearing practices through the child’s second birthday.

- **Strengthening Families**

  Strengthening Families offered by Salt Lake County Youth Services and Centro de la Familia is a seven-session, two-hour per week program for families with young adolescents that aims to enhance family protective and resiliency processes and reduce family risk. The program includes separate parent and child skills-building followed by a family session where parents and children practice the skills they have learned independently, work on conflict resolution and communication, and engage in activities to increase family cohesiveness and positive involvement of the child in the family. The program is proven to reduce aggressive and hostile behavior, substance abuse in adolescence, and improve family relationships. Strengthening Families address nicotine use. These sessions are led by three-person teams and include an average of eight families per session.

- **Incredible Years – Parent Course**

  The Incredible Years Series is a set of three interlocking and comprehensive group training programs for parents, teachers, and children with the goal of preventing, reducing, and treating behavioral and emotional problems in children ages two to twelve. The series addresses multiple risk factors across settings known to be related to the development of conduct disorders in children. In all three training programs, trained facilitators use video scenes to encourage group discussion, self-reflection, modeling and practice rehearsals, problem-solving, sharing of ideas and support networks.

  In Kearns, the Parent program is currently being offered by The Children’s Center. There are three BASIC parent training programs that target key developmental stages. Program length varies, but generally lasts between three to five months: Baby and Toddler Program (0-2 ½ years; 9-13
sessions), Preschool Program (3-5 years; 18-20 sessions) and School Age Program (6-12 years; 12-16+ sessions). These parent programs emphasize developmentally appropriate parenting skills known to promote children’s social competence, emotional regulation and academic skills and to reduce behavior problems. The BASIC parent program is the core of the parenting programs and must be implemented, as Blueprints recognition is based upon evaluations of this program. This BASIC parent training component emphasizes parenting skills such as child directed play with children; academic, persistence, social and emotional coaching methods; using effective praise and incentives; setting up predictable routines and rules and effective limit-setting; handling misbehavior with proactive discipline and teaching children to problem solve.

Other Evidence-Based Programs

- Parents Empowered

Parents are the most powerful influence in their kid’s lives. Believe it or not, teens still listen to their parents. In fact, kids usually listen to their parents more than anybody else, including their friends. In a recent survey on underage drinking, teens reported that parental disapproval is the number one reason they choose not to drink. This program is only tested in Utah, and is not a nationally recognized initiative. The Evidence to Success initiative in Kearns is implementing a Parents Empowered campaign to address poor family management.16

- Parents as Teachers

The Parents as Teachers Evidence-Based Model is a comprehensive home-visiting, parent education model used by the Housing Authority of Salt Lake. The model provides services to families with children from prenatal through kindergarten. There are four dynamic components to the Parents as Teachers model:

- Personal Visits
- Group Connections
- Resource Network
- Child Screening

Together, these four components form a cohesive package of services with four primary goals:

1. Increase parent knowledge of early childhood development and improve parent practices
2. Provide early detection of developmental delays and health issues
3. Prevent child abuse and neglect
4. Increase children’s school readiness and school success17

Other Relevant Resources

- Making Choices
- Strong Families
- Rock Solid
- Leadership and Resiliency
- Padres Comprometidos
- Peer Parenting
- Smart Step Families
- Family Mentor
- Safe Course
- Dialectical Behavior Therapy (DBT)

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16 Utah Evidence Based Workgroup, [https://dsamh.utah.gov/pdf/epi/EBW%20Approved%20List%209.3.15.pdf](https://dsamh.utah.gov/pdf/epi/EBW%20Approved%20List%209.3.15.pdf).
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Priority 7: Alcohol Use and Associated Behaviors

Although we conducted a resource inventory of this behavior, we chose not to assess the program gaps at this time because there are currently many programs and initiatives in the Kearns community that address youth alcohol use, including our own Parents Empowered campaign, which focuses directly on underage drinking.

Relevant Resources: Blueprints TEP’s

➢ Big Brothers Big Sisters

The Big Brothers Big Sisters of America (BBBSA) matches adult volunteer mentors with at-risk children, fostering caring and supportive relationships. Mentors are selected, screened, and matched by BBBSA staff, and staff monitor the relationship and maintain contact with the mentor, child, and parent/guardian throughout the matched relationship. Matches are made based on shared goals and interests. Mentors are expected to meet with the child at least 3-5 hours per week for 12 or more months. Case management by BBBSA staff provides supervision of the relationship, and can provide advice and guidance to the mentor.

Other Evidence-Based Programs

➢ Parents Empowered

Parents are the most powerful influence in their child’s life. In a recent survey on underage drinking, teens reported that parental disapproval is the number one reason they choose not to drink. This program is part of the Utah evidence-based list. The Evidence to Success initiative in Kearns is implementing Parents Empowered to address alcohol and poor family management.18

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➢ Too Good for Drugs & Violence

A substance abuse prevention after-school program run by Housing Authority of Salt Lake County that serves youth ages 5-12 living in low-income housing owned and operated by The Housing Authority of the County of Salt Lake. The program is an evidence-based program that strives to decrease risk factors while increasing protective factors through life building skills such as goal setting, decision making, and conflict resolution skills. The program is held in a community center at the apartment complex where the kids live to decrease participation barriers.

“The Kids Program is an after-school program for youth ages 5-13 whose families live in low-income Public Housing Communities owned and managed by the Housing Authority of the County of Salt Lake. The Kids Program is an important service in which 200 Public Housing youth participate in each year.

By using interactive activities, academic assistance, and the best practice program, Too Good For Drugs and Violence, our program has been helping public housing youth succeed since 1994. Youth participants and their families both agree the Kids Program is highly successful. In a recent year-end program evaluation of parents, 100% saw improvement in their child’s homework and 95% saw improvement in self-esteem. In a similar evaluation, 95% of youth participants learned drugs are bad for them and 100% of felt safe at the program.

The Kids Program is offered on-site at each Public Housing Community twice a week for two hours per session throughout the academic school year. On-site programming addresses the needs of our public housing families who may not be able to access alternative after-school programs because of transportation barriers.”

➢ Smart Moves

Smart Moves is a Boys & Girls Club of America (BGCA) program designed to teach 2nd and 3rd graders about the harmfulness of drugs and how to say no to drugs. The program is taught bi-weekly to BGCA club members.

“The program uses a team approach involving Club staff, peer leaders, parents and community representatives. The SMART Moves (Skills Mastery and Resistance Training) prevention/education program addresses problems such as drug and alcohol use and premature sexual activity. More than simply emphasizing a "Say No" message, the program teaches young people ages 6 to 15 how to say no by involving them in discussion and role-playing, practicing resistance and refusal skills, developing assertiveness, strengthening decision-making skills and analyzing media and peer influence. The ultimate goal: to promote abstinence from substance abuse and adolescent sexual involvement through the practice of responsible behavior.”


**Other Relevant Resources**

- Rock Solid
- Health Rocks!
- Substance Abuse Counseling

**Alcohol Use and Associated Behaviors Program Summary**

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<tr>
<th>Program</th>
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<td>Boys &amp; Girls Club of America</td>
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<td><strong>Other Relevant Resources</strong></td>
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<td>Rock Solid</td>
<td>Kearns</td>
<td>12-14</td>
<td>Granite School District</td>
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<td>Health Rocks!</td>
<td>8-14</td>
<td>8-14</td>
<td>USU Extension 4-H</td>
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<tr>
<td>Substance Abuse Counseling</td>
<td>South Salt Lake</td>
<td>11-21</td>
<td>Salt Lake County Youth Services</td>
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</tbody>
</table>
RECOMMENDATIONS TO THE BOARD

General Recommendations

The Resource Assessment workgroup drafted a short list of recommendations to the E2S Kearns Community Board regarding how E2S can work with the broader Kearns community around our selected priorities and with prevention.

➢ Work with service providers to run their programs in Kearns.

Many service providers operate programs that address E2S priorities in areas surrounding Kearns, particularly in Salt Lake City. The E2S Kearns Community Board can work with providers that offer Blueprints programs to discuss delivering their services in Kearns or recruiting more Kearns youth. These may include Strengthening Families, Life Skills Training, and Incredible Years, among others.

➢ Urge programs to track their clients by zip code so that we can track Kearns kids better.

Many service providers we spoke with could not offer accurate information about how many Kearns residents they serve because of how they collect their data. We urge service providers to collect zip code information on their clients if they don’t already to better track where clients live.

➢ Focus on early education.

Kearns boasts a strong Head Start program as well as Early Head Start. However, there are very few short term prevention programs offered in Kearns for younger children (ages birth-5) in Kearns, although research shows that starting prevention early leads to stronger results. Early education can be one of several priorities.

➢ Share resources with program providers to support prevention programming in Kearns.

Program providers may be open to putting some of their own funds towards expanding existing programming, starting new programs, or transitioning from a non-evidence based program to a Blueprints program. Funding partnerships between E2S and providers should be explored to expand and maintain prevention programming.

➢ Support programs that include a nicotine and e-cigarette component.

Based on the alarming increase in e-cigarettes, the workgroup recommends focusing on this issue. Because e-cigarettes and vaping are relatively new phenomena, there are very few Blueprints programs solely for nicotine use. However, many programs that address substance abuse and alcohol incorporate nicotine and e-cigarettes into their curricula.

➢ Address nicotine and alcohol through policy.

The Resource Assessment workgroup felt that Kearns could improve these issues through local policy initiatives and by working directly with Kearns businesses.
Programs Recommended to the Board for Consideration

Based on identified gaps in programming, the Resource Assessment workgroup researched Blueprints for tested, effective programs that could augment our current programs in Kearns. These programs will be researched in depth and discussed at Community Board workshops in January and February 2017. The Board will then select the program(s) they consider to be the best fit for the first year of implementation in Kearns.21

- **Guiding Good Choices**

  Guiding Good Choices (GGC) is a family competency training program for parents of children in middle school. The program contains five-sessions, with an average session length of 2 hours each week. Children are required to attend one session that teaches peer resistance skills. The other four sessions are solely for parents and include instruction on: (a) identification of risk factors for adolescent substance abuse and a strategy to enhance protective family processes; (b) development of effective parenting practices, particularly regarding substance use issues; (c) family conflict management; and (d) use of family meetings as a vehicle for improving family management and positive child involvement.

- **Blues**

  The Blues Program (Cognitive Behavioral Group Depression Prevention) is intended to actively engage high school students with depressive symptoms or at risk of onset of major depression, includes six weekly one-hour group sessions and home practice assignments. Weekly sessions focus on building group rapport and increasing participant involvement in pleasant activities (all sessions), learning and practicing cognitive restructuring techniques (sessions 2-4), and developing response plans to future life stressors (sessions 5-6). In-session exercises require participants to apply skills taught in the program. Home practice assignments are intended to reinforce the skills taught in the sessions and help participants learn how to apply these skills to their daily life.

- **Positive Family Support**

  Positive Family Support-Family Check-Up (formerly Adolescent Transitions Program) is a three-tiered, multi-staged program that is administered through the middle school setting. The first, universal level involves the creation of a Family Resource Center (FRC), operated by a Parent Consultant. A 6-week universal prevention program called SHApe (Success, Health, and Peace) is implemented at this level in participating children's homeroom school classes. The FRC provides a structured place for school staff and parents to collaborate. Norms of protective, prosocial parenting behaviors are set and information on prosocial family management is distributed. Weekly homework assignments require parent and child to interact to practice family management techniques. The second, selected level provides early, brief interventions in which schools collaborate with parents to effect positive behavior change in students where concerns around their school success (i.e., attendance and completion of work) are beginning to emerge. Home incentive-driven monitoring tools are used to engage parents in the behavior change.

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process. The third, indicated level is called Family Check-Up. Here, families participate in an interview and assessment session that is followed by a motivational feedback session in which parents collaborate with therapists or trained school staff to select available intervention programs the family can receive. This level addresses indicated problems through a brief treatment program, academic and social behavior monitoring, parent groups, and behavioral family therapy sessions. The FCU can also be implemented with students at Level Two. Positive Family Support is designed to be embedded within schools that have an existing Positive Behavioral Interventions and Supports (PBIS) infrastructure.

- Positive Action

Positive Action (PA) is a school-based program that includes school-wide climate change and a detailed curriculum with lessons 2-4 times a week—approximately 140 15-minute lessons per grade K-6 and 82 15-20 minute lessons per grade 7 and 8. Lessons for each grade level are scripted and age-appropriate. All materials necessary to teach the lesson are provided including posters, puppets, music, games, and other hands-on materials integrated into the lessons. Students' materials include activity booklets, journals and other lesson aids. The content of the program is included in six units that form the foundation for the whole program. The first unit teaches the philosophy of the program and the Thoughts-Actions-Feelings about Self Circle, and provides an introduction to the nature and relevancy of positive and negative actions/behaviors. Units 2-6 teach the positive actions for the physical, intellectual, social and emotional areas. There are two school-wide climate development kits (elementary and secondary) and a Counselor's Kit. The contents delivered through the climate development and counselor kits reinforce the classroom curriculum by coordinating the efforts of the entire school in the practice and reinforcement of positive actions.

- LifeSkills Training (LST)

Volunteers of America (VOA) provides this classroom-based universal prevention program designed to prevent adolescent tobacco, alcohol, marijuana use, and violence. The 30 sessions are offered to 6th and 7th graders with booster sessions for 8th-12th graders. This program is a one-hour class taught weekly by a VOA Prevention Specialist to about 25 students per class. The program pursues students in geographic areas of low income; however, all youth in the community are eligible to participate. LifeSkills Training addresses drug-related knowledge, attitudes, and norms as well as teaches social skills for social interaction and peer refusal skills. The curriculum focuses on personal self-management skills, social skills, and information and resistance skills specifically related to drug use. Skills are taught using instruction, demonstration, feedback, reinforcement, and practice. LST addresses both Perceived Risk of Drug Use and Nicotine.

*Incredible Years – Parent and Child*

The Incredible Years Series is a set of interlocking and comprehensive group training programs for parents, teachers, and children with the goal of preventing, reducing, and treating behavioral and emotional problems in children ages two to twelve. The series addresses multiple risk factors across settings known to be related to the development of conduct disorders in children. In all three training programs, trained facilitators use video scenes to encourage group discussion, self-
reflection, modeling and practice rehearsals, problem-solving, sharing of ideas and support networks. Program descriptions of the parent and child components follow. The Teacher Training program does not address Kearns E2S’s priorities.

- **Incredible Years – Parent**

There are three BASIC parent training programs that target key developmental stages. Program length varies, but generally lasts between three to five months: Baby and Toddler Program (0-2 ½ years; 9-13 sessions), Preschool Program (3-5 years; 18-20 sessions) and School Age Program (6-12 years; 12-16+ sessions). These parent programs emphasize developmentally appropriate parenting skills known to promote children’s social competence, emotional regulation and academic skills and to reduce behavior problems. The BASIC parent program is the core of the parenting programs and must be implemented, as Blueprints recognition is based upon evaluations of this program. This BASIC parent training component emphasizes parenting skills such as academic, persistence, social and emotional coaching methods; using effective praise and incentives; setting up predictable routines and rules and effective limit-setting; handling misbehavior with proactive discipline and teaching children to problem solve.

- **Incredible Years – Child**

The child training component is comprised of weekly two-hour sessions for 18-19 weeks during which two therapists work with 6-7 children and focus on social skills, conflict resolution, empathy-building, problem solving and cooperation. Teachers and parents receive weekly letters explaining the concepts covered and strategies to reinforce skills taught. Children are assigned homework to complete with their parents and receive weekly good behavior-charts that parents and teachers complete. The child training prevention program is also described in a separate write-up.

**CONCLUSION**

In the fall and winter of 2016, the Evidence2Success Kearns Resource Assessment workgroup gathered data on existing programming in and around Kearns, evaluated gaps in programming, and drafted recommendations to the E2S Kearns Community Board.

Some of the major programming gaps the group identified included:

- For our priority factors, there are very few programs in Kearns for children ages 0-5 and their families. Out of programs reviewed in the gap assessment, only one serves this population.
- Although the group identified six Blueprints programs addressing our priorities, most either are not offered in Kearns or do not serve many Kearns families.
- Most programs are offered exclusively in English, creating a language barrier.

The E2S Community Board will select evidence-based programs and policies to implement in the Kearns community in January-February of 2017.
APPENDIX: DEFINITIONS

Blueprint for Healthy Youth Development

Blueprints is a project at the Center for the Study and Prevention of Violence at the University of Colorado Boulder. It identifies, recommends, and disseminates programs for youth that, based on scientific evaluations, have strong evidence of effectiveness. Blueprints serves as a resource for governmental agencies, schools, foundations, and community organizations trying to make informed decisions about their investments in youth programs. Its ultimate goal is to reduce antisocial behavior and promote a healthy course of youth development.22

Tested, Effective Programs or Evidence-Based Programs

According to Blueprints, a tested, effective program – or evidence-based program – follows four criteria:

• Evaluation quality – Can we be confident in a program’s evaluation
• Intervention impact – How much positive change in key developmental outcomes can be attributed to the intervention
• Intervention specificity – Is the intervention focused, practical, and logical
• Dissemination readiness – Does the program have the necessary support and information to be successfully implemented23

Universal, Selective, and Indicated Prevention

Universal Prevention Programs & Policies are delivered to all members of a large group in the community (all 6th-grade parents, all middle school students, all expecting parents). There is no attempt to target the resource to those exposed to any particular risk factor or lacking any particular protective factor.

Selective Prevention Programs & Policies are for those with elevated risk for a particular problem behavior (e.g., children of military families, children of divorce, children with incarcerated parents, children living in high-crime areas).

Indicated Prevention Programs & Policies are for those with early signs of the actual problem behaviors we are trying to prevent (e.g. first-time offenders in contact with the juvenile justice system, students suspended for possession of alcohol or other drugs, students who are becoming disruptive in classes).24

22 http://www.blueprintsprograms.com/faq#what-is-BP.
24 Assessing Community Resources Workshop, Center for Communities That Care, University of Washington, 2014
### APPENDIX: SUMMARY OF BLUEPRINTS TEP’S AND OTHER EVIDENCE-BASED PROGRAMS

<table>
<thead>
<tr>
<th>Program</th>
<th>Location</th>
<th>Ages Served</th>
<th>Offered By</th>
<th>Depressive Symptoms</th>
<th>Perceived Risk of Drug Use / Nicotine Use</th>
<th>Low Neighborhood Attachment</th>
<th>Low Commitment to School</th>
<th>Poor Family Management</th>
<th>Alcohol Use and Associated Behaviors</th>
<th>Nicotine Use, including E-Cigarettes</th>
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<td>Salt Lake County Youth Services and Centro de las Familia</td>
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<td>Parents as Teachers</td>
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<td>Housing Authority of Salt Lake</td>
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| Note |
### APPENDIX: SAMPLE MATRIX GAP ANALYSIS MAPPING

#### Depressive Symptoms

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<th>Community</th>
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<td><strong>Prenatal &amp; Early Childhood</strong></td>
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<td>BLUEPRINTS: Children's Center: Incredible Years (I/S) – CC clients only (PFM; Depr)</td>
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<td><strong>Elementary Years</strong></td>
<td>Valley Behavioral Health: Outpatient Therapy (I)</td>
<td>Family Support Center: therapy (I) – FSC clients only</td>
<td>Youth Services: therapy (I) – no private insurance. YS clients only</td>
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<td><strong>Middle School</strong></td>
<td>Youth Services: Discovering Possibilities (U) – not many Kearns kids served</td>
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<tr>
<td><strong>High School</strong></td>
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Total Program Gap: No programs in Kearns at all
Gap in Blueprints + Saturation/Location: No Blueprints programs in Kearns
Saturation Gap: Blueprint program in Kearns

U = Universal Prevention; S = Selective Prevention; I = Indicated Prevention